613-206-002-863

PLACE OF BIRTH

RECEIVED JAN 11 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ____ St. Registration District No. ____ File No. 107201

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Lillian Fern Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 6 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Ed J Walker	FULL MAIDEN NAME	Merle Hoover
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ **at** 4 P M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Address Council

Filed Dec 20 1922 W M Brown

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

RECEIVED
JAN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Council ST. Idaho COUNTY Adams

FILE NO. 107201

DATE OF BIRTH Aug. 6 1922

SEX OF CHILD Female

FATHER Ed. Walker

MOTHER Merle Howe (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lillian Fern Walker

Mrs. Merle Walker

Signature of Father or Mo[th]

APR 9 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
294-122-002-245

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

County of Adams
City of Council
No. ..... St. ..... Registration District No. .....
File No. 107202
Hospital ..... Primary Registration District No. .....
Registered No. .....

FULL NAME OF CHILD Richard Alvin Tidwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug. 22 1922

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 8. Number of child of this mother now living, including present birth 8.

FATHER	MOTHER
FULL NAME Arthur Tidwell	FULL MAIDEN NAME Anna E. Hunter
RESIDENCE Council	RESIDENCE Council
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Mo	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown
(Physician or midwife)

Address Council

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 2-3-0 1923 W M Brown
Registrar.

JAN 26 1923

BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Council

(ST. _____

(COUNTY Adams

FATHER Cathus Kidwell

FILE NO. 107202

DATE OF BIRTH August 22, 1922

SEX OF CHILD Male

MOTHER Anna Charlotte Hunter
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Richard Calvin Kidwell

Mrs Cathus Kidwell

Signature of Father or Mother.

AUG 4 1943

AUG 8 1966

316-107.002 - 451 name added 1-8-86 dl

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Adams

City of Mesa

CERTIFICATE OF BIRTH

107203

No. ..... St.

Registration District No. .....

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Wayne James Lawrence
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 7, 1922

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	J. B. Lawrence	FULL MAIDEN NAME	Nancy Drardorff
RESIDENCE	Mesa	RESIDENCE	Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Council

Filed 12-20 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 6 2 35 PM '86

State of _____ } ss.
County of _____ }

Certificate No. 107203
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 7, 1922 (Date of Event)

in Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name of child	unnamed	Wayne James Lawrence

Subscribed and sworn to before me this 31 day of December, 1985.

Notary Public, Carolyn O'Neil

Residing at Kodiak Alaska

My commission expires 7-18-87

(Seal)

Wayne James Lawrence
Signature of Applicant

Box 2204 Kodiak Ak 99615
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Alaska } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of December, 1985.

Notary Public, Carolyn O'Neil

Residing at Kodiak Alaska

My commission expires 7-18-87

(Seal)

Glen A Odell
Supporting Signature

Box 774 Kodiak Alaska 99615
Street Address, City, State

5-10-83 BL

JAN 20 1986

Honorable Discharge from U.S. Marine Corps lists Wayne James Lawrence was discharged April 2, 1946. Viewed by V.S.

Kodiak Oilfield Haulers, Inc. Pre employment identification questionnaire lists name as Wayne James Lawrence born Oct 7, 1922 in Idaho. Dated 3-16-76. Viewed by V.S.

363-121-002-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107204

County of Adams

City of Council

No. ..... St.

Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

RECEIVED ... 1923 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Homer Warren Colson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 21 1922

What bactericidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Homer W. Colson	FULL MAIDEN NAME	Edith Shaw
RESIDENCE	~~Idaho~~ Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Address Council

Filed 12-30 1922 W M Brown
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * *

Place of Birth (CITY Council

(ST. Idaho

(COUNTY Washington

FILE NO. 107205

DATE OF BIRTH August 21. 1922

SEX OF CHILD Male

FATHER Homer Warren Colson

MOTHER Edith Helen Shaw
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Homer Warren Colson

Edith Colson

Signature of Father or Mother.

APR 27 1942

APR 23 1942

249-113-002-818

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ____ St.

Hospital ____

Registration District No. ____ File No. 107205

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Sidney Allen Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar. 13 192 2

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Sidney A. Smith	FULL MAIDEN NAME	Alice Baker
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wy.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Brown

(Physician or midwife)

Address Council

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 12 20 192 2 W W Brown

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth

CITY Council

ST.

COUNTY ~~[illegible]~~ Adams

FATHER Sidney Alfred

FILE NO. 107205

DATE OF BIRTH Nov. 13. 1922.

SEX OF CHILD Male

MOTHER Alice Ma[illegible]

(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Sidney Allen Smith

Mrs Sidney Smith

Signature of Father or Mother.

CEIVED

1923

AUG 1 9 1942

818-228-202-363

PLACE OF BIRTH

RECEIVED JAN 1 ... BUREAU STAT...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107206

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gladys Ellen Hahn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 29 1922

What bactericidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm B Hahn	FULL MAIDEN NAME	Agnes B. Calkins
RESIDENCE	Council	RESIDENCE	~~Colo~~ Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mont	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Address Council

Filed 12-30 1922 W M Brown
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 3 10 59 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 107206

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hahn (female) (Name on Original Certificate) who was born (Was Born or Died) on July 28, 1922 (Date of Event)

in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Gladys Ellen Hahn

Subscribed and sworn to before me this 2nd day of Sept, 1975

Nicholas K. Ihli

Notary Public, residing at Murphy, Ida

My commission expires 1/31/76

(Seal)

Signed Ruby Givens (older Sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 25, Murphy, Ida 83650

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 8/18/75

Own child's birth certif on filein Idaho (#290501) gives child'sname as Colleen Adel Barrett born 2-29-40 gives mxm mother's name as Gladys Ellen Hahn. viewed by V. S.

SEP 9 1975

Marriage certif from Idaho gives names as John Richardson Porter and the bride's name as Gladys Barrett (maiden name given as Hahn.) dated Oct. 31, 1949. viewed by V. S.

Own child's birth certif on file in Washington gives child'sname as John Gregory Por borth Dec 9,1955 in Seattle, WA, mother's name given as Gladys Ellen Hahn. father's name givenas John Richardson Porter. viewed by V. S.

942.268.002-316

PLACE OF BIRTH

RECEIVED JAN 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107207

County of Adams

City of Council

No. ..... St.

Registration District No. .....

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Theresa Verl Russell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	Nov. 14 192[illegible]

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Joseph Russell	FULL MAIDEN NAME	Della Tanner
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Nebr	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) **, at** 6 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown
(Physician or midwife)

Address Council

Filed 12-20 1922 W. M. Brown
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1974

VS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

5 28 74

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 6 3 36 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107207

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Russell (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1922 (Date of Event)
in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	omitted	Theresa Verl Russell

Subscribed and sworn to before me this 31 ST day of May, 19 74

V. Rae Hance
Notary Public, residing at Yreka, Cal.
My commission expires 01-31-75
(Seal)

V. RAE HANCE
NOTARY PUBLIC-CALIFORNIA
SISKIYOU COUNTY
My Commission Expires Jan. 31, 1975

Signed Richard A. McCurdy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

501 Discovery Yreka, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Marriage license issued by Idaho, Canyon County gives name of bride as Theresa Verl Russell of Council, married to Richard Arnold McCurdy on May 6, 1939.
Viewed by V.S.

JUN 6 1974

Own childs birth certificate on file with state of Idaho, # 286709 gives name of mother as Theresa Verle Russell. Child born November 30, 1938.
Viewed by V.S.

297-225-002-259

PLACE OF BIRTH

RECEIVED JAN 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Goodrich

No. _____ St.

Registration District No. _____ File No. 107208

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Marine Bigelow
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 25 1922

What bactericidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lynn C. Bigelow	FULL MAIDEN NAME	Grace Berger
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown
(Physician or midwife)

Address Council

Filed 12-30 1922 W M Brown
Registrar.

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1943

JAN 18 1973

281-202-002-462

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 11 1923

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Registration District No. .....

File No. 107209

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lavern Lucile Shaw
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec 2 1922

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm H. Shaw	FULL MAIDEN NAME	Nancy Moser
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Address Council

Filed 12-30 1922 W M Brown
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 1 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho Jan 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Council
ST. Idaho
COUNTY Adams

FILE NO. 107209

DATE OF BIRTH Dec. 2, 1922

SEX OF CHILD Female

FATHER Will K Shaw

MOTHER Nancy E. Moser
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lavern Lucile Shaw

Mrs Will K. Shaw

Signature of Father or Mother.

NOV 13 1947

851-214-002-685

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 1923
BUREAU OF VITAL

CERTIFICATE OF BIRTH 107210

County of Adams

City of Council

No. ..... St.

Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 14 192 2

What bactericidal solution was used in eyes? Silver Nitr.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	G. J. Strathes	FULL MAIDEN NAME	Bertha Wheeler
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.
(Born alive or stillborn)
on the date above stated.

(Signature) W M Brown

(Physician or midwife)

Address Council

Filed 12-30 192 2 W M Brown
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 107210

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD Female

FATHER _____ MOTHER _____
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

795-116-002-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 107211

County of Adams

City of Council

No. ..... St.

Registration District No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Curtis Graham Green

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 16 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME C. Thomas Green	FULL MAIDEN NAME Altha Predeaux
RESIDENCE Council	RESIDENCE Council
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Kan.	BIRTHPLACE Wis
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) **at** ..... 11 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Bowen

(Physician or midwife)

Address Council

Filed 1-20 1923 W M Bowen

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF [illegible]

RECEIVED
JAN 20 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE. JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Council
(ST. Idaho
(COUNTY Adams

FILE NO. 107211

DATE OF BIRTH Dec. 16, 1922

SEX OF CHILD Male

FATHER Tom Green

MOTHER Aletha Rideaux
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Curtis Gordon Green

Mrs. Tom Green.

Signature of Father or Mother.

SEP 8 1945

168-120-002-24

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107212

County of Adams

City of Council

No. ____ St.

Registration District No. ____ File No. ____

Hospital ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ____ (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12-20-192

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Ray D Johnson	FULL MAIDEN NAME Ruth Gould
RESIDENCE Council	RESIDENCE Council
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE N. C.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mowry
(Physician or midwife)

Address Council

Give names added from a supplemental report.

...., 19....

.... Registrar.

Filed 12-20 192 W M Mowry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

866-221-002-253

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

County of Adams

City of Council

No. ..... St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107213

Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Fern Ida Hoffman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec 21 1922

What bactericidal solution was used in eyes? Silver nit.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence Hoffman	FULL MAIDEN NAME	Opal Selby
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Council

Filed 12-20 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Council
ST.
COUNTY Adams
FATHER Clarence Hoffman

FILE NO. 107213
DATE OF BIRTH 21 Dec
SEX OF CHILD Female
MOTHER Opal Selby (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Fern Ida Hoffman.

Clarence Hoffman.
Signature of Father or Mother.

MAR 1 2 1943

MAR 3 1945

257-114-002-295

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. _____ St.

Registration District No. _____ File No. 107214

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD James Lee Legler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 19 1922

What bactericidal solution was used in eyes? L

Number of child of this mother, including present birth _____ Number of child of this mother now living, including present birth _____

FATHER		MOTHER	
FULL NAME	G. G. Legler	FULL MAIDEN NAME	Minnie May Kincaid
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. G. Kincaid
(Physician or midwife)

Address Council

Filed 12-30 1922 W. M. Brown
Registrar

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-343999

319-116-002-785

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [illegible]

County of Adams

City of New Meadows

Registration District No. _____ File No. 107215

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD John F. Carr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Apr. 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas B. Carr	FULL MAIDEN NAME	Parlee D. Phelps
RESIDENCE	Midvale Ida	RESIDENCE	New Meadows
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Crawfordsville, Indiana
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 1.30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler

M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address New Meadows Ida

Filed Dec 30 1922 W. M. Brown

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] of 1922-332477

PLACE
719-12
County of Adams

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

City of Fruit Vale

Registration District No. _____ File No. 107216

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

Full Name of Child Alber Alonzo Garcia

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			yes.	Jan. 25 1922

	FATHER	MOTHER
FULL NAME	Cipriano Garcia	Lecta Spears
RESIDENCE	Fruit Vale	Fruit Vale
COLOR	White	White
AGE AT LAST BIRTHDAY	20 (Years)	
BIRTHPLACE	Walsenburg Colo	Alva Okla.
OCCUPATION	Section Hand.	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 P M on the date above stated.
(born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dora Wm Lyons
(Physician or midwife)

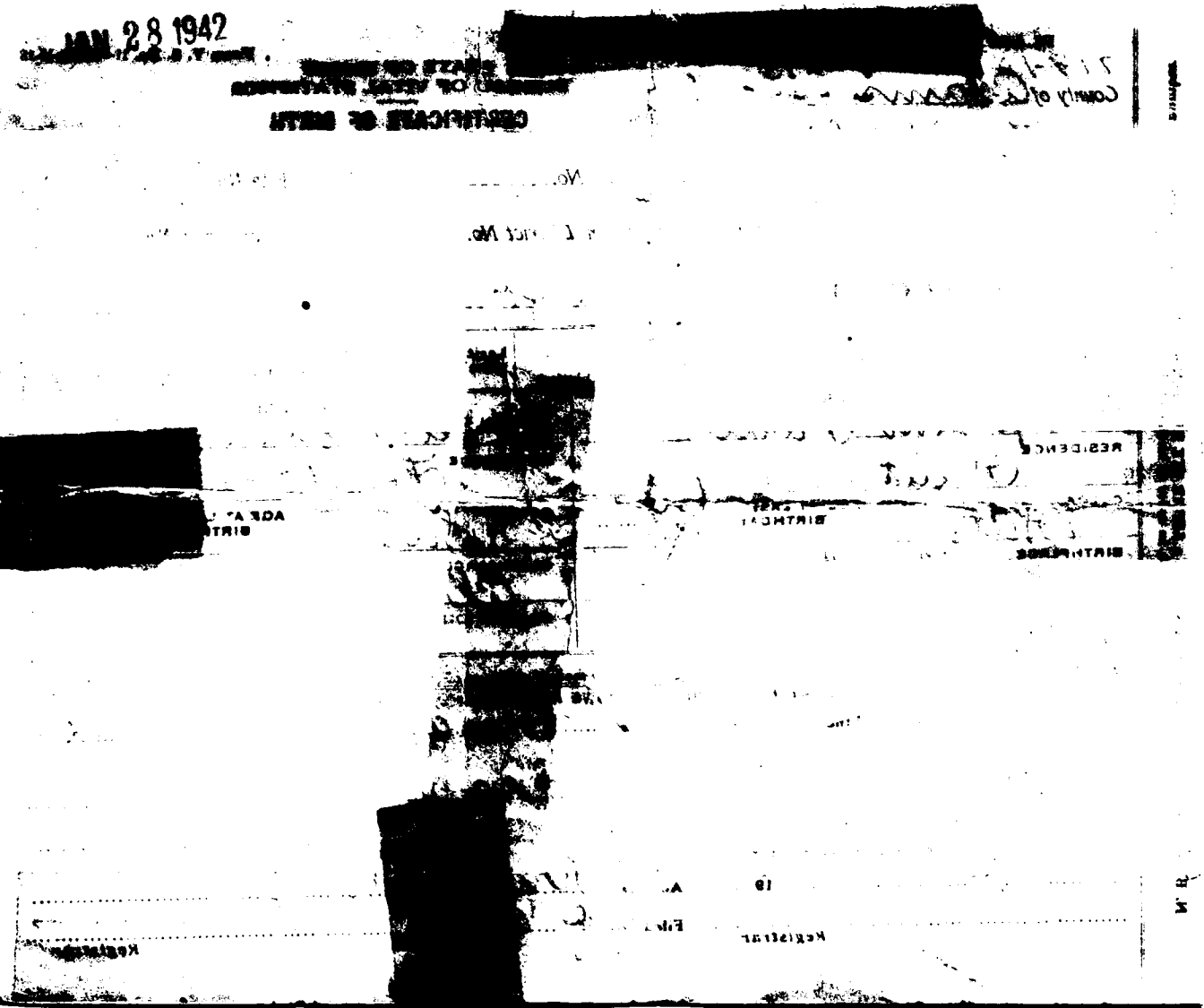
Given names added from a supplemental report.

..... 19.....
Registrar

Address Fruit Vale

Filed Dec 30 [illegible]
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



319-208-002-000

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

No. ..... St. Registration District No. ..... File No. 107217

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Verna Carlock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 8 1922

What bactericidal solution was used in eyes? ✓

Number of child of this mother, including present birth ✓ Number of child of this mother now living, including present birth ✓

FATHER		MOTHER	
FULL NAME	Dan K. Carlock	FULL MAIDEN NAME	Ophelia A.
RESIDENCE	New Meadows	RESIDENCE	New Meadows
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Neb.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs G. A. Hathaway

(Physician or midwife)

Address New Meadows

Filed Dec 20 1922 W M Brown
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING IN[illegible]HIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

290 [illegible]TH [illegible]03-466

RECEIVED DEC 30 1922 BUREAU OF VITAL [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107219

CERTIFICATE OF BIRTH

County of [illegible]rmack

City of Pocatello

No. 745 W. Benton

Re[illegible]ict No. 28 File No. 82

Hospital Home Primary Registration District No. 2161 Registered No. 4645

FULL NAME OF CHILD Shirley Mae Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Oct 8th 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Henry Amner Brown	FULL MAIDEN NAME	Mary Jane Moore
RESIDENCE	745 W. Benton	RESIDENCE	745 W. Benton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Day Co. Mo.	BIRTHPLACE	Welling, Kansas
OCCUPATION	Engineer	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann W. Bird
Midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

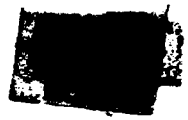
.....
Registrar.

Address 413 So. 4th Ave.

Filed 12/1 1922 J. L. Young
Registrar.

AUG 5 1943

AUG 1 0 1943



251-113-883-449

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107220

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 524 E Bridger

Registration District No. 28 File No. 83

Hospital

Primary Registration District No. 2161 Registered No. 4446

FULL NAME OF CHILD Bealtago
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	10/13 1922

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Paul Bealtago	FULL MAIDEN NAME	Ines Duran
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 12/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-213-003-239

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107221

County of Bannock

City of Pocatello

No. 1302 no Main St. Registration District No. 28 File No. 85

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 4647

FULL NAME OF CHILD Virginia Lorraine Keil
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	Yes	Oct. 13 1922 2 P.M.

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Jacob Keil	FULL MAIDEN NAME	Ada Stricker
RESIDENCE	1302 no. main	RESIDENCE	1302 no. main
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Achain, Russia	BIRTHPLACE	Barton Co, Kansas
OCCUPATION	Boilermaker	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P.M. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician ~~or midwife~~)

Address 303-6 Carlson Bldg. Pocatello, Ida

Filed 12/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884-114-003-291

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107222

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 507 No. Garfield

Registration District No. 28 File No. 85

Hospital General

Primary Registration District No. 2161 Registered No. 4748

FULL NAME OF CHILD Willis Sherm Hyde
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	1		✓	yes	Oct. 14, 6 a.m. 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred. C. Hyde.	FULL MAIDEN NAME	Lenna Maude Bradslee
RESIDENCE	507 N. Garfield.	RESIDENCE	507 N. Garfield
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Lexington, Nebraska.	BIRTHPLACE	Lincoln, Nebraska.
OCCUPATION	Clothing Salesman.	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD
(Physician ~~or midwife~~)

Address 303-6 Carlson Bldg, Pocatello

Filed 12/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-115-003-355

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107223

County of Bannock
City of Pocatello
No. 1750 Roswell St.
Hospital

Registration District No. 28 File No. 83
Primary Registration District No. 2161 Registered No. 4749

FULL NAME OF CHILD Joe H. Pearson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Oct 15 1922

What bactericidal solution was used in eyes? 17 a g NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joe H. Pearson.	FULL MAIDEN NAME	Opal Marie Lee.
RESIDENCE	Pocatello Idaho.	RESIDENCE	Pocatello Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Hogersville Tennessee	BIRTHPLACE	Thayer Kansas.
OCCUPATION	Switchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:20 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 12/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1949

419-118-003-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107224

County of Bannock

City of Pocatello

No. No 7th Ave St. Registration District No. 28 File No. 83

Hospital St Anthony Primary Registration District No. 2161 Registered No. 4650

FULL NAME OF CHILD John Hugh Mariano.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	#		#	Yes	Oct 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1% gtt 1 in each eye

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Mariano	FULL MAIDEN NAME	Vivian Nelson
RESIDENCE	547 No 6th Ave	RESIDENCE	547 No 6th Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Cumberland Wisconsin	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Boiler Maker	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A.M. Newton
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 12/1 1922

J.L. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-119.003-252

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

107226

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 605 N. 11th St.

Registration District No. 28 File No. 83

Hospital Amended 4-14-81 Primary Registration District No. 2141 Registered No. 4652

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXX~~ GLEN HARVEY Tolman

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 19 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frederick Tolman	FULL MAIDEN NAME	Ella C. Sessions
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Chesterfield Idaho	BIRTHPLACE	Chesterfield Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello Idaho

Filed 12/1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Minidoka }

Certificate No. 107226
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Harvey Anson Tolman, (Name on original certificate) who born (Was born or died) on October 19th 1922 (Date of event)
in Pocatello, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Harvey Anson	yes should be,	Glen Harvey Tolman.

Subscribed and sworn to before me this 16th
day of May, 19 43

Notary Public, residing at Rupert, Idaho.
My commission expires June 21, 1943
[SEAL]

Signed Glen Harvey Tolman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Route #1 Rupert, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Minidoka }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of May, 19 43

Notary Public, residing at Rupert,
My commission expires June 21, 1943
[SEAL]

Signed Ella L Tolman
(Signature of any credible person other than the previous affiant)
Route #1 - Rupert, Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 15 2 37 PM '81

State of _____ } ss.
County of _____ }

Certificate No. 107226
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Glen Harvey Tolman (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 19, 1922 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Father's name	Frederick R. Tolman	Frederick Tolman

Subscribed and sworn to before me this 14th day of April, 198[illegible]

Notary Public Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

X Helmer D. Wrigley
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Birth certificate for father, (church certificate of birth) gives name as Frederick Tolman born October 8, 1893, at Chesterfield, Idaho to Cyrus Tolman and Eliza Ann Riley. Recorded in Bannock Stake, Chesterfield Ward. Records of Members # 18418 Page 1. Entered on record December 7, 1893. Viewed by V.S.

APR 15 1981

Marriage Certificate issued by County of Salt Lake, state of Utah, gives name as Frederick Tolman, married to Ella Sessions on June 10, 1915. Viewed by V.S.

814-119-003-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107227

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. ..... St.
Hospital General

Registration District No. 28 File No. 83
Primary Registration District No. 2161 Registered No. 4653

FULL NAME OF CHILD Stephen Lee Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 19 1922

What bactericidal solution was used in eyes? 1% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Stephen Lee Hansen	FULL MAIDEN NAME	Lalla May Lundy
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Washington D.C.	BIRTHPLACE	Ogden Utah
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)
Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Filed 12/1 1922 J. H. Young
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/6/41 L. B.

APR 10 1941

214-22-003-689

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107228

County of Bannock
City of Pocatello
No. Argyle Rooms St.
Hospital General
Registration District No. 28
Primary Registration District No. 216
File No. 85
Registered No. 4654

FULL NAME OF CHILD Theda Bertell Lu Baum
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	2	yes	Oct 22, 1922

What bactericidal solution was used in eyes? 1% Arg NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. J. Lu Baum	FULL MAIDEN NAME	Lucy Whittaker
RESIDENCE	Argyle Rooms	RESIDENCE	Argyle Rooms
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minnesota.	BIRTHPLACE	Ypsh, Utah
OCCUPATION	Cook.	OCCUPATION	Housf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address 303-6 Carlson Bldg., Pocatello, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12/1 1922

H. M. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-123-003-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107229

County of Bannock

City of Pocatello

No. ..... St. Registration District No. 28 File No. 83

Hospital None Primary Registration District No. 2161 Registered No. 4655

FULL NAME OF CHILD James HENRY Fingerlos Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 23 1922

What bactericidal solution was used in eyes? 2 % Sol Silver Nitratis

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Fingerlos	FULL MAIDEN NAME	Cora Hawthorn
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Illinois	BIRTHPLACE	S. Dakota
OCCUPATION	Switchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 12/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss.

Certificate No. 107229

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for James (Name on Original Certificate) who was born (Was Born or Died) on Oct. 23 (Birth or Death) 1922 (Date of Event)
in POCATELLO (Place of Event) IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE & INSURANCE (Bible Record, Insurance Policy, Etc.) prepared on Febr 16 1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	James	James Henry Fingerlos, Jr.

Subscribed and sworn to before me this 27th
day of March, 1943

Notary Public, residing at Pocatello Idaho

My commission expires Sept. 15, 1944
(Seal)

Signed Mrs. Henry E. Fingerlos
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

763-126-003-485

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107230

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 83

Primary Registration District No. 2161 Registered No. 4656

FULL NAME OF CHILD Earl Pfleiderer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct 26 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl Val Pfleiderer	FULL MAIDEN NAME	Essie Mary Dunn
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Concordia Kansas	BIRTHPLACE	Buffaloe Texas
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 12/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-127-003-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107231

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 635 W. Halladay Registration District No. 28 File No. 83

Hospital General Primary Registration District No. 2161 Registered No. 4657

FULL NAME OF CHILD Adelbert Leo Cronin.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.			yes	Oct. 27, 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	August Leo Cronin	FULL MAIDEN NAME	Sarah Luella Chapman
RESIDENCE	635 W Halladay	RESIDENCE	635 W Halladay.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Bliss, Idaho.	BIRTHPLACE	West Mill Creek, Utah
OCCUPATION	R.R. Brakeman.	OCCUPATION	Housf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:40 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Address 302-6 Carlson Bldg. Pocatello, Ida

Filed 12/4 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-128-003-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107232

County of Bannock
City of Pocatello
No. 7th Ave St.
Hospital St. Anthonys
Registration District No. 28
Primary Registration District No. 2161
File No. 83
Registered No. 4658

FULL NAME OF CHILD Joseph Ray Tolman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/	/	Yes	10/28/22

(To be answered only in event of plural births)

What bacteriocidal solution was used in eyes? Silver nitrate Sol. 1.0

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph G. Tolman	FULL MAIDEN NAME	Ruth Merrickson
RESIDENCE	605 So. 3rd.	RESIDENCE	605 So. 3rd.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Star Valley Wyoming	BIRTHPLACE	Provo Utah
OCCUPATION	Auto Mechanic	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) De Ann Newton
(Physician or midwife)

Address Pocatello Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12/1 1922

J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible]

RECEIVED JAN 26 1923 [illegible] HOSPITAL

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Pocatello. FILE NO. 107232

ST. Idaho DATE OF BIRTH Oct. 28th 1922

COUNTY Bannock SEX OF CHILD Male

FATHER Joseph A. Tolman MOTHER Ruth Hilma Eriksen (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Joseph Ray Tolman

Mrs. J. A. Tolman

Signature of Father or Mother.

MAY 19 1954

219-131-003-391

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107233

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 83

Hospital St Anthonys Primary Registration District No. 2187 Registered No. 4659

FULL NAME OF CHILD John Wesley Bain.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.			Yes.	Oct 31 1922

What bacteriocidal solution was used in eyes? 1% Agno3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl Henderson Bain	FULL MAIDEN NAME	Vona May Cranor.
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Salt Lake City Utah.	BIRTHPLACE	Pocatello Idaho.
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Brothers
(Physician or Midwife)

Address Pocatello Idaho.

Give names added from a supplemental report.

....., 19.....

Filed 12/1 1922 J R Young
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1944

128-102-003-443

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107234

County of Bannock
City of Pocatello
No. ____ St.
Registration District No. 28 File No. 83
Hospital St. Anthonys Primary Registration District No. 216 Registered No. 4660

FULL NAME OF CHILD Frances Buford Ashby
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 2 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rudolph Solomon Ashby	FULL MAIDEN NAME	Kathleen Veronica Mullen
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Slaughter Kansas	BIRTHPLACE	American Falls, Idaho
OCCUPATION	Train Dispatcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Brothers
(Physician or midwife)
Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 12/1 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1966

24-103-003-794

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107235

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. ..... St.
Hospital St Anthonys
Registration District No. .....
File No. 83
Primary Registration District No. 201
Registered No. 4661

FULL NAME OF CHILD Robert Arthur Bunker Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	11 5 1922

What bactericidal solution was used in eyes? 1% argno 3 1

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Dewey Burks	FULL MAIDEN NAME	Virginia Pidcock
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ut	BIRTHPLACE	Ogden Ut
OCCUPATION	Laborer	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J R Young
(Physician or midwife)

Address Pocatello Ida

Filed 12/5 1922 J R Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY _____ (ST. _____ (COUNTY _____

FILE NO. 107235

DATE OF BIRTH _____

SEX OF CHILD Male

FATHER _____

MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

313-203-003-293

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107236

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. ..... Registration District No. 28 File No. 83

Hospital ..... Primary Registration District No. 2161 Registered No. 4662

FULL NAME OF CHILD Betty Viola Latimer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 3 1922

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lee Roy Latimer	FULL MAIDEN NAME	Loretta Bills
RESIDENCE	417 S Arthur	RESIDENCE	417 S. Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Laundry driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Clark MD

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Pocatello

Filed 12/1 1922 J. R. Young
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-206-003-291

PLACE OF BIRTH

Form V. S. No. 11—20m-7-30-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107237

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

Registration District No. 28 File No. 85

No. ____ St. ____

Primary Registration District No. 2161 Registered No. 4663

Hospital ____

FULL NAME OF CHILD Ethel Ewina Derington

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth: Nov. (Month) 6 (Day) 1922 (Year)

FATHER

FULL NAME: John Milton Derington

RESIDENCE: Bannock, Co.

COLOR: White. AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Tennessee

OCCUPATION: Produce Business

MOTHER

FULL MAIDEN NAME: Ida Helen Bradford

RESIDENCE: Bannock, Co.

COLOR: White AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Las Animas, Colorado

OCCUPATION: Nurse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Asa. Newton M.D.

(Physician or midwife)

Given names added from a supplemental report. ____ 19____

Address Pocatello Ida

Filed 12/1 19 22

____ Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-208-003-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107238

County of Bannock

City of Pocatello

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 28 File No. 83

Hospital St Anthony's Primary Registration District No. 2161 Registered No. 4664

FULL NAME OF CHILD Martha Lou Newton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov 8 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Abram Mark Newton	FULL MAIDEN NAME	Florence Parsons
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Cuba Illinois	BIRTHPLACE	Dwight Illinois
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 12/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1946

453-209-003-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Poca tello
No. 660n.6th. St.
Hospital

CERTIFICATE OF BIRTH 107239

Registration District No. 28 File No. 83
Primary Registration District No. 2161 Registered No. 4665

FULL NAME OF CHILD Wanda Delpino
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov. 9, 1922

What bactericidal solution was used in eyes? 1% Sol. $AgNO_3$

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Paul Delpino	FULL MAIDEN NAME Leola Trahant
RESIDENCE 660 n. 6th .	RESIDENCE 660 n, 6th.
COLOR white AGE AT LAST BIRTHDAY 21 (Years)	COLOR 1/4 Indian 3/4 white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ita ly	BIRTHPLACE Deer Lodge ,Monta na.
OCCUPATION ma chinest.	OCCUPATION Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard MD
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 12/1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1922-290056 + 291076

893-209.003 -755

PLACE OF BIRTH

Form V. S. No. 11—20m-7-30-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107240

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello. Registration District No. 28 File No. 83

No. ..... Street

Primary Registration District No. 2161 Registered No. 4666

Hospital .....

FULL NAME OF CHILD Genevieve Marion Hill.

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth 11 (Month) 9 (Day) 1922 (Year)

FATHER

FULL NAME Paul Martin Neils

RESIDENCE 356 So. Johnson St. Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Salt Lake City. Utah.

OCCUPATION Auto Machinist.

MOTHER

FULL MAIDEN NAME Minnie Geer Neils

RESIDENCE 356 So. Johnson Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Salt Lake City. Utah

OCCUPATION None.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Kerton M.D.
(Physician or midwife)

Address Pocatello

Given names added from a supplemental report. ..... 19.....

Registrar.

Filed 12/1 1922 J. H. Young Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-109-003-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107241

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 83

Primary Registration District No. 2141 Registered No. 4667

FULL NAME OF CHILD William Carl Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Nov 9 1922

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Guy Edward Hansen	FULL MAIDEN NAME	Jane Cecilia Smith
RESIDENCE	Pocatello Idaho.	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	St. Anthony, Idaho.
OCCUPATION	Patrolman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello, Idaho.

Filed 12/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/12/41. w.h.

JUN 26 1969

296-210-003-284

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107242

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 7 ave No. St. Registration District No. 28 File No. 83

Hospital St Anthony's Primary Registration District No. 2161 Registered No. 4668

FULL NAME OF CHILD Dorthy Jean Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 10 1922

What bactericidal solution was used in eyes? Silver nitrate 1% Sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Barr Charles Brown	FULL MAIDEN NAME	Jessie Shultz
RESIDENCE	634 No. Main	RESIDENCE	634 No. Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Scio Oregon
OCCUPATION	O.S.L. Inspector	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A.M. Newton
(Physician or midwife)

Address Pocatello

Filed 12/1 1922 J.R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-111-007-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107243

County of Bannock
City of Pocatello
No. 435 So 5th
Registration District No. 28
File No. 85
Hospital
Primary Registration District No. 2161
Registered No. 4670

FULL NAME OF CHILD Harold Eugene Andrews
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	11 - 11 1922

What bactericidal solution was used in eyes? 1% agno 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jas Otto Andrews	FULL MAIDEN NAME	Leona Moore
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Indiana	BIRTHPLACE	Ut,
OCCUPATION	Am-Express Co. Clerk	OCCUPATION	hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 40 P M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Young
(Physician or midwife)

Address Pocatello

Filed 12/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-211-003-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107244

County of Bannock

City of Downey

No. ..... St.

Registration District No. 28 File No. 83

Hospital .....

Primary Registration District No. 2161 Registered No. 4670

FULL NAME OF CHILD Cona Millard Kendall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Twin #1	7	yes	Nov 11 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Nitrate silver

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wm Edwin Kindall	FULL MAIDEN NAME	E J Millard
RESIDENCE	~~Wm Edwin Kindall~~ Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oxford Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Laborer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 12/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

1923

Place of Birth

CITY Downey

ST. Idaho

COUNTY Bannock

FATHER Wm E. Kendall

FILE NO. 107244

DATE OF BIRTH Nov 11th,

SEX OF CHILD Female

MOTHER Ethel Millard,
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Twins, Cora Millard, + Dona Millard.

Wm Edwin Kendall

Signature of Father or Mother.

The name of your baby was not filled in on the [illegible] to this office. It is of vital importance to [illegible] [illegible] fill in the information [illegible] [illegible] and return this sheet at your earliest [illegible] [illegible] envelope.

BUREAU OF [illegible]

Place of Birth	CITY	FILE NO.	107[illegible]
	ST.	DATE OF BIRTH	
	COUNTY	SEX OF CHILD	
	FATHER		

I HEREBY CERTIFY that the child herein described has been [illegible]

255-211-003-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107245

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS
STATE

CERTIFICATE OF BIRTH

County of Bannock

City of Hammett

No. ..... St.

Hospital .....

Registration District No. 28 File No. 83

Primary Registration District No. 3161 Registered No. 4671

FULL NAME OF CHILD Donna Millard Kendall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin #2	2nd	yes	Nov 18 1922

(To be answered only in event of plural births)

What bacteriecidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Walter Edwin Kendall	FULL MAIDEN NAME	E J Millard
RESIDENCE	Hammett Idaho	RESIDENCE	Hammett
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Afford Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Laborer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Preston Idaho

Filed 12/1 1922 J R Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1969

SEP 1 8 1968

818-211-003-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107246

County of Bannock

City of Pocatello

No. 306 So. 9th St. Registration District No. 28 File No. 83

Hospital — Primary Registration District No. 2161 Registered No. 4672

FULL NAME OF CHILD Jenny Linnea Hayden
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Nov. 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Alfred Hayden	Bertha Benson
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	24
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Carpenter	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) W. D. Gladden M.D.
(Physician or midwife)

Address 312 Carlson Bldg Pocatello

Filed 12/1 1922 J. R. Jennings Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

456-212-003-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107247

County of Bannock
City of Pocatello
No. 576 So. 6th Ave. St.
Hospital Home
Registration District No. 28
Primary Registration District No. 2161
File No. 83
Registered No. 4673

FULL NAME OF CHILD Mary Lucile DeFilippis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Dec 12 1922

What bacterieidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Tony DeFilippis	FULL MAIDEN NAME	Mary Severo
RESIDENCE	576 So. 6th Ave.	RESIDENCE	576 So. 6th Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Livingston, Montana
OCCUPATION	Common Labor	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 4:20 **P.M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife
(Physician or midwife)

Address 413 So. 4th Ave

Filed 12/1 1922

J. C. Young
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1959
MAR 1 7 1976

813-112-003-813

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107249

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 940 Wayne St.

Registration District No. 28 File No. 83

Hospital ____ Primary Registration District No. 2161 Registered No. 4675

FULL NAME OF CHILD William Bill Hall.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 12 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Silas Hall.	FULL MAIDEN NAME	Mabel Hall
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kentucky.	BIRTHPLACE	Kentucky.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 10 P. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Brothers

(Physician or midwife)

Address Pocatello Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 12/1 1922 J R Young

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-113:007-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
STATISTICS

CERTIFICATE OF BIRTH 107250

County of Bannock
City of Lamney
No. ..... St.
Hospital .....
Registration District No. 28
Primary Registration District No. 2161
File No. 83
Registered No. 4476

FULL NAME OF CHILD Jack Byington (6½ Mo Gestation)
(Certificate of no Value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3rd	yes	Nov 13 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ernest L Byington	FULL MAIDEN NAME	Ethel Stone
RESIDENCE	Lamney Idaho	RESIDENCE	Lamney Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Lamney Idaho	BIRTHPLACE	Mapleton Idaho
OCCUPATION	Laborer	OCCUPATION	Home Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. B. Holder
Physician
(Physician or midwife)
Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 12/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-217-003-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107251

County of Bannock

City of Pocatello

No. 615 No Main St.

Hospital

Registration District No. 28 File No. 83

Primary Registration District No. 461 Registered No. 477

FULL NAME OF CHILD Ruth Laura Sealey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Nov. (Day) 17th (Year) 1922
Female			

FATHER		MOTHER	
FULL NAME	Glenn Archie Sealey	FULL MAIDEN NAME	Edna Laura Dicks
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Stromsburg Nebr	BIRTHPLACE	St Joseph Mo.
OCCUPATION	Yard clerk	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:18 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A M Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Pocatello Idaho

Filed 12/1 1922 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 0 1943

436-217.003-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107252

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 83

Hospital General

Primary Registration District No. 2141 Registered No. 4678

FULL NAME OF CHILD Ella June Alworth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	11/17 1922

What bactericidal solution was used in eyes? 20 % argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Henning Alworth	FULL MAIDEN NAME	Ida Edith Tadlock
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Grand Valley, Pa.	BIRTHPLACE	Cresent, Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Registrar.

Address Pocatello

Filed 12/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 107252

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for June Alworth (Name on Original Certificate) who was born (Was Born or Died) on Nov. 17, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	June	Ella June

Subscribed and sworn to before me this 28
day of ....., 1944
Pauline Ambrose
Notary Public, residing at Boise
My commission expires 1/4/47
(Seal)

Signed Mrs Wm F. Alworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
Notary Public, residing at .....

.....
(Street Address, City, State)

My commission expires .....
(Seal)

JAN 2 8 1944

353-118-003 Chilts name is John Lelas
3-71-7
W.J.H.

Form V. S. No. 11-C—20m-9-8-17

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 803 n. 8th. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

107253

Registration District No. 28 File No. 83

Primary Registration District No. 2161 Registered No. 4679

FULL NAME OF CHILD JOHN LELAS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 18, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	MikeG. Lelas	FULL MAIDEN NAME	Eliz a beth Papp
RESIDENCE	803 n. 8th	RESIDENCE	803 n. 8th.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tenos, Greece.	BIRTHPLACE	Budapest, Hunga ry.
OCCUPATION	ca rpenter	OCCUPATION	Hs wf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm G Howard M D
(Physician or midwife)
Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Address

Filed 12/1 1922 [signature]
Registrar

MARGIN ...ED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 107253
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John Lelas (Name on original certificate) who was born (Was born or died) on Nov 18 – 1922 (Date of event)
in Pocatello Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Naturalization Certificate No 4490 3348 (Bible record, insurance policy, etc.) prepared on Ma Nov 24, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Joseph Lelis	John Lelas
Surname	Lelis	Lelas

Subscribed and sworn to before me this 13
day of November, 19 41.
Lorraine Marlin
Notary Public, residing at Salt Lake City, Utah
My commission expires May 25, 1945
[SEAL]

Signed Mrs. Elizabeth Papp Lelas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
134 mead ave Salt Lake City
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of November, 19 41.
Lorraine Marlin
Notary Public, residing at Salt Lake City, Utah
My commission expires May 25, 1945
[SEAL]

Signed Arleen B. Hardman
(Signature of any credible person other than the previous affiant.)
1039 Jefferson Ave Salt Lake, Utah
(Street Address, City, State)

Received for filing on NOV 14 1941 By
(Registrar's signature)
RECEIVED

JUL 9 1975

169-168-003 > 753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

107254

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Idaho

No. ..... St.

Registration District No. 28 File No. 85

Hospital General Primary Registration District No. 2161 Registered No. 4680

FULL NAME OF CHILD ~~XXXXXXXXXX~~ RULEN N. Jorgensen

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	11/18/192 2

What bactericidal solution was used in eyes? 20 % Sol. Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Peter Marone Jorgensen	FULL MAIDEN NAME	Victoria Peterson
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Cleveland, Idaho	BIRTHPLACE	Smithfield, Utah
OCCUPATION	Oil Gas Repairer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 P.M. ..... M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Mary

(Physician ~~or midwife~~)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12/1 192 2 J. M. Fanning
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 107254

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Calvin Jorgenson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 18, 1922 (DATE OF EVENT)

in Pocatello, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Calvin Jorgenson	Rulen N. Jorgenson

Subscribed and sworn to before me this 18th day of August, 1942

Marion E. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL)

Signed Ethel Petersen Jorgenson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

AUG 19 1942

OCT 14 1948

JUN 13 1958

392-219-003-993

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107255

County of Bannock

City of Inkom.

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

Registration District No. 28 File No. 83

No. ..... St.

Primary Registration District No. 2161 Registered No. 4681

Hospital .....

FULL NAME OF CHILD Arla La Priel Lish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Nov (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Howard Samuel Lish	FULL MAIDEN NAME	Arla Minerva Richardson
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	McCammon Ida	BIRTHPLACE	Pocatello. Ida.
OCCUPATION	Laborer.	OCCUPATION	Domestic.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden
Midwife.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Inkom Ida.

Filed 12/1 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-121-003-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107256

County of Bannock

City of Pocatello

No. ..... St. Registration District No. 28 File No. 83

Hospital General Primary Registration District No. 214 Registered No. 4682

FULL NAME OF CHILD James Thomas McClintock

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	11/21/192 2

What bactericidal solution was used in eyes? 20% Sol Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Geo L McClintock	Jessie M Cobb
RESIDENCE	Pocatello, Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	30
BIRTHPLACE	North Dakota	North Dakota
OCCUPATION	Lawyer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) J M Young

(Physician or midwife)

Address Pocatello Ida

Filed 12/1 1922

J H Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 2[illegible] 1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Pocatello
(ST. [illegible]
(COUNTY Bannock

FILE NO. 107256

DATE OF BIRTH Nov 21, 1922

SEX OF CHILD Male

FATHER Geo D McClintock

MOTHER Jessie Penelope McCabe
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

James Thomas McClintock

G D McClintock

Signature of Father or Mother.

DEC 2 1942

MAR 17 1952

241-121-003-293

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107257

County of Bannock

City of Pocatello

No. 904 Wayne Ave

Registration District No. 28 File No. 83

Hospital

Primary Registration District No. 2161 Registered No. 46 83

FULL NAME OF CHILD Frank Ervin Small
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov 21 1922

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Walter Small	FULL MAIDEN NAME	Violet Charlotte Killip
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Otterville Missouri	BIRTHPLACE	Boxelder, Colorado
OCCUPATION	Glass worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 12/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-12-003-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107258

County of Bannock
City of Pocatello
No. ..... St.
Registration District No. 28
File No. 85
Hospital None
Primary Registration District No. 2161
Registered No. 4684

FULL NAME OF CHILD Edward George
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 22 1922

What bactericidal solution was used in eyes? 2 % Sol Silver Nitratis

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	C.D. Dickinson	FULL MAIDEN NAME	Maud Griffith
RESIDENCE	Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Brakeman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) John J. Raef M.D.
(Physician or midwife)
Address Pocatello Idaho
Filed 12/1 1922 J.R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 - 1971
JUL 23 19

897-222-003-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107259

CERTIFICATE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 739 So. Main St. Registration District No. 28 File No. 83

Hospital Primary Registration District No. 2161 Registered No. 4685

FULL NAME OF CHILD Vivian Higginson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov 22 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Nairn David Higginson	FULL MAIDEN NAME	Teresa Cook
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Taylorsville, Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 12/1 1922 J. Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1965

897-225-003-168

PLACE OF BIRTH

Amended July 13, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ____ St.

Registration District No. 28 File No. 107260

Hospital ____ Primary Registration District No. 2161 Registered No. 4686

FULL NAME OF CHILD Sylvia Dellasean Higbee
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov. 25, 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Raymond A. Higbee	FULL MAIDEN NAME: Sylvia Johnson
RESIDENCE: 908 S. 2nd Ave., Pocatello	RESIDENCE: 908 S. 2nd Ave., Pocatello
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:20 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Carl W. Clark, M.D.

(Physician or midwife)

Address Pocatello, Idaho

Filed 12/1 192 2 J.R. Young
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own child's birth certificate #49-1290, shows mother's name as Sylvia Dellasean Higbee, viewed by V.S.; Pocatello Senior High School Diploma, dated May 27, 1942, gives name as Sylvia Dellasean Higbee, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107260

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Sylvia Delisene Higbee (Name on Original Certificate) who was born (Was Born or Died) on Nov. 25, 1922 (Date of Event)
in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Sylvia Delisene Higbee	Sylvia Dellasean Higbee

Subscribed and sworn to before me this 8 day of January, 19 42

Notary Public, residing at Eagle Idaho
My commission expires Sept. 28 1940
(Seal)

Signed Sylvia D Higbee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 1145 Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

1 COPY paid

219-126-007-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107261

County of Bannock

City of Pocatello

No. 218 So. 13th St. Registration District No. 28 File No. 83

Hospital Primary Registration District No. 2141 Registered No. 9687

FULL NAME OF CHILD Richard Leland Barrett

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11/26/192 2

What bactericidal solution was used in eyes? 20% Sol. Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Wm Leland Barrett	Ethel May Stinger
RESIDENCE	218 So 13th	218 So 13th
COLOR	Wht	wht
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Farmington Utah	Robin, Idaho
OCCUPATION	Laborer Mill O.S.L.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:30 P. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Young

(Physician or ~~midwife~~)

Address Pocatello

Filed 12/1 192 J. M. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 061922-287583

NOT

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Pocatello

ST. Idaho

COUNTY Bannock

FILE NO. 107261

DATE OF BIRTH Nov 26 1922

SEX OF CHILD Male

FATHER W. L. Barrett

MOTHER Ethel Mae Stringer (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Richard Leland Barrett

Mrs. W. L. Barrett

Signature of Father or Mother.

359-226-003 2

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107262

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28

File No. 83

Hospital .....

Primary Registration District No. 2161

Registered No. 4688

FULL NAME OF CHILD Hazel Jermin

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	11 / 26 / 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	David St. Jermin	FULL MAIDEN NAME	Hazel A. Bateman
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) D Ray

(Physician or Midwife)

Address Pocatello Idaho

Filed 12/1 1922 H Young
Registrar.

451-122-003-451

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107263

County of Bannock

City of Pocatello

No. 709 No 5th St. Registration District No. 28 File No. 83

Hospital ✓ Primary Registration District No. 2161 Registered No. 4689

FULL NAME OF CHILD Francis Lavere Dean
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	11/27 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter H. Dean	FULL MAIDEN NAME	Mary Opal Dean
RESIDENCE	709 No Fifth	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Flour Miller	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:15 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray

(Physician or midwife)

Address Pocatello Idaho

Filed 12/1 1922 J. W. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1961
NOV 3 1975

249:227:003-234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107264

County of Bannock
City of Pocatello
No. 7 thy Ave St.
Hospital St. Anthony's
Registration District No. 28 File No. 83
Primary Registration District No. 2141 Registered No. 4690

FULL NAME OF CHILD Eda Louise Smith.
(Certificate no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 27 1922

What bactericidal solution was used in eyes? Silver nitrate sol. 1 p.c.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	W. Lewis Smith	Pearl Blundell
RESIDENCE	318 So. 2nd.	318 So. 2nd.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	19
BIRTHPLACE	Pocatello	Utah
OCCUPATION	Mechanic	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A.M. Newton
(Physician or midwife)

Address Pocatello Ida.

Filed 12/1 1922 J.A. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

125-128-007-799

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107265

County of Bannock, RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

City of Pocatello

Registration District No. 28 File No. 83

No. 606 So 4 abe St.

Primary Registration District No. 2161 Registered No. 4691

Hospital General

FULL NAME OF CHILD Thomas Edward Akey.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edward Russell Akey.	FULL MAIDEN NAME	Mary Louise Griffiths
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer - 1 9 0 0 mos.	OCCUPATION	hwf -

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 12 1/2 (Born alive or stillborn), at 12 1/2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello Ida.

Filed 12/1 1922

J R Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

May 20, 1941 L. F.

MAR 7 1968

523-130-003-446

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107266

County of Bannock
City of Pocatello
No. 7 th. Ave. St.
Hospital St. Anthony

Registration District No. 28 File No. 8-3
Primary Registration District No. 2161 Registered No. 4693

FULL NAME OF CHILD Felix Pierre Escallier
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/	/	yes	Nov. 30 192 2

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver nitrate 1 gtt. I & Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Felix Escallier	FULL MAIDEN NAME	Maria Louise Dufresne
RESIDENCE	330 No. 4 th. Pocatello	RESIDENCE	330 No. 4th.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	France	BIRTHPLACE	Pocatello
OCCUPATION	Sheepherder	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.15 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A M Newton
(Physician or midwife)
Address Pocatello

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 12/1 192 2 J C Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-120003-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107267

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. ..... St.
Hospital Gen Hospital
Registration District No. 28
File No. 83
Primary Registration District No. 2141
Registered No. 4693

FULL NAME OF CHILD Dana Ray Woodard
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	11 / 20 / 1922

What bactericidal solution was used in eyes? 20% sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Delbert Wm Woodard	FULL MAIDEN NAME	Mary Vivian Wilcox
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minnisota	BIRTHPLACE	Montpelier Ida.
OCCUPATION	Conductor O.S.L.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8.9 M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....
(Physician or ~~midwife~~)
Address Pocatello Ida.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed 12/1 1922 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 2[illegible] 1923
BUREAU

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Pocatello
(ST. Idaho
(COUNTY Bonneck
FATHER D W Woodard

FILE NO. 107267
DATE OF BIRTH Nov 30 Xh 1922
SEX OF CHILD Male
MOTHER Vivian M Wilcox
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dana Ray Woodard

D W Woodard

Signature of Father or Mother.

JAN 15 1942

DEC 4 1942

653-211-003-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. No 7 St.

Registration District No. 28 File No. 83

Hospital St Anthony Primary Registration District No. 2161 Registered No. 4494

CERTIFICATE OF BIRTH

1072[illegible]

FULL NAME OF CHILD Helen Caroline Wells
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female	1		2	Yes	Sept. 11

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate Sol 1% - mT

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chester Gordon Wells	FULL MAIDEN NAME	Helen Fargo
RESIDENCE	Fargo Apts	RESIDENCE	Fargo Apts.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	St. Paul. Minn.	BIRTHPLACE	Salt Lake City U[illegible]
OCCUPATION	Merchant	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Pocatello, Idaho.

Filed 12/1 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1945

MAR 1 1965

324-127:003-95-1

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107269

County of Bannock
City of Pocatello
No. 139 So. 3rd Ave. St.
Hospital Home

Registration District No. 28 File No. 83
Primary Registration District No. 2161 Registered No. 4695

FULL NAME OF CHILD Kanji Tsukamoto
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sep. 27, 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Iwakichi Tsukamoto	FULL MAIDEN NAME Iseo Inagaki
RESIDENCE 139 So. 3rd Ave.	RESIDENCE 139 So. 3rd Ave.
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Machinist	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 5:20 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 12/1 1922 J. W. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/7/41 Z.J.

753-129-003-282

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS
STATE

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107270

County of Bannock

City of Lund

No. ..... St.

Hospital .....

Registration District No. 2161

File No. .....

Primary Registration District No. 84

Registered No. .....

FULL NAME OF CHILD Wayne Bybee Petersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M				yes	10-29 (Month) 22 (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Edward Petersen	FULL MAIDEN NAME: Sarah Bybee
RESIDENCE: Lund	RESIDENCE: Lund
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Lund	BIRTHPLACE: Lewiston U
OCCUPATION: Farmer	OCCUPATION: HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 M. on the date above stated.

(Signature) Wallace Bach

(Physician or midwife)

Address Bancroft

Filed 12-1 19 27 Wallace Bach Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-123-003-791

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 2161 File No. 107271

No. ..... St.

Primary Registration District No. 84 Registered No. .....

Hospital .....

FULL NAME OF CHILD George H. Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓ 1	Yes	10 - 23 - 1922

FATHER		MOTHER	
FULL NAME	Ezra Hansen	FULL MAIDEN NAME	Jane Grant
RESIDENCE	Bancroft	RESIDENCE	Chesterfield
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Western Ida	BIRTHPLACE	Chesterfield
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn), at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S. Bach M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-1 1922 W. L. Bach

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-223-003-791

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 30 1922 PUB. STA.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

107272

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 2161 File No. .....

Primary Registration District No. 84 Registered No. .....

Hospital .....

FULL NAME OF CHILD Georgianne Hansen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2	Yes	10 - 23 1922

FATHER		MOTHER	
FULL NAME	Eza Hansen	FULL MAIDEN NAME	Jane Grant
RESIDENCE	Bancroft	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Weston Ida	BIRTHPLACE	Chesterfield
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) .....

(Physician or midwife)

Address .....

Filed 12-1

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-127-1003-793

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Way

Registration District No. 2161

File No. 107273

No. ____ St.

Primary Registration District No. 24

Registered No. ____

Hospital ____

FULL NAME OF CHILD MORRIS Gilbert Stewart (STEWART)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	10 - 27th - 1922

FATHER		MOTHER	
FULL NAME	L. S. Stewart	FULL MAIDEN NAME	Luella Gillette
RESIDENCE	Way	RESIDENCE	Way
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Brilla Utah	BIRTHPLACE	Indiana O.
OCCUPATION	Farmer	OCCUPATION	Hse.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. G. (Born alive or stillborn) at 8 lbs. on the date above stated.

(Signature) Walter L Beck

(Physician or midwife)

Address Bancroft

Filed 12-1 1922 W. L. Beck Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-7-31-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 107273
County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Gillette (Name on Original Certificate) who born (Was Born or Died) on Oct. 27, 1922 (Date of Event) in Ivans, Bannock, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gillette	Morris Gillett Stewart
Date	Oct. 26, 1922	Oct. 27, 1922

Subscribed and sworn to before me this 10 day of August 1942

A. H. Nielson
Notary Public, residing at Burley
My commission expires Feb. 20, 1946
(Seal)

Signed Ursula H Stewart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley Rt 1, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of August 1946

A. H. Nielson
Notary Public, residing at Burley
My commission expires Feb 20, 1946
(Seal)

Signed Mrs Velma S Hooton
(Signature of Any Credible Person Other Than Previous Year)

Burley Rt 1 Idaho
(Street Address, City, State)

AUG 28 1942

DEC 11 19[illegible]

415-224-003-235

amend 11-29-82

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 2-161 File No. 107274

No. ..... St.

Primary Registration District No. 84 Registered No. .....

Hospital .....

FULL NAME OF CHILD Betty Jo Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1922 (Year)
F				Yes	11	24	

FATHER		MOTHER	
FULL NAME	[illegible] Davis	FULL MAIDEN NAME	Mabel Josephine Sterrett
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Malad, Idaho	BIRTHPLACE	Soda Springs Ida
OCCUPATION	Ld. Operater	OCCUPATION	Hse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. G. (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) [illegible] Rock

(Physician or midwife)

Address Bancroft

Filed 12-1 1922 [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

SEP 14 1970

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 14 1982
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Utah }

Certificate No. 107274

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Betty Jo Davis (Name on Original Certificate) who was born (Was Born or Died) on November 24, 1922 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's name	Elva Sterrett	Mabel Josephine Sterrett
father's age	30	27
father's birthplace	Utah	Malad, Idaho

Subscribed and sworn to before me this 18th day of June, 1981
Diane Ferre
Notary Public, residing at Orem, Utah
My commission expires April 2, 1985
(Seal)

Signed Mabel Josephine Sterrett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of June, 1981
Diane Ferre
Notary Public, residing at Orem Utah
My commission expires April 2, 1985
(Seal)

Signed Wm H Davis
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

correction corresp. (D) 1-31-78 nm
prev. copy ret'd ($2.00 credit)

Certificate of Baptism from LDS Church gives William Henry Davis born Aug 26, 1895 in Malad, Idaho to Wm M Davis and Mary Wallet and was baptised July 3, 1920. Viewed by V.S.

NOV 29 1982

Family record obviously old genealogy record gives Wm Henry Davis born in Malad, Idaho on 8-26-1895. Viewed by V.S.

Certificate from LDS Church gives William Henry Davis and Mabel Josephine Sterrett were sealed in Marriage on Nov 6, 1925 and had been previously legally married. Viewed by V.S.

Church record gives a Blessing given to Betty Jo Davis daughter of Wm Henry Davis and Mabel Josephine Sterrett on Sept 13, 1931. Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107274

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on November 24, 1922 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing January 7, 1923 / Certificate of Baptism prepared on November 30, 1930 (Bible Record, Insurance Policy, Etc.) / Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Betty Jo Davis

Subscribed and sworn to before me this 3 day of April, 1956

Floyd G. Hoadley

Notary Public, residing at Ashland Oregon

My commission expires Sept. 24, 1956

(Seal)

Signed Mrs W. H. Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1040 Clay St. Ashland Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Jackson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of April, 1956

Floyd G. Hoadley

Notary Public, residing at Ashland Oregon

My commission expires Sept. 24, 1956

(Seal)

Signed W. H. Davis

(Signature of Any Credible Person)

1040 Clay St. Ashland Oregon

(Street Address, City, State)

FORM DPH EE 155

APR 1 0 1998

897-105-003-433

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922

County of Bonneville

City of Idaho Falls

Registration District No. 216 File No. 107275

No. ..... St.

Primary Registration District No. 84 Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Ferguson, Male M.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	11 5 1922

FATHER		MOTHER	
FULL NAME	Lon P. Ferguson	FULL MAIDEN NAME	Emma McClelland
RESIDENCE	Idaho Falls	RESIDENCE	Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kempsey Ida
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.Q. (Born alive or stillborn) at 1:30 P.M. on the date above stated.

(Signature) Walter S. Bach

(Physician or midwife)

Address Bancroft

Filed 12-1 1922 W. S. Bach

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 7 1942

JUN 2 5 1974

867226-007-947

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 30 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hatch

Registration District No. 2161 File No. 107276

No. ..... St.

Primary Registration District No. 24 Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Hogan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G				Yes	11 - 26 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe C Hogan	Henrietta Krueger
RESIDENCE	Hatch	Hatch
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Chelsfield	Chelsfield O.
OCCUPATION	Farmer	Hsw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) Walter E Bach

(Physician or midwife)

Address Bancroft

Filed 12-1 1922 W E Bach Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

693-130-003-551

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 30 1932

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107277

County of Bannock

City of Pocatello

Registration District No. 2-161 File No.

No. St. MOTHERS NAME AMENDED 10-17-90 dl

Hospital Primary Registration District No. 84 Registered No.

FULL NAME OF CHILD Lou R Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	11 - 30 1932

FATHER		MOTHER	
FULL NAME	Lisle W Williams	FULL MAIDEN NAME	Gertrude Laura VanOrden
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Granville Co. Utah	BIRTHPLACE	Washington Co. U.
OCCUPATION	School Teacher	OCCUPATION	None

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born 6 P.M. (Born alive or stillborn) on the date above stated.

(Signature) Walter L Beach

(Physician or midwife)

Address Pocatello

Filed 12-1 1932 W L Beach Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-5-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 17 2 51 PM '90

State of Idaho
County of Bingham } ss.

Certificate No. 107277
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for John R. Williams (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 30, 1922 (Date of Event)

in Bancroft, Bannock Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Mother - full maiden name	Ella Evans	~~Laura Gertrude Vanorden~~ Gertrude Laura VanOrden

S.W

Subscribed and sworn to before me this 11th day of October, 1990.

Notary Public, Robert M Kinch

Residing at Blackfoot Idaho

My commission expires 1/29/92

(Seal)

x John R Williams
Signature of Applicant

x 1191 West 200 South Pingree Idaho 83262
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Birth Certificate for David Edmund Williams born Sept 21, 1926 in Blackfoot to Cornelius Williams and Gertrude Laura VanOrden. Viewed by V.S.

OCT 17 1990

Marie Williams born Aug 4, 1920 in Blackfoot to Cornelious Williams and Gertrude Van Orden. Viewed by V.S.

Marriage record lists Cornelius Williams and Laura Gertrude VanOrden were married 11-28-17 in Utah. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]-106-003-539

PLACE OF BIRTH

STATE OF [illegible]
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bancroft

City of Bancroft

No. ..... St.

Registration District No. 2161 File No. 107278

Hospital .....

Primary Registration District No. 84 Registered No. .....

FULL NAME OF CHILD GEORGE ELIASON ~~John H.~~ Millward

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	11-6 1922

What bactericidal solution was used in eyes? Arg. 20%

Number of child of this mother including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vicken Millward	FULL MAIDEN NAME	Evelyn Eliason
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Chesterfield	BIRTHPLACE	Logan Utah
OCCUPATION	Bank Clerk	OCCUPATION	Hd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach

(Physician or midwife)

Address Bancroft

Filed 12-1 1922 W S Bach

Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

OCT 6 1942

168-212 + 2003-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. ..... Registration District No. 216 1 File No. 107279

Hospital ..... Primary Registration District No. 84 Registered No. .....

FULL NAME OF CHILD Johnson, Marva Bernice

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	11-12-1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother including present birth 4 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans C. Johnson	Millie Corbett
RESIDENCE	Pocatello	Pocatello
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Logan	Utah
OCCUPATION	Farmer	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 4:30 P. M. on the date above stated.

(Signature) Walter E Beal

(Physician or midwife)

Address Pocatello

Filed 12-1 1922 W E Beal

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Bancroft

ST.

COUNTY Bannock

FATHER H C Johnson

FILE NO. 107279

DATE OF BIRTH Oct 12th 1922.

SEX OF CHILD Female

MOTHER Millie C Johnson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Marva Bernice

H C Johnson
Signature of Father or Mother.

369-210-003-897

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 2161 File No. 107281

Hospital ..... Primary Registration District No. 84 Registered No. .....

FULL NAME OF CHILD Elise Corbett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	2	Yes	11-10-1922

What bactericidal solution was used in eyes? Aug. 20 0/0

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Fred Corbett	FULL MAIDEN NAME	Louise Higginson
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Bancroft	BIRTHPLACE	Hatch
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. a. (Born alive or stillborn), at 8:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach
(Physician or midwife)

Address Bancroft

Filed 12-1 1922 W S Bach
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1966

359-210-003-897

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bancroft

City of Bancroft

No. ..... St.

Registration District No. 2161 File No. 107282

Hospital ..... Primary Registration District No. 84 Registered No. .....

FULL NAME OF CHILD Elsie Corbett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			1	Yes	11-10-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Aug. 20%

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Fred. Corbett	FULL MAIDEN NAME	Louise Higginson
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Bancroft Ida	BIRTHPLACE	Hatch
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 8:10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach
(Physician or midwife)

Address Bancroft

Filed 12-1 1922 W S Bach
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1966

793224.003-319

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2161 File No. 107283

Primary Registration District No. 84 Registered No. .....

FULL NAME OF CHILD Ada Gilbert
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	11-24-1922

What bactericidal solution was used in eyes? Arg 20%

Number of child of this mother, including present birth B Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Bert L Gilbert	FULL MAIDEN NAME	Hazel Cordon
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach

(Physician or midwife)

Address Bancroft

Filed 12-1 1922 Walter S Bach
Registrar.

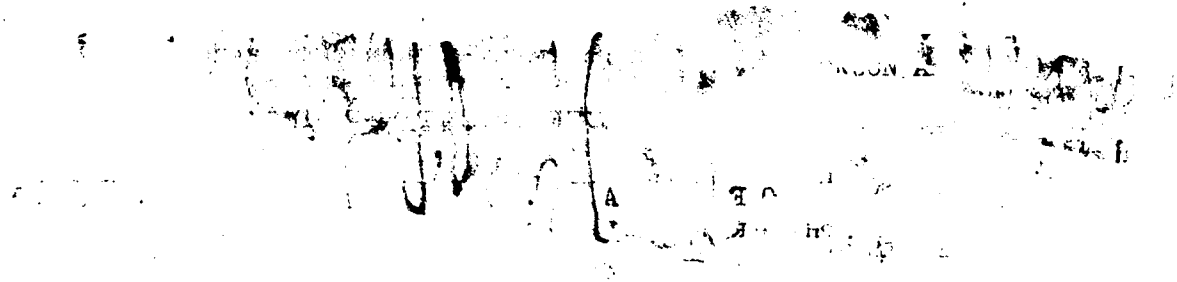
Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE. 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Bancroft. FILE NO. 107283

ST. _____ DATE OF BIRTH Nov. 24, 1922

COUNTY Bannock SEX OF CHILD Female

FATHER Bert Gilbert MOTHER Hazel Condon (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ada Gilbert

Bert Gilbert

Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

423-224-003 KB3

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107285

County of Bancroft

City of Bancroft

No. ..... St. ..... District No. 2161 File No. .....

Hospital ..... Primary Registration District No. 84 Registered No. .....

FULL NAME OF CHILD Aston Donna Ruth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	11-24-1922

What bactericidal solution was used in eyes? Arg 20%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clarence Aston	FULL MAIDEN NAME	Laverne Allen
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Bancroft	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. a. (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach
(Physician or midwife)

Address Bancroft

Filed 12-1 1922 W S Bach
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 8 1923 1923.

The name of your baby was not filled in on the birth certi- to this office. It is of vital importance to have the full name the record. Kindly fill in the information requested in the and return this sheet at your earliest convenience in the en- addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

ITY Bancroft

P. _____

OUNTY Bannock

ATHER Clarence Aston

FILE NO. 107285

~~DATE OF BIRTH~~ Nov. 24 22

SEX OF CHILD Female

MOTHER LaVera Allen Aston
(Maiden Name)

CERTIFY that the child herein described has been named:

nna Ruth.

Mrs. Clarence Aston

Signature of Father or Mothe

855·123·003-791

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Swan Lake

Registration District No. 83 File No. 107286

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Reed H. Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	10 (Month) - 23 (Day) - 19 22 (Year)

FATHER		MOTHER	
FULL NAME	H. L. Henderson	FULL MAIDEN NAME	Millie Pratt
RESIDENCE	Swan Lake, Ida	RESIDENCE	Swan Lake, Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Clifton, Ida.	BIRTHPLACE	Downey, Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey Idaho

Filed Oct-24-1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 1
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1 1923

Boise, Idaho JAN 1 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { CITY Swan Lake. FILE NO. 107286
ST. Idaho DATE OF BIRTH Oct 23, 1922
COUNTY Bannock SEX OF CHILD Male
FATHER Lester Henderson MOTHER Mable Pratt
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Reed Lester Henderson

Lester Henderson

Signature of Father or Mother.

363-128-003-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. RFD St.

Hospital

Registration District No. 83 File No. 107287

Primary Registration District No. 2160 Registered No.

FULL NAME OF CHILD EARL EDWARD COTTRELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	10 - 28 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E. Cottrell	FULL MAIDEN NAME	Harriet Clawson
RESIDENCE	Downey, Ida.	RESIDENCE	Downey, Ida
COLOR	W. AGE AT LAST BIRTHDAY 50 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Haysville, Utah	BIRTHPLACE	Morgan, Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen, Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Idaho

Filed Oct-27- 1922. H. J. Hartigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Custer }

Certificate No. 107287

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Cottrell (Name on Original Certificate) who was born (Was Born or Died) on October 28, 1922 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Cottrell	Earl Edward Cottrell
Birth Date	October 27, 1922	October 28, 1922

Subscribed and sworn to before me this 18th day of April 19 45

Notary Public, residing at Mackay, Idaho

My commission expires Oct. 16, 1948

(Seal)

Signed Earnest Edward Cottrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Mother) Mackay, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Custer }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of April 19 45

Notary Public, residing at Mackay, Idaho

My commission expires Oct. 16, 1948

(Seal)

Signed Joseph E. Cottrell
(Signature of Any Credible Person) (Father)

Mackay, Idaho
(Street Address, City, State)

855-128, 603-714

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107288

County of Bannock

City of ~~Downey~~ Swan Soke

Registration District No. 83 File No.

No. St.

Primary Registration District No. 2160 Registered No.

Hospital

FULL NAME OF CHILD EUGENE HENDERSON

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10 (Month) — 28 (Day) — 1922 (Year)

FATHER		MOTHER	
FULL NAME	Geage Mesl Henderson	FULL MAIDEN NAME	Marie Gamble
RESIDENCE	Swan Soke, Ida.	RESIDENCE	Swan Soke, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Swan Soke, Ida.	BIRTHPLACE	Swan Soke. Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen, Physician. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Idaho

Filed Oct-29-1922 H. J. Hartigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 107288

Date Filed 3/12-42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eugene Henderson (Name on Original Certificate) who Was Born (Was Born or Died) on Oct 28-1922 (Date of Event)
in Swan Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 3-12-42 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Eugene Henderson

Subscribed and sworn to before me this 12
day of March, 1942
E. E. Hendricks
Notary Public, residing at Swan Falls
My commission expires 2/15/46
(Seal)

Signed Merl Henderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of March, 1942
E. E. Hendricks
Notary Public, residing at Swan Falls
My commission expires 2/15/46
(Seal)

Signed Nathan M. Thomas
(Signature of Any Credible Person Other Than Previous Year)

Swan Falls, Ida.
(Street Address, City, State)

455-118-003-414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Swan Lake

No. ..... St.

Registration District No. .....

File No. 107289

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Rulon L. Denney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct. 18 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lester Moore Denney	FULL MAIDEN NAME	Zella May Maddox
RESIDENCE	Swan Lake	RESIDENCE	Swan Lake
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Swan Lake Ida	BIRTHPLACE	Clifton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal, at 2 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. R. Cuiler Jr.
Physician
(Physician or midwife)

Address Preston Idaho

Filed 11-3- 1923 H. J. Hartwig Jr.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-119-003-612

RECEIVED JAN 8

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. R F D. St.

Hospital

Registration District No. 83

File No. 107290

Primary Registration District No. 2160

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	11-19-1922

FATHER		MOTHER	
FULL NAME	F. G. Bloxham	FULL MAIDEN NAME	P. Francis Wakley
RESIDENCE	Downey, Ida	RESIDENCE	Downey Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	Downey Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Ida

Filed Nov -19- 1922

H. J. Hartvigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-101-Q03-134

REC
JAN
STA

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hawney

Registration District No. 83 File No. 107291

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Louis Reed Bertasso

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	12 - 1 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. F. Bertasso,	FULL MAIDEN NAME	Millie Aldous
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Italy Europe	BIRTHPLACE	Hawney
OCCUPATION	mechanic R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hawney, Idaho

Filed Dec. 1, 1922 H. J. Hartvigsen Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 107291

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD Male

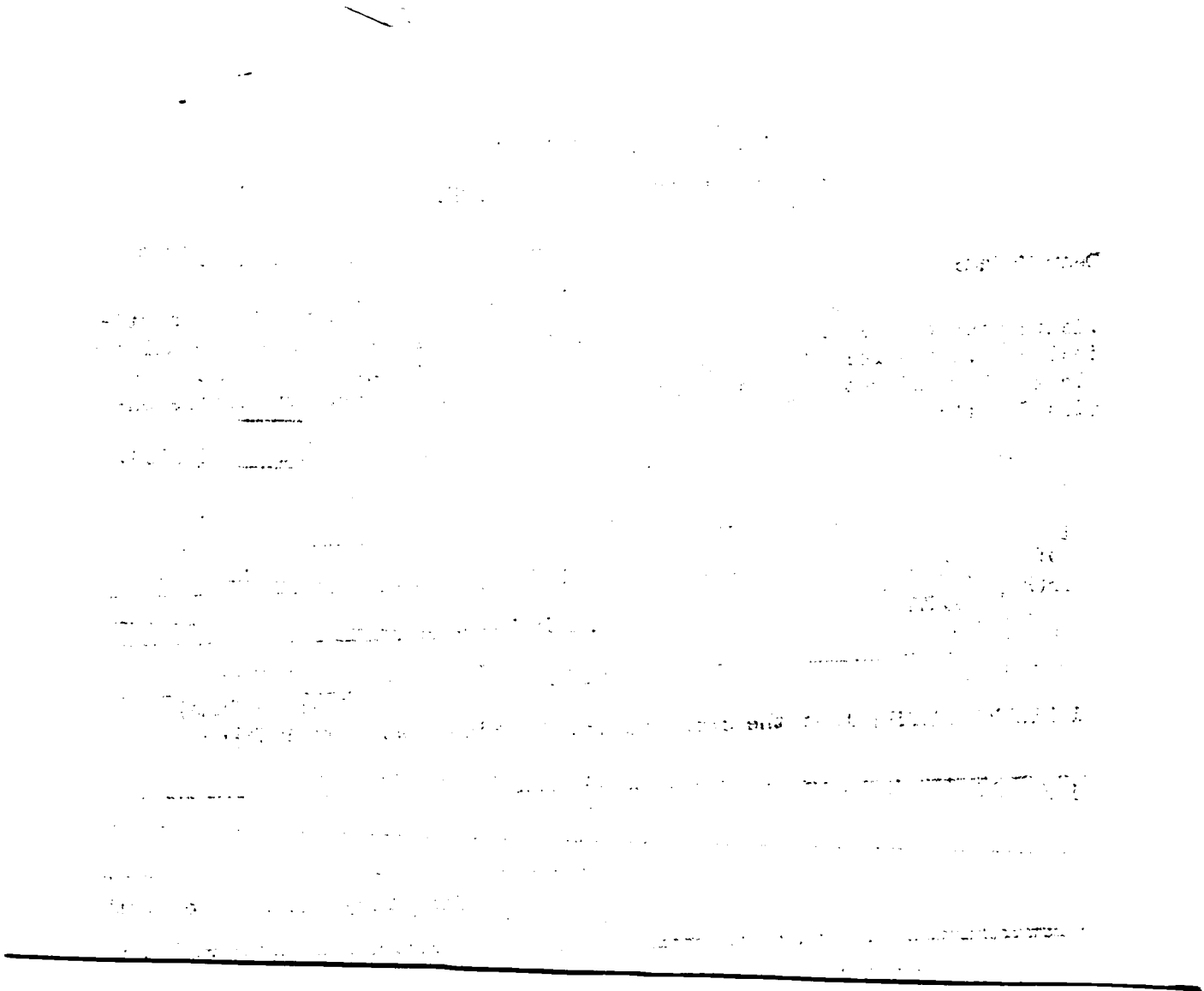
FATHER _____ MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.



814-102-003-692

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Swan Sake

Registration District No. 83 File No. 107292

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Warren F. Hadley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	12 - 2 - 1922

FATHER		MOTHER	
FULL NAME	Rich Hadley	FULL MAIDEN NAME	Lillie Fisher,
RESIDENCE	Swan Sake Ida	RESIDENCE	Swan Sake Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Swan Sake, Ida	BIRTHPLACE	Bountiful, Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartrigsen, Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Downey, Idaho.

Filed Dec-3-1922 H. J. Hartrigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-118-003-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107293

County of Bannock

City of Swan Falls

Registration District No. 83

File No.

No. St.

Primary Registration District No. 2160

Registered No.

Hospital

FULL NAME OF CHILD Rex A. Hadley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 18 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum Hadley	Mary Anderson
RESIDENCE	Swan Falls Ida.	Swan Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Swan Falls Ida	West Jordan Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Lora Jacobson

Practical Nurse
(Physician or midwife)

Address Swan Falls, Ida

Given names added from a supplemental report.

19

Registrar

Filed Mar 3 1923

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-41

Dupcf 1922 Kels41

DEC 31 1951

HADLEY

432-108-003-492

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bannack

City of Swan Lake, Idaho

No. ..... St.

Registration District No. .....

File No. 107294

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ernie La Vern McKenzie

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 8 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Wm. McKenzie	FULL MAIDEN NAME: Anarie Marie Missen
RESIDENCE: Swan Lake, Idaho	RESIDENCE: Swan Lake, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Smithfield, Utah	BIRTHPLACE: Preston, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.05 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan 6 1923

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

RECEIVED
JAN 27 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth

CITY Swan Lake
ST. Idaho
COUNTY Bannock
FATHER Wm McKenzie

FILE NO. 107294
DATE OF BIRTH Nov 8th 1922
SEX OF CHILD Male
MOTHER Annie Nisson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Erriel Le Vern McKenzie

Annie McKenzie

Signature of Father or Mother

168-21-003-285

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Arimo

Registration District No. 83

File No. 107295

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Carolyn Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct 11 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. F. Johnson,	Edna Shepard
RESIDENCE	Arimo, Ida.	Arimo
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Richmond, Utah	Richmond, Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3:00 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) H. F. Johnson, M.D.

Physician

(Physician or midwife)

Address Arimo Idaho

Filed Oct-13-1922 H. F. Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 27 1923
BUREAU OF VITAL

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Arimo

(ST. Idaho

(COUNTY Bannock

FATHER H. F. Johnson

FILE NO. 107295

DATE OF BIRTH Oct. 11 1922

SEX OF CHILD Arimo, Idaho Female

MOTHER Edna Shepard
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Carolyn Johnson

Heber F. Johnson
Signature of Father or Mother.

FEB 2 1944

766-225-003-155

PLACE OF BIRTH

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Arimo

Registration District No. 83 File No. 107296

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mabel Goodman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	12 (Month) - 20 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. E. Goodman	FULL MAIDEN NAME	Isabelle Jenkins
RESIDENCE	Arimo Ida	RESIDENCE	Arimo, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Robin, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Dec - 21 - 1922

H. J. Hartigsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Arimo

(ST. Idaho

(COUNTY Bannock

FILE NO. 107296

DATE OF BIRTH Dec 20. 1922

SEX OF CHILD Female Mail

FATHER James Edwin Goodman

MOTHER Isabell Hoskins (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Mabel Goodman

James Edwin Goodman

Signature of Father or Mother.

266-223-003-269 Amended 12/28/77

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83 File No. 107297

No. ..... St.

Primary Registration District No. 3160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gean LaRee Bowman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Bowman,	FULL MAIDEN NAME	Emma Sorenson
RESIDENCE	Downey, Ida.	RESIDENCE	Downey, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Richmond, Ut	BIRTHPLACE	Richmond, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 7:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Dec. 24, 1922 H. J. Hartigsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS DEC 7 9 32 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 107297

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bowman (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 24, 1922 (Date of Event)
in Downey, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Gean LaRee Bowman
birthdate	Dec 24, 1922	Dec 23, 1922

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of
August, 1977

Notary Public, residing at Pocatello, Idaho
My commission expires 6-20
(Seal)

Signed J. Marie Burrell
(Signature of Any Credible Person)

Rt. 2 - Box 82C - Pocatello, Idaho 83201
(Street Address, City, State)

FORM DH 60-155

CL 5/27/77

Certif of Baptism and Confirmation from the LDS Church gives name as Jean Laree Bowman daughter of George Bowman and Emma Sorensen. born Dec 23, 1922 at Cambridge, Idaho. Baptized Aug 6, 1932. viewed by V. S. DEC 28 1977

Certif of Blessing from the LDS Church gives name as Jean Laree Bowman daughter of George Bowman and Emma Sorensen. born Dec 23, 1922 at Cambridge, Idaho. Blessed April 1, 1923. viewed by V. S.

665-128-003-264

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hawney

Registration District No. 83 File No. 107298

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Franklyn Owens,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Dec -28- 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray T. Owens	FULL MAIDEN NAME	Mary Boddy
RESIDENCE	Hawney, Idaho	RESIDENCE	Hawney, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Malad, Ida	BIRTHPLACE	Norton Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hawney, Idaho

Filed Dec-29- 1922 H. J. Hartvigsen Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1941

389-129-003-667

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107299

County of Bannock

City of Downey

Registration District No. 53 File No.

No. St.

Primary Registration District No. 2160 Registered No.

Hospital

FULL NAME OF CHILD Viel Stanton Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	12 (Month) - 29 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	C. M. Christensen	FULL MAIDEN NAME	Cynthia Fox
RESIDENCE	Downey, Ida	RESIDENCE	Downey Ida
COLOR	W AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Denmark Europe	BIRTHPLACE	Downey, Ida
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. J. Hartvigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey Idaho

Filed Dec-29-1922

H. J. Hartvigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
FEB 20 19
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Downey

(ST. Idaho

(COUNTY Bannock

FILE NO. 107299

DATE OF BIRTH Dec 29 1922

SEX OF CHILD Male

FATHER C. W. Christensen

MOTHER Syntha Helen Fox
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Virl Stanton Christensen

C. W. Christensen

Signature of Father or Mother.

335-223-003-613 name added 3-19-86 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107300

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 84

Primary Registration District No. 2161 Registered No. 4730

FULL NAME OF CHILD Baby Cleare Ruth Lilian Cleare
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	Yes	11 - 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3 - 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Walter H. Cleare	FULL MAIDEN NAME	Fannie Walters
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 54 (Years)	COLOR	W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	England	BIRTHPLACE	Illinois
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. D. Verts

Physician
(Physician or midwife)

Pocatello

Address

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 1-1 1923 J R Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-15-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Washington } ss.

Certificate No. 107300
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Cleare (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 23, 1922 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ruth Lilian Cleare

Subscribed and sworn to before me this 27th day of February, 19 86.
Notary Public, Patricia Gilman
Residing at Forest Grove, Oregon
My commission expires July 24, 1989
(Seal)

X Mrs. Ruth C. Bentley
Signature of Applicant
X 15735 N.W. Oak Hills Dr.
Street Address, City, State
Beaverton, Or. 97006

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Washington } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 19 86.
Notary Public, Patricia Gilman
Residing at Forest Grove, Oregon
My commission expires July 24, 1989
(Seal)

Supporting Signature
3276 Valley Crest Forest Grove Or 97116
Street Address, City, State

2 cc pd

Insurance Application lists name as Ruth Lilian Cleare Nov 23, 1922 in Idaho. Dated Aug 26, 1942. Viewed by V.S.

MAR 19 1986

Birth Certificate of Stephen Richard Bentley born 10-26-55 in Seattle to James Richard Bentley and Ruth Lilian Cleare. Viewed by V.,S

155-223-003666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107301

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1246 No. Main St. Registration District No. 28 File No. 84

Hospital ✓ Primary Registration District No. 2161 Registered No. 9731

FULL NAME OF CHILD Betty Jane Lewelle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	12 23 1922

What bactericidal solution was used in eyes? 1.0% Argyrol Sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Leslie L. Lewelle	FULL MAIDEN NAME Helen Hooley
RESIDENCE 1246 No Main	RESIDENCE Same
COLOR wht	AGE AT LAST BIRTHDAY 31 (Years)
COLOR wht	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Michigan
OCCUPATION R. R. Engineer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) L S Ray
(Physician or midwife)

Address Pocatello Idaho

Filed 1-1 1923 W Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1970

[redacted]

854-223-003-719

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107302

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84

No. 155 So Hayes

Primary Registration District No. 2161 Registered No. 4732.

Hospital ✓

FULL NAME OF CHILD Margie Hemming

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Parley Hemming	FULL MAIDEN NAME	Geneve Parker
RESIDENCE	Pocatello, Idaho	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED ... 10% Sol Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello, Idaho

Registrar.

Filed 1-1 1923 J. E. Young Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

595-223-003-542

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107303

County of Bannock

City of Pocatello

No. 618 W. Hayden St.

Registration District No. 28 File No. 84

Hospital

Primary Registration District No. 2161 Registered No. 4733

FULL NAME OF CHILD Helen Louise Nielsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec 23 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Wesley Nielsen	FULL MAIDEN NAME	Bertha May Embrey
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho Falls Idaho	BIRTHPLACE	Remington Virginia
OCCUPATION	Carman O.S.L.R.R.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 1-7 1923 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1970

335-223-003-819

PLACE OF BIRTH

RECEIVED JAN 1 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107304

County of Bannock

City of Pocatello

No. 725 W Wyeth Registration District No. 28 File No. 84

Hospital — Primary Registration District No. 2141 Registered No. 4734

FULL NAME OF CHILD Helen Ruth Cleveland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	Yes	Dec 23 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Claude Ira Cleveland	FULL MAIDEN NAME	Ruth Isabel Haggard
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	66
BIRTHPLACE	Lawrence Kansas	BIRTHPLACE	Mountain Colo
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Madden
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 312 Carlson Bldg

Filed 1-1 1923 J R Young
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1944

754-125-003-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107305

County of Bannock

City of Pocatello

1923 CERTIFICATE OF BIRTH

No. ..... St.

Registration District No. 28 File No. 84

Hospital General

Primary Registration District No. 2161 Registered No. 4735

FULL NAME OF CHILD William Lee Pemberton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 25 1922

What bactericidal solution was used in eyes? 1% Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: William Lee Pemberton	FULL MAIDEN NAME: Nella Claire Goodburn
RESIDENCE: Pocatello Idaho	RESIDENCE: Pocatello Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Manchester Virginia	BIRTHPLACE: Pocatello Idaho
OCCUPATION: Clerk	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brothers
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Filed 1-1 1923 J. C. Young
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-226-003-759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107306

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 434 So 2 St.

Registration District No. 28 File No. 84

Hospital

Primary Registration District No. 2161 Registered No. 4736

FULL NAME OF CHILD Mary Florence Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	Yes	12-26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lee Davis	FULL MAIDEN NAME	Edith Perry
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	England
OCCUPATION	Salesman	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Pocatello

Filed 1-1 1923 [signature] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1954

943-186-003-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 12 1923

CERTIFICATE OF BIRTH 107307

County of Bannock

City of Pocatello

No. 224 W Day St.

Hospital

Registration District No. 28 File No. 84

Primary Registration District No. 461 Registered No. 4737

FULL NAME OF CHILD Jay J ~~Ruchti~~ Ruchti

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	12/26/1922

What bactericidal solution was used in eyes? 1% agno3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wm J ~~Ruchti~~ Ruchti	FULL MAIDEN NAME	Beryl Cardon
RESIDENCE	224 W day	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Pocatello City Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 40 A. M. on the date above stated.

(Signature) J H Young

(Physician or midwife)

Address Pocatello

Filed 1/1 1923 J H Young Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 12-18-1940 D.P.

235-128-007-962

PLACE OF BIRTH

RECEIVED
JAN 12
BUREAU OF VITAL STATISTICS
STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107308

County of Bannock
City of Pocatello
No. 1205 Roosevelt
Hospital General

Registration District No. 28 File No. 84
Primary Registration District No. 2161 Registered No. 4738

FULL NAME OF CHILD James Colman Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	12/28/192[illegible]

What bactericidal solution was used in eyes? 1% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. Frank Stewart	FULL MAIDEN NAME	Edyth O Lovell
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ut.
OCCUPATION	Live Stock man	OCCUPATION	Housf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:15 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Young
(Physician or midwife)

Address Pocatello Ida

Filed 1/1 1923 H Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 107308
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for ~~Infant~~ Stewart (Name on original certificate) who was born (Was born or died) on Dec 28, 1922 (Date of event)
in Pocatello Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by mother (Bible record, insurance policy, etc.) prepared on Aug 29, 1941 (Give date), are:

FACTS TO BE CORRECTED "Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Omitted	James Corbett Stewart

Subscribed and sworn to before me this 29
day of August, 1941

Myrna L. Brewer
Notary Public, residing at Boise, Idaho

My commission expires April 1, 1945

[SEAL]

Signed Edith R. Stewart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Salt Lake City Utah
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

MAY 7 1945

JUN 17 1952

353-231-003-361

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107309

County of Bannock

City of Pocatello

No. 710 N 5 ave St.

Registration District No. 28 File No. 84

Hospital

Primary Registration District No. 2161 Registered No. 4739

FULL NAME OF CHILD Mary Premitta Celli

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	1 / 31 / 1923

What bactericidal solution was used in eyes? 1% agno3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Celli	FULL MAIDEN NAME	Azzina Loadovichi
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	~~Colorado~~ Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 22 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young

(Physician or midwife)

Address Pocatello Ida

Give names added from a supplemental report.

....., 19.....

Filed 1/4 1923 J R Young

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1957

897-223-003-613

PLACE OF BIRTH

RECEIVED JAN 1 2 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

107310

County of Bannock

City of McCammon.

Registration District No. 28 File No. 84

No. ..... St.

Primary Registration District No. 2141 Registered No. 4696

Hospital .....

FULL NAME OF CHILD Muriell Higbee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 23, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orval Louis Higbee	FULL MAIDEN NAME	Eva Waters
RESIDENCE	McCammon, Idaho	RESIDENCE	McCammon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Weston, Idaho	BIRTHPLACE	Salina, Utah.
OCCUPATION	Welder	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov. 23, 1922, at 1.0 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Waste M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCammon, Idaho.

Registrar

Filed 1/1 1923

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 8 1968

MAY 2 8 1968

617-230-003-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107311

RECEIVED
JAN 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Registration District No. 28 File No. 84

Hospital .....

Primary Registration District No. 2161 Registered No. 4647

FULL NAME OF CHILD Daisy Cecila Fagnant
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11 - 30 - 1922

What bactericidal solution was used in eyes? Argirol 5 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alford Paul Fagnet	FULL MAIDEN NAME	Daisy May Bell
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wyo	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 35 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Wiglesworth M.D.
(Physician or midwife)

Address Lava Hot Springs Ida

Filed 1/1 1923 J. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
FEB 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 1/18/23 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Lava Hot Springs
(ST. Idaho
(COUNTY Bannock

FILE NO. 107311

DATE OF BIRTH ~~Nov. 30, 1922~~

SEX OF CHILD Female

FATHER Alfred P. Fagnant

MOTHER Daisy Mary Ball
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Daisy Cecila Fagnant

Alfred P. Fagnant

Signature of Father or Mother.

MAY 1 1 1942

966-101-003-763

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

107312

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84

No. 309 So 7th St.

Primary Registration District No. 2161 Registered No. 4698

Hospital —

FULL NAME OF CHILD Ray Lyman Root

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	Yes	12 / 1 / 1923

FATHER		MOTHER	
FULL NAME	Ray Burson Root	FULL MAIDEN NAME	Mabel Salter
RESIDENCE	309 So 7th	RESIDENCE	309 So 7th
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	engineer	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Ag NO3 2%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Lyman

Physician
(Physician or midwife)

Address 553 No Main

Given names added from a supplemental report.

19

Registrar

Filed 1-1 1923

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

242-201-603-313

PLACE OF BIRTH

RECEIVED
JAN 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107313

County of Bannock
City of Pocatello
No. 7th. Ave St.
Hospital St. Anthonys

Registration District No. 28 File No. 84
Primary Registration District No. 2141 Registered No. 4699

FULL NAME OF CHILD Angelino Busco
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Dec. 1 1922

What bactericidal solution was used in eyes? Silver nitrate Sol. 1 to

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Sylvester Busco	FULL MAIDEN NAME	Philemona Catonzara
RESIDENCE	239 So. 5th.	RESIDENCE	239 So. Fifth
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	O. S. L. Employee	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Newton M.D.
(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1-1 1923

J C Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864101.003-495

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107314

County of Bannock.

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 18 State File No. 84

Primary Registration District No. 114 Local Registrar's No. 7700

FULL NAME OF CHILD Donald Robert Houde

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.			yes.	Dec. 1, 1923

What bactericidal solution was used in eyes? 1% AgNO3 sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER

FULL NAME Aldean A. Houde.

RESIDENCE 505 S. Arthur.

COLOR white AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Dallas, Texas.

OCCUPATION Barber.

MOTHER

FULL MAIDEN NAME Emma Minshew.

RESIDENCE 505 S. Arthur.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Eureka, N.C.

OCCUPATION Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report. ....., 192.....

..... Registrar.

(Signature) W. J. Howard M.D.

(Physician ~~or midwife~~)

Address Carlson Bldg. Pocatello.

Filed 1-1 1924 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Pocatello FILE NO. 107314

(ST. 507½ S. Arthur DATE OF BIRTH Dec. 1 - 1922

(COUNTY Bannock SEX OF CHILD Male

FATHER Alden A. Houde MOTHER Emma D. Mingbew. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Donald Robert Houde.

Emma D. Houde.

Signature of Father or Mother.

RECEIVED

DEC 1 1 1970

692-103-003-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 1 1923 STATE

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford Idaho

No. ..... St.

Registration District No. 28 File No. 107315

Hospital .....

Primary Registration District No. 2161 Registered No. 4701

FULL NAME OF CHILD Elden E Fisher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	5 (To be answered only in event of plural births)	yes	Dec 3 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	A L Fisher	FULL MAIDEN NAME	Selma Olsen
RESIDENCE	Oxford Idaho	RESIDENCE	Oxford Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oxford Idaho	BIRTHPLACE	Oxford Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Weston Idaho

Filed 1-1 1923 J C Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 17 1942

AUG 6 1956

OCT 16 1987

413-208-007 962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107316

RECF

County of Bannock.

City of Pocatello.

No. 731 S. Main St. St.

Registration District No. 28 State File No. 84

Hospital

Primary Registration District No. 2141 Local Registrar's No. 4702

FULL NAME OF CHILD Wilma Marian Dale.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec. 4, 1922

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME William C. Dale.	FULL MAIDEN NAME Mary Ann Robinson.
RESIDENCE 731 S. Main.	RESIDENCE 731 S. Main.
COLOR white	AGE AT LAST BIRTHDAY 47 (Years)
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Waterford, Wisconsin.	BIRTHPLACE Edinborough England.
OCCUPATION Boiler Inspecter.	OCCUPATION hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) W. F. Howard M.D.
(Physician or ~~midwife~~)

Address Carlson Bldg. Pocatello.

Filed 1-1 1923 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 7 1942

466-105-003-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107317

County of Bannock
City of Pocatello
No. 816 So 3rd
Hospital

Registration District No. 28 File No. 84
Primary Registration District No. 2161 Registered No. 4703

FULL NAME OF CHILD Darian Smith Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	12-5-1922

What bactericidal solution was used in eyes? 1% agno 5

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Elmer J Moore	FULL MAIDEN NAME	Jane Smith
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ill.	BIRTHPLACE	Nt.
OCCUPATION	Carpenter	OCCUPATION	Lief

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Young
(Physician or midwife)

Address Pocatello Ida

Filed 1/1 1923 J P Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WORKS.

Boise, Idaho _____

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 [illegible] 1923.

[illegible] Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Pocatello FILE NO. 107317

ST. 816 South 4th Ave. DATE OF BIRTH December 5 1922

COUNTY Bannock SEX OF CHILD Male

FATHER Elmer J. Moore Sr. MOTHER Jane Smith (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Marian Smith Moore

Elmer J. Moore

Signature of Father or Mother.

659-105-603-689

PLACE OF BIRTH

RECEIVED JAN 12 1923

Form V. [illegible] 25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107318

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 84

Primary Registration District No. 2161 Registered No. 4704

FULL NAME OF CHILD John Newell Ferer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
m				Yes.	Dec	5	1922

FATHER		MOTHER	
FULL NAME	Edmund Ferer	FULL MAIDEN NAME	Helen Whittlesey
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Pa.	BIRTHPLACE	Neb.
OCCUPATION	Dairyman	OCCUPATION	Lwf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 45 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello Ida

Filed 1/1 1923 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WMMY51 1942

SEP 25 1942

469-206-003-469

PLACE OF BIRTH

RECEIVED JAN 12 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107319

County of Bannock

City of Pocatello

No. 433 N. 4th Ave. St.

Registration District No. 28 File No. 84

Hospital Home Primary Registration District No. 2141 Registered No. 4705

FULL NAME OF CHILD Louisa Mora
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Dec 6 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leobardo Mora	FULL MAIDEN NAME	Inamie Mora
RESIDENCE	433 N. 4th Ave.	RESIDENCE	433 N. 4th Ave.
COLOR	Yellow	COLOR	Red
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mexico	BIRTHPLACE	Oklahoma City Okl.
OCCUPATION	bar repairer	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann W. Bird

Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1-1-1923

J. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-106-003-238

PLACE OF BIRTH

name added 10-2-84 dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107320

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital

Registration District No. 28 File No. 84

Primary Registration District No. 216 Registered No. 4706

FULL NAME OF CHILD Clyde Ashcroft

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 6 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER

FULL NAME W. H. Ashcroft

RESIDENCE Pocatello Ida 1805 Wilson Ave

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Payson Idaho

OCCUPATION Pipe fitter

MOTHER

FULL MAIDEN NAME Mrs Lillian Schow

RESIDENCE Pocatello Ida 1805 Wilson Ave

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Pocatello Ida

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7:30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) A M Newton M. D.

(Physician or midwife)

Address Pocatello - Ida -

Filed Dec 1 1923 J. P. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-20-84

RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

SEP 24 1984

BUREAU OF VITAL STATISTICS, STANDARDS AND LOCAL HEALTH SERVICES

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bannock } ss.

Certificate No. 107320
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Ashcroft (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 6, 1922 (Date of Event) in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Clyde ~~Kenneth~~ Ashcroft

Subscribed and sworn to before me this 21st day of September, 1984.
Notary Public Linda M Warner
Residing at Pocatello Idaho
My commission expires August 31 1986
(Seal)

Clyde R. Ashcroft
Signature of Applicant
105 Park Ave. Poc. Idaho 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Margaret Schau aunt
Glen R. Schau - Uncle
Supporting Signature

1634 North Harrison
Street Address, City, State
Pocatello, Idaho 83201

Jcc credit

Marriage License from State of Idaho County of Bannock lists Clyde Ashcroft and Naomi Kniffin were married March 17, 1942. Viewed by V.S.

OCT 2 1984

Affidavit signed by W.H. Ashcroft states Clyde Ashcroft born Dec 6, 1922. Dated Sept 20, 1929. Viewed by V.S.

897.207.003 -843

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 12 1923

CERTIFICATE OF BIRTH 107321

County of Bannock

City of Pocatello

No. 804 W. Young St.

Registration District No. 28 File No. 84

Hospital

Primary Registration District No. 2161 Registered No. 470

FULL NAME OF CHILD ~~Boy~~ Higham WENDELL RALPH HIGHAM
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	12-7-1922

What bactericidal solution was used in eyes? Arg NO3 1%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Thomas B. Higham	FULL MAIDEN NAME	Ida Hutchinson
RESIDENCE	Pocatello	RESIDENCE	Pocatello.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Florida
OCCUPATION	Clerk (R.R.)	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 H. M. on the date above stated.
(Born alive or stillborn)

(Signature) [signature]

(Physician ~~or midwife~~)

Address Pocatello

Filed 1-1 1923 [signature]
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 107321

FEB 9 1942

Date Filed Feb 6 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Baby Higham (Name on Original Certificate) who ~~Died~~ was born on Dec 7, 1923 (Date of Event)
in Pocatello Idaho (Place of Event) are ~~erroneous or were~~ omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (~~Bible Record, Insurance Policy, Etc.~~) prepared on Nov 19, 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Higham	Wendell Ralph Higham
Wendell Ralph Higham		

Subscribed and sworn to before me this 5th day of Feb, 1942

Notary Public, residing at Omaha Neb.

My commission expires Jan 20, 1947
(Seal)

Signed Thomas B. Higham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2184½ No 23rd St. Omaha Neb
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

FEB 14 1942

393-209-003-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107322

County of Bannock

City of McCammon, Idaho.

Registration District No. 28 File No. 84

No. ..... St.

Primary Registration District No. 2161 Registered No. 4708

Hospital .....

FULL NAME OF CHILD Tillotson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec. 9 1922

FATHER		MOTHER	
FULL NAME	Arthur Tillotson	FULL MAIDEN NAME	Sylvia Moss
RESIDENCE	McCammon, Idaho.	RESIDENCE	McCammon, Idaho.
COLOR	White — AGE AT LAST BIRTHDAY 46 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Marsh Center, Idaho.	BIRTHPLACE	Portage, Utah.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec. 9, 1922 (Born alive or stillborn), at 5.40 p.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Waste M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCammon, Idaho.

Registrar

Filed 1 1 1923

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-108.007-447

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107323

County of Bannock

City of Pocatello

No. 567 N. Main St. Registration District No. 28 File No. 84

Hospital Home Primary Registration District No. 2161 Registered No. 4709

FULL NAME OF CHILD Gordon Ace Ray
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 9 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Walter Raymond Ray	FULL MAIDEN NAME Lula Belle Humphrey
RESIDENCE	567 N. Main St.	567 N. Main St.
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	17 (Years)
BIRTHPLACE	Augusta Ill.	Elsmore Kansas
OCCUPATION	Common Labor	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife
(Physician or midwife)

Address 418 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1-1 1923 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 15 1942

MAR 23 1955
FEB 28 1964

MAR 12 [illegible]

FEB 1 - 1954

635-209-003-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... *St.*

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 107324

Registered No. .....

FULL NAME OF CHILD Betty Jane Fleming

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	December 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bazil Fleming	FULL MAIDEN NAME	Nellie G. Jones
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Pocatello, Idaho	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	City Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 10:30 at A M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Madsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address 317 Carlson Bldg.

Filed Jan. 1 19 23

[signature] Registrar

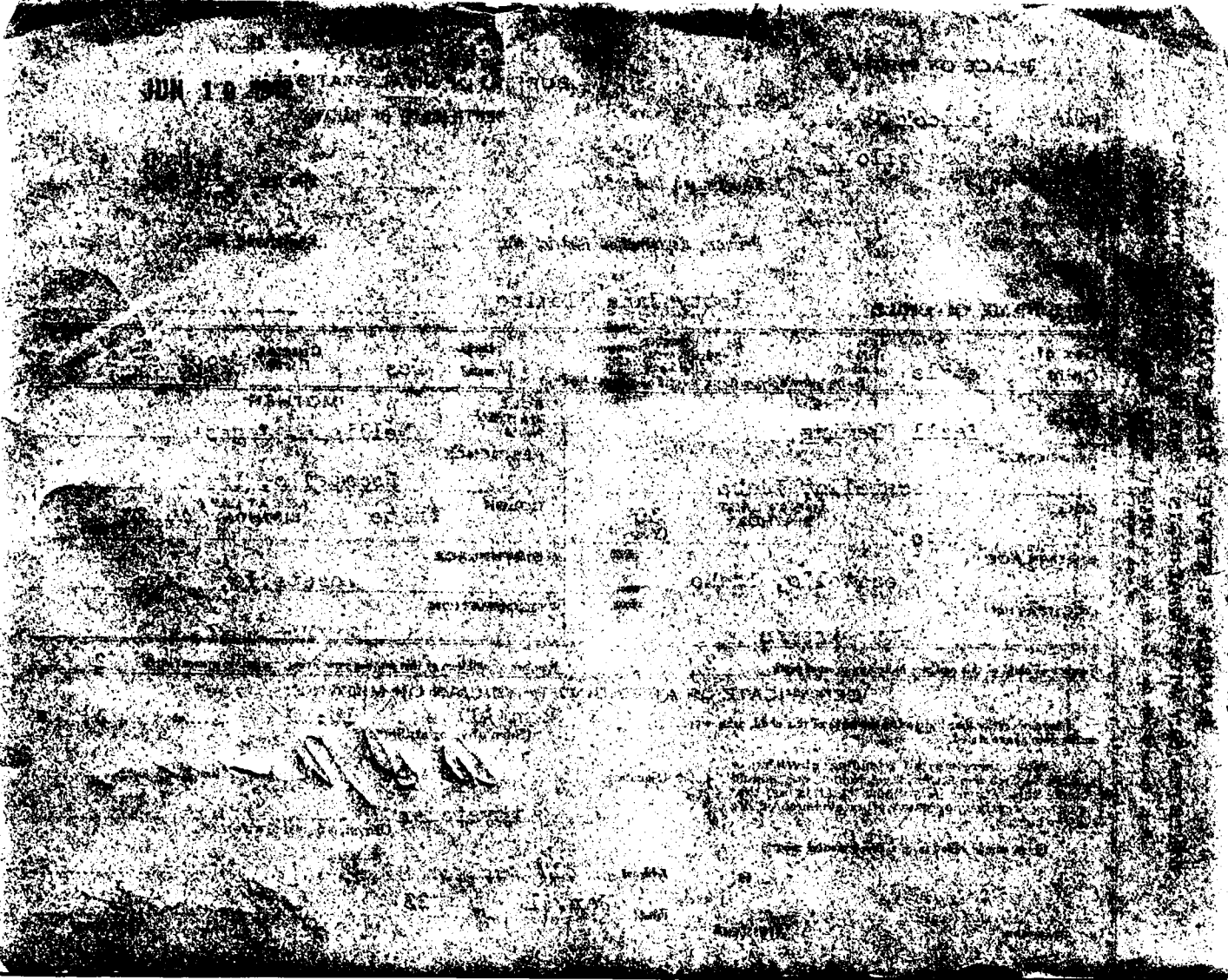
Registrar

S-Y CO. 24555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



367-211-003-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107325

County of Bannock

City of Pocatello

No. Pocatello Ave. 1st. Registration District No. 28 File No. 84

Hospital ✓ Primary Registration District No. 3141 Registered No. 4711

FULL NAME OF CHILD Jesusita Lopez
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	11 / 11 1927

What bactericidal solution was used in eyes? 1% Argyrol Sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jesus Lopez	FULL MAIDEN NAME	Martinez Santoscoy
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello, Idaho
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 10:45 A. M. (Born alive ~~or stillborn~~) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. C. Ray

(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed 1-1 1928 H. C. Young Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-177-003-799

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

107326

County of Bannock

City of Pocatello

No. 535 W. Sherman St.

Registration District No. 28 File No. 84

Primary Registration District No. 2161 Registered No. 4712

Hospital No

FULL NAME OF CHILD Robert Junior Preece

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Boy	One	4	Yes	Dec 11 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse R. Preece	FULL MAIDEN NAME	Ella M. Price
RESIDENCE	535 W. Sherman	RESIDENCE	535 W. Sherman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Farmington Ut.	BIRTHPLACE	Fort Olive N. Carolina
OCCUPATION	Electrician	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 48 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Baugh M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address 606 N. Garfield

Filed 1-1 1923

Registrar

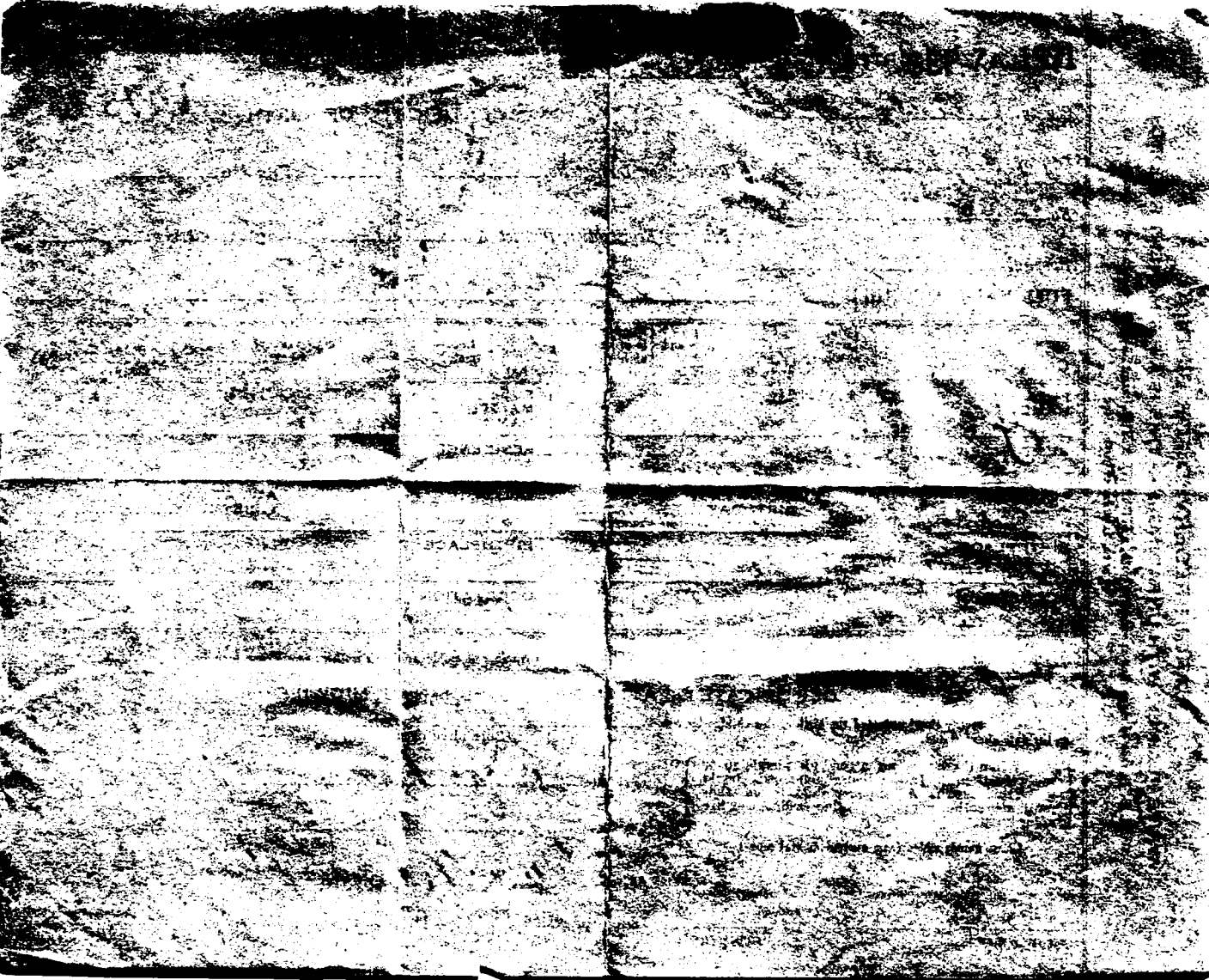
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



45-112-003-849

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of 8 mi. NO. of City

No. ..... St.

Registration District No. 28 State File No. 107327

Hospital

Primary Registration District No. 216 Local Registrar's No. 4713

FULL NAME OF CHILD Ralph Edwin Meader

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes.	Dec. 12. 192 2

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Warren S. Meader.	FULL MAIDEN NAME: May Hurrelle
RESIDENCE: 8mi NO. of Pocatello.	RESIDENCE: country NO. of Pocatello/
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Elizabethtown, Pa.	BIRTHPLACE: Wisconsin.
OCCUPATION: Fish Culturist.	OCCUPATION: hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 10:30 A.M. on the date above stated.

Reporting this birth for registration, not in attendance

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Carlson Bldg. Pocatello.

Filed 1-1 1923 J. P. Young Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ED
...1923
...VITAL
...STICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 6 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Elizabethville FILE NO. 107327

(ST. Pa DATE OF BIRTH 12 December 1922

(COUNTY Dauphin SEX OF CHILD Male

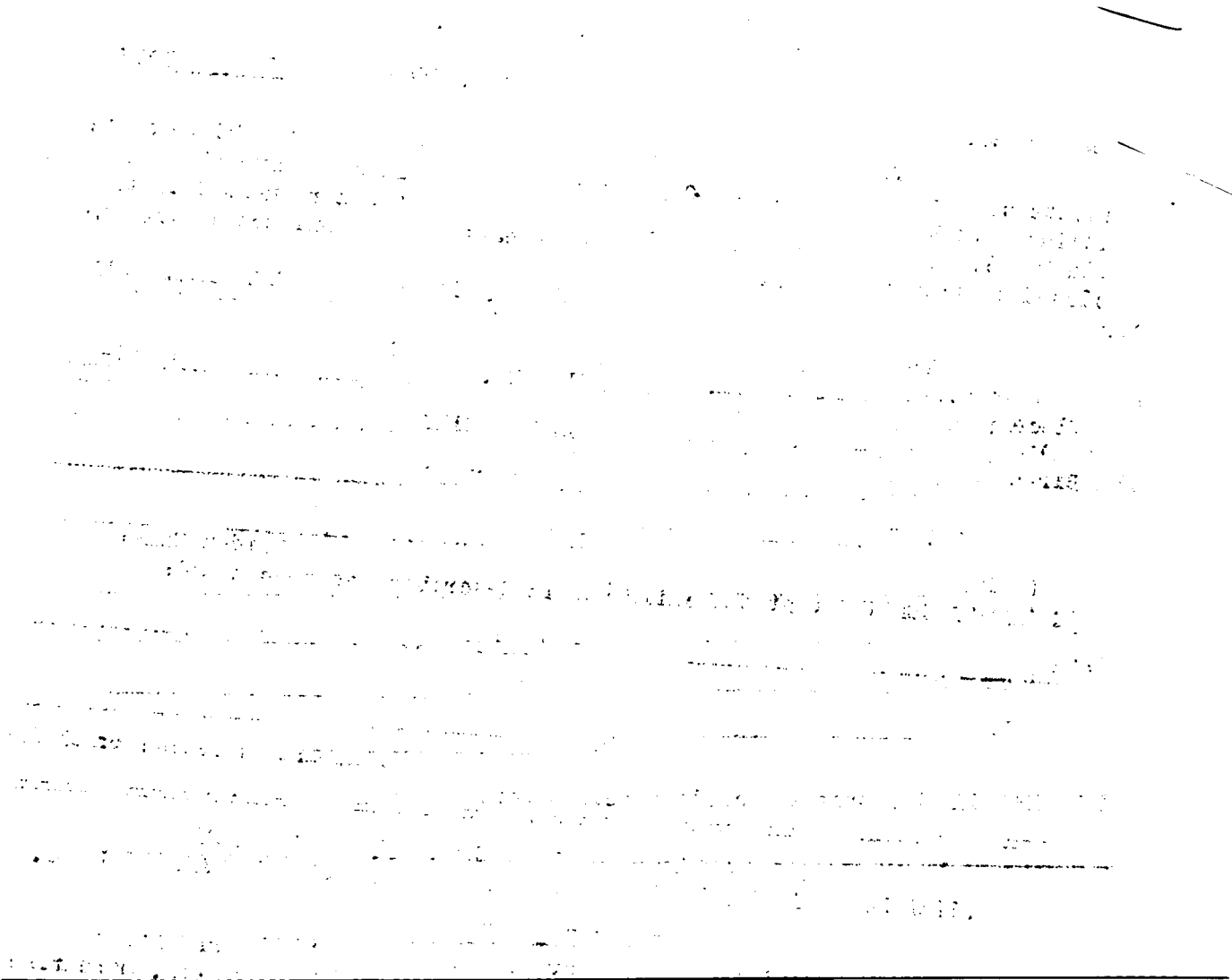
FATHER W S Meader MOTHER Mary Russelle (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named

Ralph Edwin Meader

W S Meader

Signature of Father or Mother.



498-213-003-671

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107328

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 445 N. 4th Ave. St.
Hospital Home

Registration District No. 28 File No. 84
Primary Registration District No. 2161 Registered No. 4714

FULL NAME OF CHILD Tomiko Miyoshi
(Certificate of no value without full name of child.)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec 13 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Teiji Miyoshi	FULL MAIDEN NAME	Tora Ogawa
RESIDENCE	445 N. 4th Ave.	RESIDENCE	445 N. 4th Ave.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 4 B So. 4th Ave.

Filed 1-1 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MIYOSHI

dwP EE 1923-166740

855-114-003-352

PLACE OF BIRTH

[redacted] AHO
[redacted] STATISTICS

Form V. S. No. 11-C—[illegible]-9-8-17

REGISTERED JAN 12 1923 BUREAU OF VITAL

CERTIFICATE OF BIRTH

107329

County of Bannock

City of Pocatello

No. 324 So 11th St.

Registration District No. 28 File No. 84

Primary Registration District No. 2161 Registered No. 4515

Hospital

FULL NAME OF CHILD James Russell Henderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		—	Yes.	Dec. 1[illegible] 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. R. Henderson	FULL MAIDEN NAME	Grace Teskey
RESIDENCE	324 So 11th	RESIDENCE	324 So 11th
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Clerk O.S.L.	OCCUPATION	house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 12:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phy (Physician or midwife)

Given names added from a supplemental report.

Address 853 [illegible] City

19

Filed 1-1 1923 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 - 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Pocatello Ida. FILE NO. 107329

ST. 324-So. 11th Ave. DATE OF BIRTH Dec 14, 1922 - 12:30 am

COUNTY Bannock. SEX OF CHILD Male

FATHER O.R. Henderson. MOTHER Grace Brown Jeske.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named;

James Russell Henderson.

O.R. Henderson

Signature of Father ~~or Mother~~.

Pocatello, Idaho.

January 26, 1923.

Department of Public Welfare,

Capitol Building,

Boise, Idaho.

Dear Sirs:

With reference to the attached blank, which was addressed to Mrs. O. R. Henderson, (my wife) regarding the name of her baby.

Wish to advise that the baby was not christened because it lived only a few hours after birth. However, we had decided on a name which I have inserted in the space provided in the attached blank.

In view of the fact that the baby did not live, I hope the attached information will be satisfactory. If not, will you please advise.

Yours very truly,

O. R. Henderson

324 South Eleventh Ave.,
Pocatello, Idaho.

997-116-003-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107330

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 84

Hospital General

Primary Registration District No. 2141 Registered No. 4716

FULL NAME OF CHILD William Riggs.
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other?~~	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		1st	yes	Dec 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Claude Levy Riggs	FULL MAIDEN NAME	Ella Hawks.
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Monticello Minnesota	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed 1-1 1923 J. C. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

997-116-007-816

PLACE OF BIRTH

RECEIVED JAN [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 107331

Primary Registration District No. 2161 Registered No. 4217

FULL NAME OF CHILD Phillip DeLano Puggo

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twin (To be answered only in event of plural births)	2nd	Yes	Dec 16 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude Leroy Puggo	Ella Hawken
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	38
BIRTHPLACE	Montpelier Minnesota	Salt Lake City Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 1-1 1923 J. P. Young

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 24, 1941. E.W.

299-47-003-926

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107332

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84

No. 848 Haynes St.

Primary Registration District No. 2141 Registered No. 4718

Hospital —

FULL NAME OF CHILD Ernest Neal Birch

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M			yes	12	17	1922

FATHER		MOTHER	
FULL NAME	Ernest Birch	FULL MAIDEN NAME	Margaret Isolene Shumway
RESIDENCE	Pocatello, Idaho	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Machinist Keeper O.S.L.	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? 10% Sol. Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:10 P. M. on the date above stated.
(born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Ray

Pocatello
(Physician or midwife)

Given names added from a supplemental report.

19....

Registrar.

Address Pocatello, Idaho

Filed 1-1 1923 J. H. Gaines
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-217-003-915 CHILD'S GIVEN NAMES ADDED 3/23/2001TLC

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—15m-9-8-17

CERTIFICATE OF BIRTH

107333

County of Bannonck.....

City of ...McCammon, Idaho.

Registration District No. 28

File No. 84

No. ..... St.

Primary Registration District No. 2161

Registered No. 4719

Hospital .....

FULL NAME OF CHILD ETHEL ANNIE Harris

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 17 1922

FATHER	MOTHER
FULL NAME: Orvil William Harris	FULL MAIDEN NAME: Hazel Mabel Davis
RESIDENCE: McCammon, Idaho.	RESIDENCE: McCammon, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Woodruff, Idaho.	BIRTHPLACE: Woodruff, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive Dec. 17, 1922 10, a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Waste M.D.

Physician

(Physician or midwife)

Address McCammon, Idaho.

Given names added from a supplemental report.

.....19.....

Registrar

Filed 1-1 1923

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

3-19-2001

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } SS. 01 MAR 23 AM 9:26

Certificate No. 1922-107333
Date Filed JAN. 12, 1923

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)

for UNNAMED HARRIS (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 17, 1922 (Date of Event)

in MCCAMMON (BANNOCK) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED HARRIS	ETHEL ANNIE HARRIS

Subscribed and sworn to before me this 20 day of MARCH, 2001

Notary Public, X Kirk A Granat

Residing at SALT LAKE City

My commission expires 3/18/2004

(Seal)

Signature of Applicant Ethel Annie Harris Rice

241 North Vine St Salt Lake City Utah 84103

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS.

(Must be completed _____)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

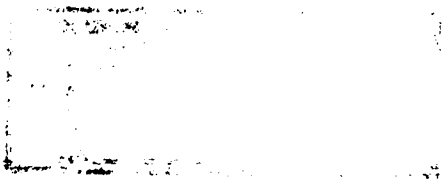
_____
Street Address, City, State

2 ea pd

NOTARY PUBLIC
KIRK A. GRANAT
241 North Vine St.
Salt Lake City, UT 84103
My Commission Expires
March 18, 2004
STATE OF UTAH

CERTIFICATE OF BIRTH FROM LDS CHURCH GIVES NAME AS ETHEL ANNIE HARRIS BORN DECEMBER 17, 1922 IN MERRILL, IDAHO. PARENTS' NAMES GIVEN AS ORVILLE W. HARRIS AND MOTHER'S NAME AS HAZEL DAVIS. VIEWED BY VS

US INDIVIDUAL INCOME TAX RETURN FOR 1996 GIVES NAME AS ETHEL A RICE. ISSUED APRIL 15, 1997. VIEWED BY VS



815-117:003 - 668

PLACE OF BIRTH

RECEIVED JAN 12 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107334

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1550 3rd St. Registration District No. 28 File No. 84

Hospital Primary Registration District No. 216 1 Registered No. 4720.

FULL NAME OF CHILD JAMES THOMAS HANSON

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	12/17/1922

What bactericidal solution was used in eyes? 1% agno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James W Hanson	FULL MAIDEN NAME	Nora Johnston
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Car Inspector	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young

(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1/1 1923 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of MONTANA } ss.
County of VALLEY }

Certificate No. 107334

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for James Thomas Hansen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 17, 1922 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 4, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	James Thomas Hanson
name of father	James W. Hansen	James W. Hanson

Subscribed and sworn to before me this 4th day of February, 19 42

Russel Grant

Notary Public, residing at Glasgow, Montana

My commission expires July 22, 1943
(SEAL)

Signed Mrs E. S. Davis formally Mrs James W Hanson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Glasgow, Montana
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 3 1942 By
(REGISTRAR'S SIGNATURE)

MAR 1 9 1949

MAY 1 3 1958

OCT 1 0 1969

MAY 1 4 1948

815-217:003-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107335

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. I455E. Lewis. St. Registration District No. 28 State File No. 84

Hospital ..... Primary Registration District No. 2161 Local Registrar's No. 4721

FULL NAME OF CHILD Betty Jean Hansen.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?— (To be answered only in event of plural births)	and Number in order of birth —	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes.	Dec. 17, 192[illegible]2

What bacteriedal solution was used in eyes? 1% Sol AgNO3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Logan Dean Hansen.	FULL MAIDEN NAME: Mary Louise Wray
RESIDENCE: I455E. Lewis St.	RESIDENCE: I455 E. Lewis.
COLOR: white — AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: whiye — AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: SpringFork Utah.	BIRTHPLACE: Blackfoot, Idaho.
OCCUPATION: Carpenter.	OCCUPATION: hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address Carlson Bldg Pocatello.

Filed 1-1 192[illegible]3 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 5 1973

MAR 2 0 1944

133-218-007-962

PLACE OF BIRTH

RECEIVED JAN 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107336

County of Bannock

City of Pocatello

No. 1319 So 5th ave St. Registration District No. 28 File No. 84

Hospital Primary Registration District No. 2161 Registered No. 4722

FULL NAME OF CHILD Mildred Catherine Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
7			yes	12/14 192[illegible]

What bactericidal solution was used in eyes? 1% argyro

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ora Wax Allen	FULL MAIDEN NAME	Evangeline Robinson
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 15 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Young

(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 1/1 192[illegible] J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9 1955

689-220-003-258

PLACE OF BIRTH

RECEIVED JAN 1 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107337

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 949 N. Garfield

Registration District No. 28 File No. 84

Hospital Home

Primary Registration District No. 2161 Registered No. 4723.

FULL NAME OF CHILD Marguerite Whiting
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		Yes	Dec. 20 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ralph A. Whiting	FULL MAIDEN NAME	Katheryne Snyder
RESIDENCE	949 N. Garfield	RESIDENCE	949 N. Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hobble Creek Kanyon, Utah	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 413 So. 4th Ave.

Filed 1-1 1923 H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-220-007-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107338

County of Bannock

City of Pocatello

No. 333 No. 8 Cus St. Registration District No. 28 File No. 84

Hospital ____ Primary Registration District No. 2161 Registered No. 4724

FULL NAME OF CHILD Dolores Jane York

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	12-20 1927

What bactericidal solution was used in eyes? Arg. No. 3 - 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wallace York	FULL MAIDEN NAME	Violet Campbell
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Loco Engr.	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 1-1 1928 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1971

399-221-003-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

107339

County of Bannock

City of Pocatello Registration District No. 28 File No. 84

No. 830 W. Fremont St.

Primary Registration District No. 2161 Registered No. 4725

Hospital ✓

FULL NAME OF CHILD Elenore Lois Criswell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	12/21/1922

FATHER		MOTHER	
FULL NAME	Cleveland Farnham Criswell	FULL MAIDEN NAME	Elizabeth Miller
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	O. S. L. Clerk	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES 10% Sol Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 9 M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. Ray

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Registrar.

Filed 1-1 1923 J. R. Young Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1967
MAY 16 1972

MAY 8 1946

MAY 10 1954

DECLASED

419-121-003-813

PLACE OF BIRTH

RECEIVED JAN 12 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107340

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 84

Primary Registration District No. 2161 Registered No. 4726

FULL NAME OF CHILD 1. Booth Henry Maiben ~~2. Louis Gallen Maiben~~

(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other?~~	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~Both~~ males	Twins and	1st	Yes	12-21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fenton Maiben	FULL MAIDEN NAME	Flora Hatfield
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Pocatello

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 1-1 1923 J R Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1970

MAY 28 1942

419-121-003-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107341

County of Bannock

City of Pocatello

No. General St.

Hospital

Registration District No. 28 File No. 84

Primary Registration District No. 2161 Registered No. 4727

FULL NAME OF CHILD Louis Golden Marben

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	2	Yes	12-21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3 - 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fenton Marben	FULL MAIDEN NAME	Flora Hatfield
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:10 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Pocatello

Filed 1-1 1923 [signature] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 28 1942

699-222-003-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107342

County of Bannock.
City of Pocatello.
No. 745 S. 4th Ave. St.
Registration District No. 28 State File No. 84
Hospital
Primary Registration District No. 216 1 Local Registrar's No. 4728

FULL NAME OF CHILD Donna Wright.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes.	Dec 22, 1922.

What bactericidal solution was used in eyes? 1% Sol Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: William Wright Jr.	FULL MAIDEN NAME: Caryl Jensen
RESIDENCE: 745 S. 4th	RESIDENCE: 745 S. 4th.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Nottingham, England.	BIRTHPLACE: Draper, Utah.
OCCUPATION: Locomat. Engineer	OCCUPATION: hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 4:30 A. M. on the date above stated.

(Signature) W. F. Howard M.D.

(Physician ~~or midwife~~)

Address Carlson Bldg, Pocatello.

Filed 1-1 1923 J. R. Young. Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 6 1973

259-223-003-414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107343

County of Bannock.

City of Pocatello.

No. Packing Pla nt St. Registration District No. 28 State File No.

Hospital Primary Registration District No. 216 Local Registrar's No. 4729

FULL NAME OF CHILD Nona Berry;
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 23, 192 2

What bactericidal solution was used in eyes? 1% Sol AgNO3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Newton N. Berry.	FULL MAIDEN NAME	Nona Daugherty
RESIDENCE	Packing Plant	RESIDENCE	Packing Plant.
COLOR	white	COLOR	whit e
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Blunt, N.C	BIRTHPLACE	Praire City ,Ore.
OCCUPATION	Road Contractor	OCCUPATION	hswf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Still born} at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) W. J. Howard M.D.
(Physician or ~~midwife~~)

Address Carlson Bldg ,Pocatello.

Filed 1-1 1923 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1964

255-122-003-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Bancroft
No. ..... St.
Hospital .....

Registration District No. 84 File No. 107344
Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Baby Swenson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	12-22-1922

What bactericidal solution was used in eyes? Arg 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Read Swenson	FULL MAIDEN NAME	Lulu Shanks
RESIDENCE	Bancroft Ida	RESIDENCE	B
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Provo Utah	BIRTHPLACE	Bancroft
OCCUPATION	Farmer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Bach M.D.
(Physician or midwife)

Address .....

Filed 1-1 1923 W. L. Bach
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-230-003-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 107345

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Lucile Butterfield
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	12-30-1922

What bactericidal solution was used in eyes? Any 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leo Butterfield	FULL MAIDEN NAME	Ida Call
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Thatcher Ida.	BIRTHPLACE	Chesterfield Ida
OCCUPATION	Farmer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Bach M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed 1-1 1923 W S Bach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho

RECEIVED
FEB 6 [illegible]
BUREAU [illegible]
STAT[illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
CITY Chesterfield
ST. [illegible]
COUNTY Bannock.
FATHER Mr. Leo Butterfield

FILE NO. 107345
DATE OF BIRTH June 20, 1923.
SEX OF CHILD Female Shr.
MOTHER Ida May Hall.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Miss Lucile Butterfield.

Mrs. Mae Leo Butterfield
Signature of Father or Mother.

294-124-003-756

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107346

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 84 File No. .....

Hospital .....

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Baby Sumner, Max Fluiett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	12-24-1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	L. E. Sumner	FULL MAIDEN NAME	Bertha George
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Whitney Utah	BIRTHPLACE	Bountiful U.
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. a. (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Bach M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 1-1 1923 W. H. Bach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 6 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 10 11 50 AM '73

Affidavit to Correct or Amend ~~An~~ Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107346

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Baby Simons (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1922 (Date of Event) in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Baby Simons	Max Fluiett Simons

Subscribed and sworn to before me this ..... day of 19 March, 1973

Notary Public, residing at Pocatello, Idaho

My commission expires June 1, 1974

(Seal)

Signed Emma Simons Gilbert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bancroft Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of March, 1973

Clayton S. Hale

Notary Public, residing at Pocatello Idaho

My commission expires June 1, 1974

(Seal)

Signed Virginia D. Butterfield
(Signature of Any Credible Person)

Bancroft Idaho
(Street Address, City, State)

FORM DH 60-155 CL 9/16/71 nm

Personal Record for employment gives name as Max F. Simons. Born Dec. 24, 1922. Record from Union Pacific Railroad Co., [redacted] Oregon. [redacted] Unmarried at the time. Father's name listed as J. E. Simons and [redacted] mother's name as Bertha Viola George. Viewed by V. S.

MAY 25 1973

Letter from the LDS [redacted] Church, American Falls 2nd Ward Bishopric gives name as Max Fluiett Simons born Dec. 24, 1922. Parent's names listed as Joseph Elmer Simons and Bertha V. George. Taken from Membership records of the Ward. Viewed [redacted] by the V.S.

414-201-003-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Bancroft
No. ..... St.
Hospital .....

Registration District No. 84 File No. 107347
Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Corbett Madlene
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	10-1 1922

What bactericidal solution was used in eyes? Cerg 20 %

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Bancroft Corbett	FULL MAIDEN NAME	Marian Harris
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Bancroft Ida	BIRTHPLACE	Bancroft Ida
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed 1-1 1923 W S Bach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

JAN 16 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Bancroft

(ST. Idaho

(COUNTY Bannock

FILE NO. 107347

DATE OF BIRTH Oct. 30, 1922

SEX OF CHILD Female

FATHER Walter Bryan Corbett

MOTHER Jessie Alberta Harris (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Madline Corbett

W. Bryan Corbett

Signature of Father or Mother.

415-117-003-313

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield Registration District No. 2161 File No. 107348

No. ..... St.

Primary Registration District No. 84 Registered No. .....

Hospital .....

FULL NAME OF CHILD Willard Joel Davis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		One	Yes	Nov. 17 1922

FATHER		MOTHER	
FULL NAME	Emery Willard Davis	FULL MAIDEN NAME	Hazel Lavine Cyll
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	Indian	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Chesterfield	BIRTHPLACE	Chesterfield
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:50 a M. on the date above stated.

(Signature) Ruthenia D. Parker

(Physician or midwife)

Address Salt Lake City Utah

Filed Jan 1 1923

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/4-213.004-145

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107350

County of Bear Lake

City of Paris

No. ..... St. ..... Registration District No. 53 File No. 123

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ilona Haddock
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Nov 13 1922

What bactericidal solution was used in eyes? Argyrol - 10% -

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Don Carlos Haddock	FULL MAIDEN NAME	Hazel Dumford
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **, at** 10 P. , ... M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Dec 3 1922 Mrs. J. S. Skinner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

#45-224.004-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107351

County of Bear Lake

City of Paris

No. ____ St. ____ Registration District No. 52 File No. 127

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Norma Dunford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 24 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Alma Teller Dunford	FULL MAIDEN NAME Thelma Evelyn Tueller
RESIDENCE Paris Idaho	RESIDENCE Paris Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Barber	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.
(Physician or midwife)

Address Paris Idaho

Give names added from a supplemental report.

K ....., 192.....

Filed Dec 4 1922 Mrs. J. S. Skinner
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

142-227-BOR-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107352

County of Bear Lake

City of Liberty

No. ..... St. ..... Registration District No. 53 File No. 126

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gleanna Austin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov 23 1922

What bactericidal solution was used in eyes? 1.0% Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME Torrey Lynn Austin	FULL MAIDEN NAME Ethel Caroline Matthews
RESIDENCE Liberty Idaho	RESIDENCE Liberty Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Civil Engineer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) C. O. Moore M.D.

(Physician or midwife)

Address Paris Idaho

Filed Dec 3 1922 Mrs. J. S. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 2

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho Jan 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Liberty.
(ST. Idaho
(COUNTY Bear Lake

FILE NO. 107352

DATE OF BIRTH Nov. 23, 1922

SEX OF CHILD Female

FATHER Torrey L. Austin

MOTHER Ethel Matthews
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

******** GLENNA

Torrey L. Austin
Signature of Father or Mother.

SEP 10 1958

MAY 20 1942

993-116-00 & 993

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107353

RECEIVED
DEC 5 1922
BUREAU OF VITAL STATISTICS

Registration District No. 53 File No. 123

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD MARION RICH RICHARDS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 16 1922

What bacterieidal solution was used in eyes? Argyrol - 1.00%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clyde Randall Richards	FULL MAIDEN NAME	Myrtle Rich
RESIDENCE	Du Bois Idaho	RESIDENCE	Du Bois Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farm agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) O. O. Moore M.D.
(Physician or midwife)

Address Paris Idaho

Filed Dec 3 1922 Mrs. J. L. Skinner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Morgan }

Certificate No. 107353

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 16, 1922 (DATE OF EVENT)
in Paris, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Morgan Ward Records Book D Line 20344 (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 27, 1923 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Marion Rich Richards

Subscribed and sworn to before me this 2nd
day of January, 19 43
Clarence D Rich
Notary Public, residing at Morgan, Utah
My commission expires Feb 19, 1944
(SEAL)

Signed Clyde R. Richards
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Morgan, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Morgan }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2
day of January, 19 43
Clarence D Rich
Notary Public, residing at Morgan Utah
My commission expires Feb 19, 1944
(SEAL)

Signed Annie R. Compton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Morgan, Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 6 1943

JAN 6 1943

113-01-004-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107354

County of Bear Lake

City of Bloomington

No. ..... St.

Registration District No. 53 File No. 123

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Derrel Ford Jacobson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 1 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME James Hubert Jacobson	FULL MAIDEN NAME Mamie June Jarvis
RESIDENCE Bloomington Idaho	RESIDENCE Bloomington Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5.55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.

(Physician or midwife)

Address Paris Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Dec 3 1922 Mrs. J. S. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 1 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Bloomington FILE NO. 107354

(ST. Idaho DATE OF BIRTH December 1, 1922

(COUNTY Bear Lake SEX OF CHILD Male

FATHER James Hunt Jacobson MOTHER Minnie Jane Jacobson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Daniel Hunt Jacobson

Minnie Jacobson

Signature of Father or Mother.

213-21-004-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107355

County of Bear Lake

City of Bloomington

No. ..... St. ..... Registration District No. 53 File No. 124

Hospital ..... Primary Registration District No. ..... Registered No. .....

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Thelma Bateman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Nov 11 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Otis Herbert Bateman	FULL MAIDEN NAME Maud Thornock
RESIDENCE Bloomington Idaho	RESIDENCE Bloomington Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, (Born alive or stillborn) at 2 40 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.

(Physician or midwife)

Address Paris Idaho

Filed Dec 2 1922 Mrs. J. S. Skinner Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 20 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Bloomington
(ST. _____
(COUNTY Bear Lake
FATHER Otis Herbert

FILE NO. 107355
DATE OF BIRTH Nov 11. 1922
SEX OF CHILD Female
MOTHER Maud Thornock
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Thelma

Otis Herbert Bateman

Signature of Father or Mother.

386-210-004-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107356

County of Bear Lake

City of Bloomington

No. ..... St. ..... Registration District No. 53 File No. 22

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Iora Thornock

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and		Yes	Nov 10 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Joseph Ralph Thornock	FULL MAIDEN NAME Lucy Emeline Perkins
RESIDENCE Bloomington Idaho	RESIDENCE Bloomington Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Wyoming
OCCUPATION farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1-10 A. M. on the date above stated.

(Signature) C. O. Moore M. Dr.

(Physician or midwife)

Address Paris Idaho

Filed Dec 3 1922 Mrs. J. A. Skinner Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

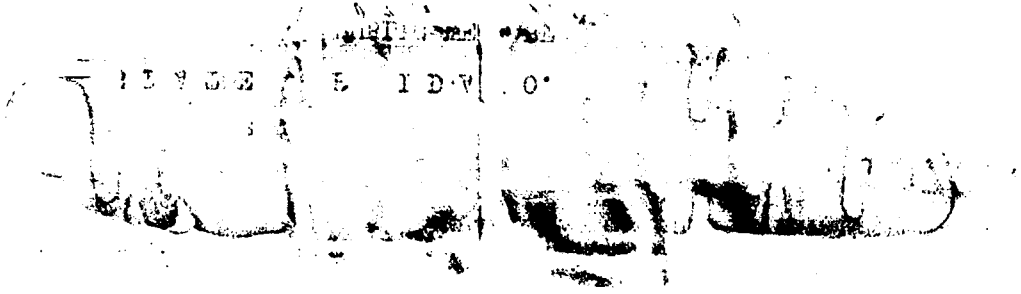
Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
JAN 31 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Bloomington FILE NO. 107356

ST. _____ DATE OF BIRTH Nov 10th 1922

COUNTY Bear Lake SEX OF CHILD Female

FATHER Jos. Ralph Thornock MOTHER Lucy Emeline Perkins
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

~~Lora~~ Lora

Jos. Ralph Thornock

Signature of Father or Mother.

JUN 18 1956

657.217.004-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107357

County of Bear Lake

City of Bennington

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Iva Lou Weaver
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gra		Yes	Sept 17 1922

What bactericidal solution was used in eyes? Very

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	H. R. Weaver	FULL MAIDEN NAME	Lyle H Hudee
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Maula
OCCUPATION	Labor	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or Midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Montpelier Idaho

Filed 12-31-1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
JAN 3 - 23
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 0 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Bennington
(ST. _____
(COUNTY Bear Lake
FATHER Horace Russell

FILE NO. 107357
DATE OF BIRTH Sept 17
SEX OF CHILD Female
MOTHER Lyla Helen Hendee
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Iva Lou Weaver.

Mrs H. P. Weaver.

Signature of Father or Mother.

864-115-004-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107358

County of Bear Lake

City of Montpelier

No. ..... Registration District No. 52 ..... File No. .....

Hospital ..... Primary Registration District No. 2136 ..... Registered No. .....

FULL NAME OF CHILD LEON MAX YOUNG
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	4 (To be answered only in event of plural births)	Yes	Sept. 15 1922

What bactericidal solution was used in eyes? 5% Oxy

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	P J Young	FULL MAIDEN NAME	L. S. Larbach
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W AGE AT LAST BIRTHDAY 20 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Calif	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Registrar.

Address Montpelier Idaho

Filed 12-31-1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 107358

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Sept 15 - 1922 (Birth or death)
for LEON MAX YOUNG (Name on original certificate) who Born (Was born ~~or died~~) on Sept 15 - 1922 (Date of event)
in Montpelier Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Oct 1 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Young	Leon Max Young

Subscribed and sworn to before me this 10
day of Oct, 1941
Leo Alard

Notary Public, residing at Montpelier Idaho
My commission expires Jan 26-1942
[SEAL]

Signed Adelia S. Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
202-50-9th Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of Oct, 1941
Leo Alard

Notary Public, residing at Montpelier Idaho
My commission expires Jan 26-1942
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
Montpelier Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 15 1941

299-230-004-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 107359

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Shurley June Birch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	Aug 30 1922

What bactericidal solution was used in eyes? 5% Arg

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	W. W. Birch	FULL MAIDEN NAME	Pearl Williams
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Montpelier	BIRTHPLACE	Paris
OCCUPATION	Lobs	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cerkley
Physician
(Physician or midwife)

Address Montpelier Ida

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 12-31-1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED FEB 3 - 1923 BUREAU OF VITAL STATISTICS

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Montpelier. File No. 107359

(St. Idaho. Date of Birth Aug 30, 1922

(County Bear Lake Sex of Child Female

Father Milford W. Birch Mother Pearl Birch.

I HEREBY CERTIFY that the child herein has been named:

Shurley June Birch

Mrs Milford Birch.

Signature of Father or Mother.

AUG 10 1967

JUL 14 1942

AUG 30 1949

268-204-004-747

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107360

County of Bear Lake

City of Montpelier

No. ..... St. .....

Hospital .....

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Gladys Verena Bohi
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 4 (Year) 1922
Eve		yes	

What bactericidal solution was used in eyes? 1% Ang

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Alvi Bohi	FULL MAIDEN NAME	Alice Pugmire
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Salmon Ida	BIRTHPLACE	St Charles
OCCUPATION	Labor	OCCUPATION	W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Address Montpelier Ida

Filed 12-31 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho _____ 1923 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Montpelier

St. _____

County Bear Lake Co Ida.

File No. 107360

Date of Birth Septe 4th

Sex of Child Female

Father Alvin Bohi Mother Alice Bohi

I HEREBY CERTIFY that the child herein has been named:

Gladys ~~Hellen~~ Verena Bohi

Mrs Alice Bohi

Signature of Father or Mother.

345-105-004-444

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107361

County of Bear Lake

City of Geneva

No. ..... St. ..... Ward District No. 52 ..... File No. .....

Hospital ..... Primary Registration District No. 2136 ..... Registered No. .....

FULL NAME OF CHILD Edward Eugene Fuller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Sept 5 1922

What bactericidal solution was used in eyes? 5% Ceny

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	B. E. Fuller	FULL MAIDEN NAME	E. M. Mumford
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Raymond	BIRTHPLACE	Bear Lake Cty
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lechley
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address Montpelier Idaho

Filed 12-31 1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 27 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Geneva File No. 107361

(St. _____ Date of Birth Sept 5th 19

(County Bear Lake Sex of Child Male

Father Benjamin E. Tueller Mother Emily Mumford Tu

I HEREBY CERTIFY that the child herein has been named:

Edward Eugene Tueller

Emily Tueller

Signature of Father or Mother.

AUG 1 6 1943

22.

eller

764-111-004-113

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Liberty

No. ..... St. Registration District No. 52 File No. 107362

Hospital ..... Primary Registration District No. 7136 Registered No. .....

FULL NAME OF CHILD Revel Donivan Paulsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Sept 11 1922

What bactericidal solution was used in eyes? 0.7 Ony

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edgar Paulsen	FULL MAIDEN NAME	L. E. Jacobson
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Bloomington
OCCUPATION	Farm	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst Culley

Physician
(Physician or ~~midwife~~)

Address Montpelier

Filed 12-31 1922 N. N. Kerr
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

)
23
VITAL
FICE

JAN 1 [illegible] 1923

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Liberty

(St. Idaho

(County Bear Lake

File No. 107362

Date of Birth Sept 1th 1922

Sex of Child Male

Father Edgar Poulsen Mother Retta J Poulsen

I HEREBY CERTIFY that the child herein has been named:

Reed Donovan

Retta J Poulsen

Signature of Father or Mother.

JUN 18 1942

3842-112004-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107363

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
By		Yes	Sept 12 1922

What bactericidal solution was used in eyes? 1 8

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. L. Thurlow	FULL MAIDEN NAME	Ella M Christensen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Lifton Nyd
OCCUPATION	Labor	OCCUPATION	Nyd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl T Kelly

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Montpelier Idaho

Filed 12-31-1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-113-089-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107364

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD William Henry Nichols
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Sept 13 1922

What bactericidal solution was used in eyes? 5% Ang

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry Nichols	FULL MAIDEN NAME	Ruth Snedden
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Diamondville, Wyoming
OCCUPATION	Labor	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lyle V Whiley
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... , 19...

Registrar.

Address Montpelier Idaho

Filed 12-31 1922 N N King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JA[illegible]23

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Montpelier

St. _____

County Bear Lake

File No. 107364

Date of Birth Sept. 13, 1922

Sex of Child Male

Father Harry G. Ruckola Mother Ruth S. Ruckola

I HEREBY CERTIFY that the child herein has been named:

William Henry Ruckola

H. G. Ruckola

Signature of Father or Mother.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 107364

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Wilmina H. Nuckols (Name on Original Certificate) who was born (Was Born or Died) on Sept 13, 1922 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's birthplace	Kansas	Kentucky
Mother's birthplace	Velma, Wyo	Diamondville, Wyoming

Subscribed and sworn to before me this 24th
day of March, 1942

Notary Public, residing at Boise, Idaho
My commission expires October 26, 1943
(Seal)

Signed W. G. Nuckols
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 24 1942

292-215-004-354

PLACE OF BIRTH

Name added 3-10-81

County of Bear Lake

City of Geneva

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107365

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Ruby Gladys Bischoff
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		Yes	Sept 15 1922

What bactericidal solution was used in eyes? 1 % Ang

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Alfred Bischoff	FULL MAIDEN NAME	Eva Elizabeth Tuschen
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	High

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

.....
Registrar.

Address Montpelier Idaho

Filed 12-3-1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 10 4 20 PM '81

State of _____ } ss.
County of _____

Certificate No. 107365
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Bischoff (Female) who was born on Sept 15 1922
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Genesee, Idaho (Bear Lake) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed	Ruby Gladys Bischoff
Place of Birth	Genesee	Geneva

Subscribed and sworn to before me this 5 day of
March, 1981.
Notary Public, Joanna Lee Nelson
Residing at Montpelier, Idaho
My commission expires Life
(Seal)

Ruby Gladys Bischoff Rowland
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of
March, 1981.
Notary Public, Joanna Lee Nelson
Residing at Montpelier, Idaho
My commission expires Life
(Seal)

Supporting Signature

Street Address, City, State

2-24-81 Rush!

Certificate of Confirmation and Baptism gives name as Ruby Gladys Bischoff daughter fo Alfred Bischoff and Wliza Teuscher born Sept. 15, 1922 at Geneva Bear Lake, Idaho and Baptized July 5, 1931, in L.D.S. Church.
Viewed by V.S.

Marriage certificate # 54370 issued by Bear Lake County, Idaho gives name as Ruby Gladys Bischoff married to Byron E. Mumford. Issued April 27, 1944.
Viewed by V.S.

418-216-004-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107366

County of Bear Lake

City of Temple

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Flora Elvone Dayton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 16 (Year) 1922
Fe		Yes	

What bactericidal solution was used in eyes? Tr. Ag

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	M. D. Dayton	FULL MAIDEN NAME	G. R. Bird
RESIDENCE	Temple	RESIDENCE	Temple
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Temple	BIRTHPLACE	Temple
OCCUPATION	Farmer	OCCUPATION	[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Montpelier Ida

Filed 12-31-1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 22 1951

DECEASED

236-211-004-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 107367

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Edna Victoria Sloat

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Nov 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. E. Sloat	FULL MAIDEN NAME	Elizabeth Mary Harrington
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Russelville Tenn	BIRTHPLACE	Dorchershire Eng
OCCUPATION	Railroad	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Needles M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 12-31-1922 H H Craig

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1942

FEB 11 1943

759.111-004-238

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier Registration District No. 52 File No. 107368

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD David John Gerber

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 11 1922

	FATHER	MOTHER
FULL NAME	Christian Gerber	FULL MAIDEN NAME Margarite Schlunegger
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	32 (Years)
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. S. Needles M.D.

(Physician or midwife)

Address Montpelier

Filed 12-31- 1922

..... Registrar

OCT 2 9 1942

253-221-004-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

CERTIFICATE OF BIRTH

107369

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child: Eng

Twin / Triplet / or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: 11 (Month) 21 (Day) 1922 (Year)

What bactericidal solution was used in eyes? V-3 Ag

Number of child of this mother, including present birth: 10

Number of child of this mother now living, including present birth: 10

FATHER		MOTHER	
FULL NAME	Otto Petersen	FULL MAIDEN NAME	Emma Stefshagen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Emmas	BIRTHPLACE	Logan Idaho
OCCUPATION	Boiler	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Montpelier Idaho

Filed 12 31 1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED
APR 7 1923
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Montpelier; St. Ida; County Bear Lake

File No. 107369

Date of Birth March 21 - 1922

Sex of Child Female

Father Otto Peterich

Mother Emma Steffanhagen

I HEREBY CERTIFY that the child herein has been named:

Otto Peterich

Signature of Father or Mother.

795-226-004-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107370

County of Bear Lake

City of Montpelier

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Maxine Corenne Green
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fine		Yes	11-26-1922

What bactericidal solution was used in eyes? 5 % Ag

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	J A Green	FULL MAIDEN NAME	M J Fallick
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Temple
OCCUPATION	Labor	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address Montpelier Ida

Filed 12-31 1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1 1923

Boise, Idaho, _____ 1922.

RECEIVED
JAN 29 1923
BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { City [illegible]

St. [illegible]

County Bear Lake

Father [illegible]

File No. 107370

Date of Birth Nov 26

Sex of Child Female

Mother Minnie La Grone

I HEREBY CERTIFY that the child herein has been named:

Maxine McCune

Mrs Minnie La Grone

Signature of Father or Mother.

DEC 23 1942

847-229 [illegible] 299

PLACE OF [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF [illegible]

RECEIVED
DEC 30 1922
BUREAU OF VITAL

County of [illegible]

City of Montpelier

No. ..... St. ..... District No. ..... File No. 107371

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Helen Gertrude Hughes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Nov 29 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Henry Hughes.	FULL MAIDEN NAME	Hannah Brenz
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	BIRTHPLACE	Switzerland
OCCUPATION	Locomotive Inspector	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 25 a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King
Physician
(Physician or ~~midwife~~)

Address Montpelier Idaho

Filed 12-31-1922 H H King
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1942

747-230 204-249

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

RECEIVED DEC 30 1922 BUR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107372

FULL NAME OF CHILD Jone Pugmire
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes.	Nov 30 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Herbert Pugmire	FULL MAIDEN NAME	Grace Smith
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive, at 12 55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N Haling MD
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 12-31-1922 N H Haling
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 30 1923

BUREAU OF VITAL STATISTICS

Boise, Idaho 1923 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Montpelier

(St. 9th E

(County Bear Lake

File No. 107372

Date of Birth 11/30/22

Sex of Child Female

Father Herbert Pugmire Mother Grace M. Pugmire

I HEREBY CERTIFY that the child herein has been named:

Miss Gene Pugmire

Mr. Herbert Pugmire

Signature of Father or Mother.

NOV 4 1943

133-230-004-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107373

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Ruth Alleman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	11 30 1922

What bactericidal solution was used in eyes? 1% Dry

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	A. Alleman	FULL MAIDEN NAME	E. Bulder
RESIDENCE	Nounan	RESIDENCE	Nounan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE		BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Gilley
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Montpelier Ida

....., 19....

Filed 12-31 1922 H H Kerry
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho Jan 1 1923 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Nounan

(St. _____

(County Bear Lake Co

File No. 107373

Date of Birth Nov. 30 1922

Sex of Child Female

Father Abraham Mother Elizabeth

I HEREBY CERTIFY that the child herein has been named:

Ruth Allerman

Abraham Allerman

Signature of Father or Mother.

JAN 12 1943

331-206-004-249

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Registration District No. 52

File No. 107374

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Marie Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gre		yes	12-6-1922

What bactericidal solution was used in eyes? 5 % Ag

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	N. N. Clark	FULL MAIDEN NAME	Elverth C Smith
RESIDENCE	Geo Tann	RESIDENCE	Geo Tann
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Montpelier	BIRTHPLACE	Geo Tann
OCCUPATION	School Teacher	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Gre (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Wheeler

Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 12-31-1922 H H Berg
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC INSTRUCTION

Boise, Idaho _____ 193_.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 1923 1923.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Bern, File No. 107374

(St. Idaho. Date of Birth Dec. 6, 1922

(County Bear Lake Co Sex of Child Female

Father Howard Clark Mother Elvira Clark

I HEREBY CERTIFY that the child herein has been named:

Mavis Clark

Howard Clark.

Signature of Father or Mother.

MAR 11 1943

269-108-004-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Registration District No. 152

File No. 107375

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Grant J. Sorenson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	12 8 1922

What bactericidal solution was used in eyes? 5% Arg

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. P. Sorensen	FULL MAIDEN NAME	Martha Johnson
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ovid	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	Wife alive

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Tuckley
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Montpelier Ida

..... , 19.....

Filed 12-31- 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1 1923

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Ovid

(St. _____

(County Bear Lake

File No. 107375

Date of Birth December 8

Sex of Child Male

Father R. L. Sorenson Mother Marietta Sorenson.

I HEREBY CERTIFY that the child herein has been named:

Grant J. Sorenson.

Marietta Sorenson.

Signature of Father or Mother.

165-111-004-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 107376

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Jay Spencer Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	12-11-1922

What bactericidal solution was used in eyes? 0% Ceny

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John W Jones	FULL MAIDEN NAME	Lydia O. Nelson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Brigham City
OCCUPATION	Clerk	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 20 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo P Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Montpelier Ida

....., 19....

Filed 12-31-1922 H A King
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BOISE, IDAHO

RECEIVED 1922 STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1923 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth { City Montpelier

St. _____

County Bear Lake

File No. 107376

Date of Birth Dec. 11- '22

Sex of Child Male

Father J. W. Jones

Mother Lydia Nielsen Jones

I HEREBY CERTIFY that the child herein has been named:

Jay Spencer Jones

Mrs. J. W. Jones

Signature of Father or Mother.

154-212-004-539

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107377

No. ..... Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Alice Ova Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fine		Yes	12-12-1922

What bactericidal solution was used in eyes? 5 %

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	O. C. Anderson	FULL MAIDEN NAME	V. V. Elsworth
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Berkeley	BIRTHPLACE	Idaho
OCCUPATION	Lab	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Montpelier
(Physician or midwife)

Give names added from a supplemental report.

Address Montpelier Ida

....., 19....

Filed 12-30 1922 H H Kerr
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ILLINOIS

PUBLIC MEETING

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
FEB 15 1923
BUREAU OF VITAL
STATISTICS

JAN 16 1923

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Montpelier

St. _____

County Bear Lake

File No. 107377

Date of Birth Dec. 12 - 22

Sex of Child Female

Father O. C. Anderson, Mother Isabell Anderson

I HEREBY CERTIFY that the child herein has been named:

Alice Vae Anderson.

Isabell Anderson

Signature of Father or Mother.

236-213-004-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107378

County of Bear Lake

City of Georgetown

No. ..... St. ..... Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Margaret Jessie Stoddard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec. 13 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 6th Number of child of this mother now living, including present birth Six

FATHER		MOTHER	
FULL NAME	Willard Ray Stoddart	FULL MAIDEN NAME	Mary Josephine Anderson
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Georgetown, Idaho	BIRTHPLACE	Georgetown, Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark
Midwife
(Physician or midwife)

Address Georgetown, Idaho

Filed 12-31-1922 H H Kerry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: City Coeur d'Alene

St. Idaho

County Bear Lake

Father Willard Ray

File No. 107378

Date of Birth December 13th

Sex of Child Female

Mother Mary [illegible]

I HEREBY CERTIFY that the child herein has been named:

Margaret Jessie Stalker

[illegible]

Signature of Father or Mother.

168-114-00X-846

PLACE OF BIRTH
amend 11-12-82

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Registration District No. 52

File No. 107379

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Neil Conrad Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 14th 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edwin Peter Johnson	FULL MAIDEN NAME	Afton Mary Huffman
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Registrar.

Address Montpelier Ida

Filed 12-31-1922 H H King
Registrar.

WRITE BLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Georgetown

(St. Idaho

(County Bear Lake

File No. 107379

Date of Birth Dec 14th 1922

Sex of Child Male

Father Edwin Peter Johnson Mother Afton Mary Johnson

I HEREBY CERTIFY that the child herein has been named:

Neal Conrad Johnson

Afton Mary Johnson

Signature of Father or Mother.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 10 2 34 PM '82

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 107379

County of BEAR LAKE } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Neal Conrad Johnson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1922 (Date of Event)

in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by CHURCH & INSURANCE (Bible Record, Insurance Policy, Etc.) prepared on 4-12-23 8/27/60 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Neal	Neil Conrad Johnson

Subscribed and sworn to before me this 5th day of November, 1982

Judith Morrison Pitts

Notary Public, residing at Reno, Nv.

My commission expires 2-28-86

(Seal)

JUDITH MORRISON PITTS
Notary Public - State of Nevada
Appointment Recorded In Washoe County
MY APPOINTMENT EXPIRES FEB. 28, 1986

Signed Alice J. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3140 4th St. Sparks, Nv. 89431
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.

County of Washoe }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of November, 1982

Judith Morrison Pitts

Notary Public, residing at Reno, Nv.

My commission expires 2-28-86

(Seal)

JUDITH MORRISON PITTS
Notary Public - State of Nevada
Appointment Recorded In Washoe County
MY APPOINTMENT EXPIRES FEB. 28, 1986

Signed Beverly A. Brown
(Signature of Any Credible Person)

Sutcliff Star Rte, Reno, Nv.
(Street Address, City, State)

FORM DH 60-155 CL 5-24-61. mm

Old West Life Ins Co gives insured as Neil C Johnson Policy date August 27, 1960. Viewed by V.S.

NOV 18 1982

LDS Church record gives Neil Conrad Johnson born Dec 14, 1922 in Georgetown Idaho to Edwin Johnson and Afton Hoffman and was blessed April 12, 1923. Viewed by V.S.

366-120-002-719

PLACE OF BIRTH

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107380

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 53 File No. 132

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Havid Stewart Low

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Dec 20 1922

What bactericidal solution was used in eyes? 10 % - Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Morris David Low	FULL MAIDEN NAME	Beatrice Gardiner
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Moore M. D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec 30 1922 Mrs J. S. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 8 1967

786-220-004-849

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107381

County of Bear Lake

City of Bloomington

No. ..... Street .....

Registration District No. 53 File No. 130

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elsie Fern Thomsock

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Ye	Dec 20 1922

What bacterieidal solution was used in eyes? 10% - Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Cecil Leroy Thomsock	FULL MAIDEN NAME Fern Alice Quinton
RESIDENCE Bloomington Idaho	RESIDENCE Bloomington Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Bloomington Idaho	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 3 45 P. M. **on the date above stated.**

(Signature) C O Moore M.D.

(Physician or midwife)

Address .....

Filed Dec 30 1922 Mrs. J. S. Skinner
Registrar.

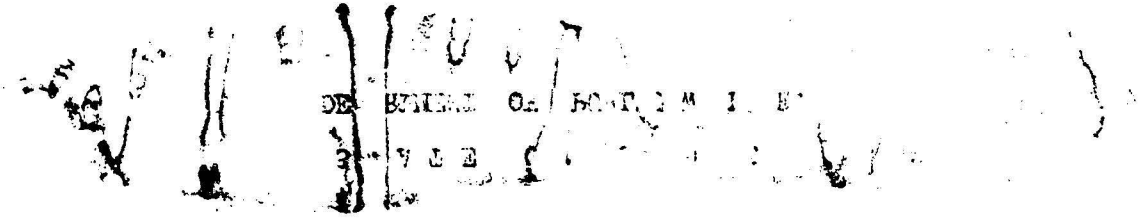
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
FEB 15 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho JAN 18 1923 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Bloomington

St. _____

County Bear Lake

File No. 107381

Date of Birth Dec 20

Sex of Child Female

Father Cecil L Thornock

Mother Mrs Vera Thornock

I HEREBY CERTIFY that the child herein has been named:

Elsie Vera Thornock

Mrs Cecil Vera Thornock

Signature of Father or Mother.

747-704-004-195

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

107382

County of Bear Lake

City of St. Charles

Registration District No. 53 File No. 131

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD William Lloyd Pugmire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Dec 4 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Vivian Lamont Pugmire	FULL MAIDEN NAME	Myrtle Agnes Arnell
RESIDENCE	St. Charles	RESIDENCE	St Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	St. Charles Idaho	BIRTHPLACE	St. Charles Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Needles M D
(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 30 1922 Mrs J. S. Skinner
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, JAN 1 1923 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

RECEIVED FEB 26 1923 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City St. Charles; St. Idaho; County Bear Lake County

File No. 107382

Date of Birth

Sex of Child Male

Father V. LeR. Pugmire

Mother Myrtle A. Pugmire

I HEREBY CERTIFY that the child herein has been named:

William Boyd Pugmire

V. LeR. Pugmire

Signature of Father or Mother.

DEC 9 1942

445-118-004-699

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107383

County of Bear Lake

City of Paris

No. ____ St.

Registration District No. 6-3

File No. 129

Hospital ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD ____

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 18 1922

What bactericidal solution was used in eyes? 10% - Argyrol

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Grant Alfred Dunford	FULL MAIDEN NAME	Ruby May Wright
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 2-15 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M.D.

(Physician or midwife)

Address ____

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed Dec 30 1922 Mrs. J. S. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-207-004-557

PLACE OF BIRTH

RECEIVED JAN 6 19[illegible] BUREAU OF VI[illegible] STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107384

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 2-3 File No. 128

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ruth Spencer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Dec 7 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Herbert Leo Spencer	FULL MAIDEN NAME	Psychia Engelche
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Holland
OCCUPATION	Postmaster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed Dec 30 1922 Mrs J. S. Skinner, Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
FEB 5 19
BUREAU OF VITAL
STATISTICS

Boise, Idaho Jan. 28, 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth { City Paris

St. Center

County Bear Lake

File No. 107384

Date of Birth December 7-1922

Sex of Child Female

Father Herbert Spencer Mother Psyche Spencer

I HEREBY CERTIFY that the child herein has been named: Ruth Spencer

Mrs H L Spencer

Signature of Father or Mother.

747206-004-90

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Registration District No. .....

File No. 107385

Hospital .....

Primary Registration District No. 657

Registered No. .....

FULL NAME OF CHILD Gwen Rich Pugmire
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Dec 6 1922

What bactericidal solution was used in eyes? Argyrol - 10%

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Maroni S. Pugmire	FULL MAIDEN NAME	Luetta Ann Rich
RESIDENCE	St. Charles Idaho	RESIDENCE	St Charles Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	4[illegible]
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Paris Ida.

Filed Dec 11 1922 John Mattson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 1923 1922.

RECEIVED
FEB 9 1923
BUREAU OF VITAL STATISTICS

Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: City St Charles

St. _____

County Bear Lake

File No. 107385

Date of Birth Dec. 6th 1922.

Sex of Child Female

Father Moroni S. Pugmire Mother Luetta Rich Pugmire

I HEREBY CERTIFY that the child herein has been named:

Gwen Rich Pugmire

Luetta Pugmire

Signature of Father or M

DEC 1 2 1973

913-207
PLACE [redacted]
005-266

County of Bennewah

City of Desmet

No. ..... St. [redacted] No. 31 File No. 2

Hospital ..... Primary Registration District No. ..... Registered No. 37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107386

FULL NAME OF CHILD Edith Zachary
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Dec 7 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John B. Zachary	FULL MAIDEN NAME	Anne Boone
RESIDENCE	Desmet Ida	RESIDENCE	Desmet, Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Desmet, Ida	BIRTHPLACE	Desmet, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Zachary
(Physician or midwife)

Address Desmet Idaho

Filed Dec 31 1922 Y. L. Bihan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 25 1954

MAR 2 1976

855-1214-005-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107387

County of Bonneville

City of Desmet

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 31 File No. 2

Hospital ..... Primary Registration District No. ..... Registered No. 36

FULL NAME OF CHILD Edward August Hendrickx
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Nov 24 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Louis W.J. Hendrickx	FULL MAIDEN NAME	Mable E. Peterson
RESIDENCE	Desmet, Ida	RESIDENCE	Desmet, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	~~Wash~~ Michigan	BIRTHPLACE	~~Wash~~ Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Barteau

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Desmet

Filed Dec 31 1922 Y. L. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 3 196

DECEASED

294-221-005-468

PLACE OF BIRTH

RECEIVED
JAN 4 19..
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Jensed

No. ..... St.

Registration District No. 31

File No. 2-107388

Hospital .....

Primary Registration District No. .....

Registered No. 14

FULL NAME OF CHILD Jessie Lucille Simmons
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	Nov 21 192.2

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Jerry A. Simmons	FULL MAIDEN NAME	Eliza Morgan
RESIDENCE	Jensed Ida	RESIDENCE	Jensed Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Fred Barbeau

M D (Physician or midwife)

Address .....

Filed Dec 4 192.2 Y. L. Bilhan Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1945

356-101-005-162

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

RECEIVED JAN 4 192[illegible] BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 31 File No. 2 107389

Hospital ..... Primary Registration District No. ..... Registered No. 35

FULL NAME OF CHILD Hubert Samuel Leo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Dec 1 192 2

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Victor Leo	FULL MAIDEN NAME	Teresa Joseph
RESIDENCE	Desmet	RESIDENCE	Desmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Victor Leo

(Physician or midwife)

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Address Desmet, Idaho

Filed Dec 4 192 2 Y. Le Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

122-102-005-962

PLACE OF BIRTH amended 1/2/80

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107390

County of Benewah

City of St Maries

No. ..... St. ..... Registration District No. 32 File No. .....

Hospital ..... Primary Registration District No. 2049 Registered No. 101

FULL NAME OF CHILD Lowell L. Abbott

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	4	Yes	7 2 1923

What bactericidal solution was used in eyes? Prophylactic Sol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Mort E Abbott	Ruth Robinson
RESIDENCE	St Maries Ida	St Maries Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Mo	Wash
OCCUPATION	Farmer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 30 a M. on the date above stated.

(Born alive or stillborn)

(Signature) O D Platt

Physician

(Physician or midwife)

Address St Maries

Filed Jan 3 1923 O Brannagen

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 3 10 47 AM '79

State of _____ } ss.
County of _____

Certificate No. 107390
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lorent Abbott (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 2, 1922 (Date of Event)

in St. Maries, (Benewah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Lorent Abbott	Lowell L. Abbott
father's name	Mart. E. Abbott	Martin E. Abbott NO

Subscribed and sworn to before me this 5th. day of July, 1979

Notary Public, [illegible]

Residing at DEER PARK

My commission expires JAN 15, 1980

(Seal)

Lowell L Abbott
Martin Abbott
Signature of Applicant

RT 1
CLAYTON, WA 99110.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 4/26/79

Honorable Discharge from the US Army gives name as Lowell L. Abbott born Dec 2, 1922. date of separation Oct16, 1946. viewed by V. S.

Hospital Birth certif rom Sacred Heart Hospital fro Jack Loring Abbott son of Mrs. &Mr. Lowell Loring Abbott. born May 25, 1955. viewedby V. S.

JAN 2 1980

799-203-005-365

PLACE OF BIRTH

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bineval

City of St Maries

No. ..... St.

Registration District No. 32 File No. 107391

Hospital ..... Primary Registration District No. 2049 Registered No. 102

FULL NAME OF CHILD Betty Louise Price
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplets or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		3	Yes	12 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol Sol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jay H. Price	FULL MAIDEN NAME	May [illegible]
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Tenn	BIRTHPLACE	Kansas
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician
(Physician or midwife)

Address St Maries Ida

Filed Jan 3rd 1923 O Sumager
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

DEPARTMENT OF PUBLIC WELFARE

319-208-005-715

PLACE OF BIRTH

DEPART[redacted]

RECEIVED BUREAU OF VITAL STATISTICS

JAN 8 1923 CERTIFICATE OF BIRTH

REGISTRAR OF VITAL STATISTICS

County of Benewah

City of St Maries

No. ..... St. Registration District No. 32 File No. 107392

Hospital ..... Primary Registration District No. 2049 Registered No. 103

FULL NAME OF CHILD Evelyn Larson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	4	Yes	12 4 192 2

(To be answered only in event of plural births)

What bacteriocidal solution was used in eyes? Argyrol 2%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Albert Larson	Emma Gunderson
RESIDENCE	St Maries Ida	St Maries Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Minn	No Dak
OCCUPATION	Woodsman	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 A M. on the date above stated.

(Born alive or stillborn)

(Signature) O D Platt

Physician

(Physician or midwife)

Address St Maries

Filed Jan 3rd 1923 C Bumagner

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

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Registrar.

[redacted]

NOV 3 1948

MAR 30 1954

MAR 31 1954

339-111-005-997

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Benewah P.O.

Registration District No. 32

File No. 107393

No. _____ St.

BUREAU OF VITAL STATISTICS

Primary Registration District No. 2049

Registered No. 104

Hospital _____

FULL NAME OF CHILD Frank Wesley Clinton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Dec. 11 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George H. Clinton	FULL MAIDEN NAME	Alta B. Riggs
RESIDENCE	Benewah P.O.	RESIDENCE	Benewah P.O.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George H. Clinton

Husband
(Physician or midwife)

Given names added from a supplemental report.

Address Benewah Idaho

_____ 19__

Filed Jan 2 1923 [signature]

_____ Registrar

Registrar

S-Y-CO. 38071

OCT 1 1942

396-215 · 105-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

107394

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32 File No. .....

Hospital ..... Primary Registration District No. 2049 Registered No. 105

FULL NAME OF CHILD Carol Lenore Crossgrove
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		6	yes	12 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol Sol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Crossgrove	FULL MAIDEN NAME	Elsie Cornforth
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	Laborer	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ind.	BIRTHPLACE	Mont.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1,9 M. on the date above stated.
(Born alive or stillborn)

(Signature) O D Platt

Physician
(Physician or midwife)

Address St Maries. Ida

Filed Jan 31 1923 O S Munager
Registrar.

*When there is no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

249-201-005-312

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107395

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 106

FULL NAME OF CHILD Noreen Ellen Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	\		\	Yes	Dec 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmer J. Smith	FULL MAIDEN NAME	Marjorie Maeva Caswell
RESIDENCE	St. Maries, Ida.	RESIDENCE	St. Maries, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:05 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

Physician
(Physician or midwife)

Address St Maries Idaho

Filed Jan 2 1923 O Gillmager
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

OCT 14 1952

719-126-005-343

PLACE OF BIRTH

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32

File No. 107396

Hospital .....

Primary Registration District No. 2049

Registered No. 107

FULL NAME OF CHILD Theron Durant Parsons

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		2	Yes	12 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol Sol.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Tony Parsons	FULL MAIDEN NAME	Freda Tucker
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.30 p M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Platt

St Maries Ida

(Physician ~~or midwife~~)

Give names added from a supplemental report.

..... 192....

..... Registrar.

Address

Filed Jan. 3rd 1923 Osmunagen Registrar.

4/10/41 /z.j.

OCT 31 1941

295-208-006-813 [redacted]

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

Registration District No. 116 File No. 107397

No. ..... St.

Primary Registration District No. 2195 Registered No. 758

Hospital .....

FULL NAME OF CHILD Dora VEE Bradford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 8 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Hensen Bradford	FULL MAIDEN NAME	Myrtle Hales
RESIDENCE	Pingree Ida	RESIDENCE	Pingree Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

physician (Physician or midwife)

Address Aberdeen Ida

Filed Dec 8 1922 McMcKinnon Registrar

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 107397

Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dora Vee Bradford (Name on Original Certificate) who born (Was Born or Died) on Dec 8 1923 (Date of Event)
in Pingree (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dora	DoraVee Bradford

Subscribed and sworn to before me this 26th day of May 19 42

C. T. Oaks

Notary Public, residing at El Monte California

My commission expires My Commission Expires December 12, 1944
(Seal)

Signed X Mrs Myrtle H Bradford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

211 Alegre Ave El Monte.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 1 1942

369-104006-595

PLACE OF BIRTH

Form [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

Registration District No. 116 File No. 107398

No. ..... St.

Primary Registration District No. 2195 Registered No. 757

Hospital .....

FULL NAME OF CHILD LEONARD SOREN CORNFORTH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Frederick Cornforth	FULL MAIDEN NAME	Nettie Nielsen
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Dec 6 1922 McMacKinnon

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-7-44

ate of Idaho, } ss.
unty of Bingham, }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE ~~LOCATED~~.

I, Charles F. Cornforth, being first duly sworn, say that I am related to
(Related to (or) acquainted with)
Leonard Soren Cornforth, as father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
pears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
ned therein are true to the best of my knowledge. I further state that M. C. Mackinnon, who attended
(Name of attendant at birth)
d birth is now deceased, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Charles F. Cornforth Signature

Aberdeen, Idaho. P. O. Address

Subscribed and sworn to before me on this 31st day of October, 1941.

(SEAL) F. R. Stricker Notary Public, residing at Aberdeen, Idaho.

793-201-006-719

PLACE OF BIRTH

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107399

County of Bingham

City of Aberdeen Registration District No. 116 File No. 13

No. ____ St. Primary Registration District No. 2195 Registered No. 756

Hospital ____

FULL NAME OF CHILD Alvena Pearl Gillett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec 1 19 22

	FATHER	MOTHER
FULL NAME	Claude Oran Gillett	FULL MAIDEN NAME ~~Claude Oran~~ Mildred Garrett
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	21 (Years)
BIRTHPLACE	Nebraska	Kansas
OCCUPATION	School Teacher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-55 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. C. MacKinnon M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed Dec 6 19 22 W. C. MacKinnon

Registrar

19 ____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1948

613-164-006-235

PLACE OF BIRTH

JAN 3 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107400

County of Bingham

City of Blackfoot

No. Thanks St.

Registration District No. 121 File No.

Hospital Primary Registration District No. 2114 Registered No. 476

FULL NAME OF CHILD Millard Walters

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 14 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Albert E Walters	FULL MAIDEN NAME	Francis Stedman
RESIDENCE	Blackfoot R 2	RESIDENCE	Blackfoot R 2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Summons M D

(Physician or midwife)

Address Blackfoot Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 26 1922 Mrs Helen E Pierce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 53-216-006-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1926
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107401

City of Bingham Blackfoot
No. Kimball St.
Registration District No. 121
File No.
Hospital
Primary Registration District No. 2194
Registered No. 477

FULL NAME OF CHILD Lalah J. Anthony
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov. 16 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Anthony	Esther Jensen
RESIDENCE	Firth Ida R 1	Firth Ida R 1
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Portage, Utah	Hyrum, Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H. J. Simmons M D.
(Physician or midwife)

Address Blackfoot Ida

Filed Dec 26 1922 Mrs Helen E. Tibbie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1942

[redacted]

145-210-006-864

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 5 1923 VITAL

107402

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 478

FULL NAME OF CHILD Betty Louise Munsee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lawrence Munsee	FULL MAIDEN NAME	Maude Young
RESIDENCE	Shelley Ida.	RESIDENCE	Shelley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Huntington Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert
Physician
(Physician or midwife)

Address Shelley Ida.

Filed Dec 26 1922 Mrs Helen E. Petrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1944

386-205 · 010-416 Child's name and place of birth amended 6-21-88 JLH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
OF VITAL

CERTIFICATE OF BIRTH 107403

County of BONNEVILLE
City of Shelley
No. ..... St. WOODVILLE
Registration District No. 121
File No. .....
Hospital .....
Primary Registration District No. 214
Registered No. 479

FULL NAME OF CHILD Helen Irene Thompson
SUSAN GWEN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 5 1922

What bactericidal solution was used in eyes? Sil Agnes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME George Thompson	FULL MAIDEN NAME Sarah Dunn
RESIDENCE Woodville Ida	RESIDENCE Woodville Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:10 a M. on the date above stated.
(Born alive or stillborn)

(Signature) J. E. Abbott M.D.
(Physician or midwife)

Address Shelley Ida

Filed Dec 26 1922 Wm. Valentine
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-25-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 17 4 36 PM '88

State of Idaho
County of Bonneville } ss.

Certificate No. 107403
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Helen Susie Thompson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 5, 1922 (Date of Event)

in Shelley (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Helen Susie Thompson	Susan Gwen Thompson
Place of birth	~~Shelley (Bingham)~~ Woodville, Bonneville	Woodville (Bonneville)

Subscribed and sworn to before me this _____ day of May, 19 88.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Susan Gwen Thompson Wilts
Signature of Applicant
635 Park Ave. D. F. Idaho 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 1988

Notary Public, Christine Glover
Residing at Shelley, Id
My commission expires 6-18-91
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc pd

Certificate of Blessing shows Susan Gwen Thompson daughter of George W. Thompson and Sarah Down, born November 5, 1922 at Woodville (Bonneville) Idaho was blessed December 3, 1999 by Joseph P. Bischoff signed by Joseph P. Bischoff and Elmer A. Huntsman woodville ward, Shelley Stake of LDS church. Viewed by V.S.

Certificate of Baptisim and Confirmation dated December 1, 1931 shows Susan Gwen Thompson daughter of George Thompson and Sarah W. Downs born Nov. 5, 1922 at Woodville (Bonneville) Idaho was baptized November 15, 1931 and confirmed a memeber of the Church of Jesus Christ of Later-day saints. Viewed by V.S.

JUN 21 1988

389-108-006-286

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107404

Registration District No. 121 File No. .....

Primary Registration District No. 2174 Registered No. 480

FULL NAME OF CHILD Ella William Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Nov (Day) 8 (Year) 1922
Boy		yes	

What bactericidal solution was used in eyes? Sel Ag NO_3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	William P. Christensen	FULL MAIDEN NAME	Ella Short
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home Housing

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 05 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts Mr

(Physician or midwife)

Address Shelley Ida

Filed Dec. 26 1922 Mrs Helen E. Tribune
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-343213

815-209-006-443

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107405

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 481

FULL NAME OF CHILD Sidney Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Nov. (Day) 9 (Year) 1922
Male			

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Sidney Hansen	FULL MAIDEN NAME	Maude Muller
RESIDENCE	Idaho Falls #6	RESIDENCE	Idaho Falls #6
COLOR	Lo	COLOR	Lo
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts Mds
(Physician or midwife)

Address Shelley Ida

Filed Dec 26 1922 Mrs Peters E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-122-006-153

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107406

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 452

FULL NAME OF CHILD Neal Anthony Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 22 1922

What bactericidal solution was used in eyes? Ag NO3 Sol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	A. L. Johnson	FULL MAIDEN NAME	Gladys Anthony
RESIDENCE	Idaho Falls #6	RESIDENCE	Idaho Falls #6
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts M.D.

(Physician or midwife)

Address Shelley Ida

Filed Dec. 26 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1942

967-121-006 231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107407

RECEIVED JAN 3

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. .....

Hospital .....

Primary Registration District No. 2194 Registered No. 483

FULL NAME OF CHILD ~~Albert Rogers~~ NORMAN ALBERT ROGERS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 21 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Arthur Rogers ROGERS	FULL MAIDEN NAME	Ira Blankenbaker
RESIDENCE	Shelley Ida.	RESIDENCE	Shelley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Eaton Colorado	BIRTHPLACE	Richill Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert

Physician
(Physician or midwife)

Address Shelley Ida

Filed Dec 2 1922 M. Thalia E. Tetrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of CUSTER } ss.

Certificate No. 107407

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for NORMAN ALBERT ROGERS (Name on Original Certificate) who BORN (Was Born or Died) on NOV. 21- 1922 (Date of Event)
in Shelly Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Rojers	Rogers
Name	Unnamed	Norman Albert Rogers

Subscribed and sworn to before me this 15TH
day of JULY, 1942

Notary Public, residing at STANLEY, Idaho

My commission expires MY COMMISSION EXPIRES SEPT. 5, 1947
(Seal)

Signed John A Rogers father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clayton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 23 1942

JUL 24 1942
DEC 16 1942

659-118-006-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 192
BUREAU OF V
STATISTICS

CERTIFICATE OF BIRTH

107408

County of Bingham
City of Blackfoot
No. ..... St.
Registration District No. 121
File No. .....
Hospital .....
Primary Registration District No. 2194
Registered No. 484

FULL NAME OF CHILD Franklin Richard Ferrel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	11/18 1922

What bactericidal solution was used in eyes? neosilofol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clarence Omer Ferrel	FULL MAIDEN NAME	Perly ~~Leslie~~ Lona West
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Humphrey M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Dec. 26 1922 Mrs Pateo E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1973

465-102-006-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

No. ..... St. Registration District No. 121 File No. 107409

Hospital ..... Primary Registration District No. 2194 Registered No. 485

FULL NAME OF CHILD Ile Wayne W. Monson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 12 (Day) 2 (Year) 1922
male		yes	

What bactericidal solution was used in eyes? neosilvol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vernon L. Monson	FULL MAIDEN NAME	Clara Westover
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Dec. 26 1922 Mrs Nathan E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-106-006-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107410

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 171

File No. .....

Hospital .....

Primary Registration District No. 1007

Registered No. 486

FULL NAME OF CHILD John Christian Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12 / [illegible] 1922

What bactericidal solution was used in eyes? neosilvol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence O Taylor	FULL MAIDEN NAME	Catherine Christensen
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Wyoming
OCCUPATION	Cook	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Dec. 26 1922 Mrs Helen E Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

MAY 14 1959

764108.006-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107411

County of Bingham

City of Blackfoot

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

No. ..... Street ..... Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 1007 Registered No. 487

FULL NAME OF CHILD Abel E. Paulsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 12 (Day) 8 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? Neosilvol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Abel Paulsen	FULL MAIDEN NAME	Borghild Bergstedt
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Dec 26 1922 Mrs Walter E. Tabine
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1976

MAR 2 4 1943

813-114-006-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham RECEIVED
City of Blackfoot JAN 3 1923
No. ..... St. BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107412

Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 2194 Registered No. 488

FULL NAME OF CHILD Merlin Jay Hatch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	12 / 14 1922

What bactericidal solution was used in eyes? neosilvol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Alva J Hatch	FULL MAIDEN NAME	Ida Wilde
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Dec 26 1922 Mrs Hattie E. Tabine
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/30/41

389-112-006-959

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

County of Bingham

City of Blackfoot

No. ..... St. Registration District No. 121 File No. 107413

Hospital ..... Primary Registration District No. 2194 Registered No. 489

FULL NAME OF CHILD Donald Carl Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12/12 1922

What bactericidal solution was used in eyes? nosilvol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Shurtliff M. Christensen	FULL MAIDEN NAME	Ella Zeigler
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Humphrey M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Dec. 26 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1953

DEC 17 1974

319-204-006-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107415

County of Bingham

City of Blackfoot

No. Groveland St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 491

FULL NAME OF CHILD Violet Larsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Dec (Day) 4 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	E. M. Larsen	FULL MAIDEN NAME	Mary A. Nelson
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P M. on the date above stated.
(Born alive or stillborn)

(Signature) F. W. Mitchell
M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Dec. 29 1922 Mrs Vaten E. Patrick
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 7 1970

213-108-006-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107416

County of Bingham
City of Blackfoot
No. 608 So. Shilling St.
Hospital

RECEIVED
JAN 1 1923
BUREAU OF VITAL STATISTICS

Registration District No. 121 File No.
Primary Registration District No. 1007 Registered No. 492

FULL NAME OF CHILD Stanley Baldwin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 8 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roland Baldwin	FULL MAIDEN NAME	Myrna Conkle
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	Oregon
OCCUPATION	Cook	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed Dec. 29 1922 Mrs Helen E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1961

JAN 16 1962

168-210-006-595

PLACE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107417

County of Bingham

City of Blackfoot

No. 810 So. Mansfield St. Registration District No. 121 File No.

Hospital Primary Registration District No. 1007 Registered No. 493

FULL NAME OF CHILD Dorothy Johnston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James D. Johnston	FULL MAIDEN NAME	Afton Vine
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Banker, Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed Dec. 29 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

295-122-06-386

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107418

County of Bingham

City of Blackfoot

No. 464 Alice St.

Registration District No. 121

File No.

Hospital

Primary Registration District No. 1907

Registered No. 494

FULL NAME OF CHILD Henry W. Reifer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		yes	Dec. 22 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles H. Reifer	FULL MAIDEN NAME	Grace Thomas
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) F. M. Mitchell M. D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Dec. 29 1922 Mrs. Helen E. Patrie
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1974

995-125-006-495

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107419

County of Bingham

City of Blackfoot

No. 189 N. Fisher Ave

Registration District No. 121

File No.

Hospital

Primary Registration District No. 1007

Registered No. 495

FULL NAME OF CHILD Harold Raymond Zink
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 25 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Claud E. Zink	FULL MAIDEN NAME	Olive Mussell
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed Dec 29 1922 Mrs Helen E. Potrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-127-006-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Ward #2 St.
Hospital

Registration District No. 121 File No. 107420
Primary Registration District No. 1007 Registered No. 496

FULL NAME OF CHILD Michael Friedstein Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec. 27 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Michael Friedstein	FULL MAIDEN NAME	Carrie Conley
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Texas	BIRTHPLACE	Mo.
OCCUPATION	Soberer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

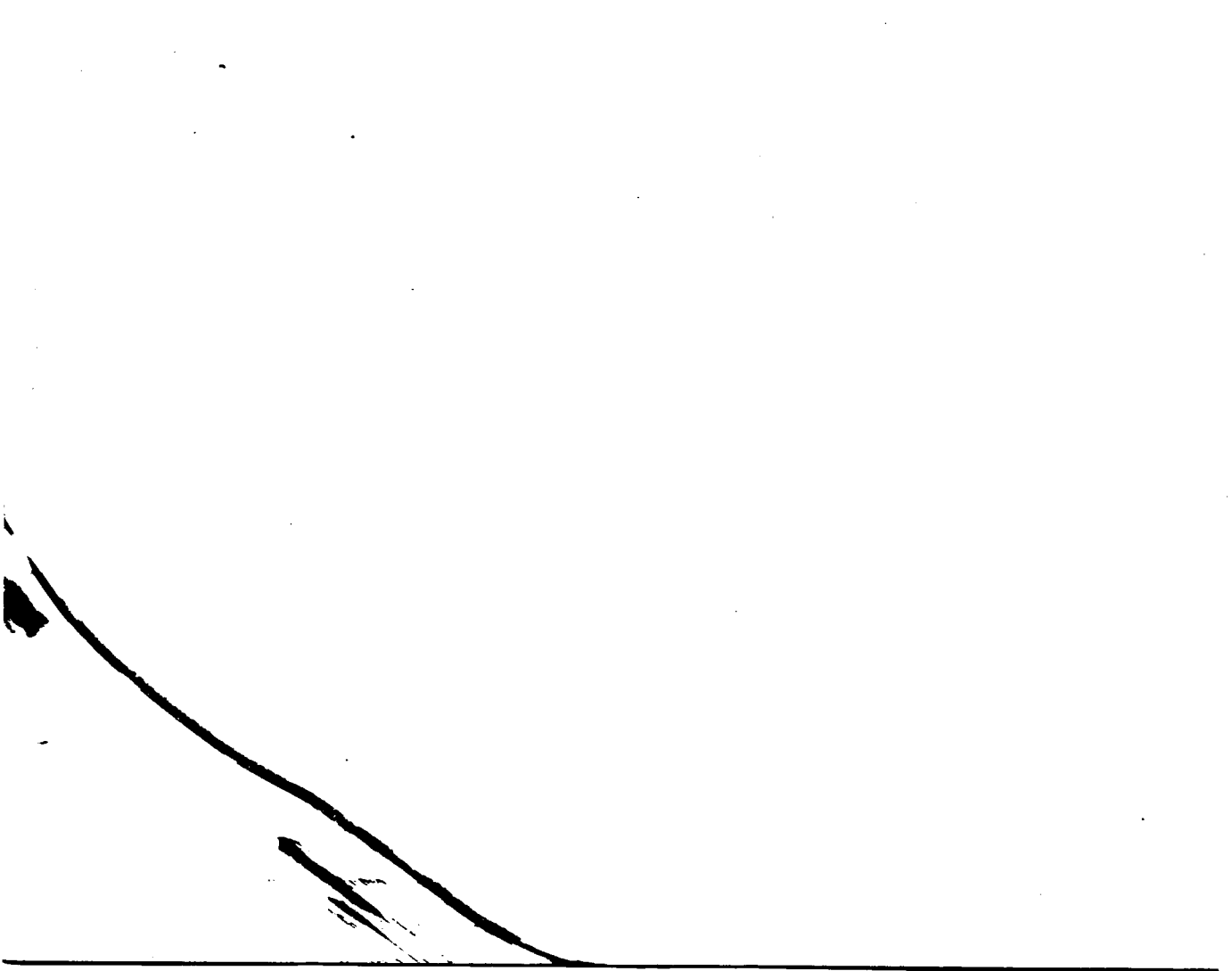
Filed Dec. 29 1922 Mrs Valerie Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



619-108-006-897

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107421

County of Bingham

City of Moreland

No. ..... St.

Registration District No. 121 File No. .....

Hospital .....

Primary Registration District No. 2194 Registered No. 497

FULL NAME OF CHILD Lawrence Keith Farnsworth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 8 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Parley E. Farnsworth	FULL MAIDEN NAME	Alice ~~Lavina~~ Alvina Higgins
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Dec. 29 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF IDAHO
DEPARTMENT OF WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Moreland

(St. Idaho

(County Bingham

File No. 107421

Date of Birth Dec. 8, 1923

Sex of Child Male

Father Parley Farnsworth Mother Alice Farnsworth

I HEREBY CERTIFY that the child herein has been named:

Laverne Keith Farnsworth

Parley Farnsworth.

Signature of Father or Mother.

cc 3/3/41 rmf

995-111-0606-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. North Main St.
Registration District No. 121
File No. 107422
Hospital
Primary Registration District No. 1007
Registered No. 498

FULL NAME OF CHILD Douglas Irving
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Joseph Irving	FULL MAIDEN NAME Grace Burke
RESIDENCE	Blackfoot	RESIDENCE Blackfoot
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years) 36
BIRTHPLACE	Utah	BIRTHPLACE Canada
OCCUPATION	Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2-10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 29 1922 Mo Hales E Valeria
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1922.

RECEIVED
JAN 27 1923
BUREAU OF VITAL
STATISTICS

Dear Madam:- The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Blackfoot — File No. 107422

St. Idaho — Date of Birth 11th December 1922

County Bingham — Sex of Child Male

Father Joseph Ewing — Mother Grace Ewing

I HEREBY CERTIFY that the child herein has been named:

Douglas Ewing

Grace Ewing
Signature of Father or Mother.

DEC 1 1 1968

FEB 2 8 1958

MAY 19 1964

AUG 7 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

719-21-0-006-231

County of Bingham

City of Blackfoot

No. RD#1 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 107423

Primary Registration District No. 2194 Registered No. 499

FULL NAME OF CHILD Lenora Jean Gardner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 14 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Vernon Hugh Gardner	FULL MAIDEN NAME	Laura May Stanger
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 29 1922 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED FEB 5 1923 BUREAU OF VITAL STATISTICS

Boise, Idaho JA 1923 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Blackfoot

(St. Idaho

(County Bingham

Father Vernon H

File No. 107423

Date of Birth Dec 12 1922

Sex of Child Female

Mother Sara M Gardner

I HEREBY CERTIFY that the child herein has been named:

Senora Jean Gardner

Mrs Vernon H Gardner

Signature of Father or Mother.

958-112-006-257

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 3 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED 1923

Registration District No. 121 File No. 107424

Primary Registration District No. 2194 Registered No. 500

FULL NAME OF CHILD Calvin Lamont Reynolds
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 17 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Calvin L. Reynolds	FULL MAIDEN NAME	Delzell Seamons
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	~~Housewife~~ Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed Dec. 29 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHAD TO STAT[illegible]

[illegible]

RECEIVED
FEB 3 19
BUREAU OF VITAL STATISTICS
STATE

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (City Blackfoot
(St. _____
(County Bingham
Father Calvin

File No. 107424
Date of Birth Dec 12, 1922
Sex of Child Male
Mother Zella

I HEREBY CERTIFY that the child herein has been named:

Calvin Lamont Reynolds

Mrs C. L. Reynolds
Signature of Father or Mother.

853-117-006-295 name added 5/20/81

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. RD #4 St.
Registration District No. 121
File No. 107425
Hospital
Primary Registration District No. 2194
Registered No. 501

FULL NAME OF CHILD Roland Thaddeus Helm
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 17 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thaddeus Helm	FULL MAIDEN NAME	Alice Jane Greggory
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7.30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Idaho

Filed Dec. 29 1922 Mrs Helen E. Petrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

3-4-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 21 9 05 AM '81

State of Idaho
County of Bannock } ss.

Certificate No. 107425
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Helm (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-17-22 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Roland Thaddeus Helm

Subscribed and sworn to before me this 21 day of March, 1981.

Notary Public Donna Hendricks
Residing at Pocatello
My commission expires Life
(Seal)

Roland T. Helm
Signature of Applicant

1301 E. Alameda Pocatello, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of March, 1981.

Notary Public Donna Hendricks
Residing at Pocatello
My commission expires Life
(Seal)

Dorothy June Ortega
Supporting Signature

521 Richland Pocatello, Idaho
Street Address, City, State

1 cc pd

Certificate of Blessing in Riverside Idaho Blackfoot Ward #2
showes name as Roland Thaddeus Helm born December 17 1922
and blessed February 4 1923 by Marshel Helm. (LDS CHURCH)
Viewed by VS

Certificate of Baptism and Confirmation dated August 7 1932
showes name as Roland Thaddeus Helm baptized August 7 1932
by Owen W. Peterson (Elder) and confirmed a member of the
Church of Jesus Christ of Latter-day Saints. (Certificate #103)
Viewed by VS

MAY 20 19

419-230-006-944

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
VITAL

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. RD# 3 St.
Hospital

Registration District No. 121
Primary Registration District No. 2194
File No. 107426
Registered No. 502.

FULL NAME OF CHILD Lorraine Marlow
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 30 1922

What bacteriecidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Walton Marlow	FULL MAIDEN NAME	Sarah Harriett Rudd
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
(Physician or midwife)
Address Blackfoot Idaho

Filed Dec 30 1922 Mrs Helen E. Future
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1922.

RECEIVED
JAN 7 - 1923
BUREAU OF VITAL STATISTICS
IDAHO

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: City Blackfoot Rt #3 File No. 107426

St. _____ Date of Birth Dec 30th 1922

County Bingham Sex of Child Female

Father Walton Marlow Mother Sarah H. Marlow

I HEREBY CERTIFY that the child herein has been named:

Lorraine Marlow

Walton Marlow

Signature of Father or Mother.

MAR 6 1943

MAY 5 1943

JUN 20 1958

JUL 22 1959

154-126-006-693

PLACE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107428

County of Bingham

City of Thomas Pres

No. ..... St.

Registration District No. 121

File No. .....

Hospital .....

Primary Registration District No. 2194

Registered No. 504

FULL NAME OF CHILD Ross Wilson Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 26 1922

What bactericidal solution was used in eyes? Cargentos 2 %

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Niels Anderson	FULL MAIDEN NAME	Mary Wilson
RESIDENCE	Blackfoot Ida Route 2	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 4 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 31 1922 Wm Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1959

331.215.006-819

PLACE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2194

File No. 107429

Registered No. 505

FULL NAME OF CHILD Ray Clawson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Dec. (Day) 15 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Ag NO3 Sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray Clawson	FULL MAIDEN NAME	Vera Harker
RESIDENCE	Firth Idaho	RESIDENCE	Firth Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miller	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts MD
(Physician or midwife)

Address Shelley Idaho

Filed Dec. 31 1922 Mrs Thalia E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-128-006-154

PLACE OF BIRTH

RECEIVED
JAN 3 1923
[illegible] VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonghaus

City of Shelley

No. ..... St. ..... Registration District No. 121 File No. 107430

Hospital ..... Primary Registration District No. 2194 Registered No. 5-06

FULL NAME OF CHILD Archie Christofferson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Dec (Day) 28 (Year) 1922
Male			

What bactericidal solution was used in eyes? Ag Nez Sal

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Simon Christofferson	FULL MAIDEN NAME	Anna Anderson
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:24 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts M.D.
(Physician or midwife)

Address Shelley Idaho

Filed Dec. 31 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-124-006-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107431

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

RECEIVED

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 507

FULL NAME OF CHILD Theron Waldo Mead
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Dec (Day) 24 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? Ag No 3 Sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John W Mead	FULL MAIDEN NAME	Mary Walker
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F G Roberts MD
(Physician or midwife)

Address Shelley Idaho

Filed Dec. 31 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-126-5

PLACE OF [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 10 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107439

County of Blaine

City of Hailey

No. _____ St.

Registration District No. 57

File No. _____

Hospital _____

Primary Registration District No. 2022

Registered No. 108

FULL NAME OF CHILD Douglas Leonard Knight

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12 26 1922

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andrew A. Knight	FULL MAIDEN NAME	Doris Sophia Brasse
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:55 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D

(Physician or midwife)

Address Hailey, Ida

Filed 12-30 1922 Robert H. Wright

Registrar.

Give names added from a supplemental report.

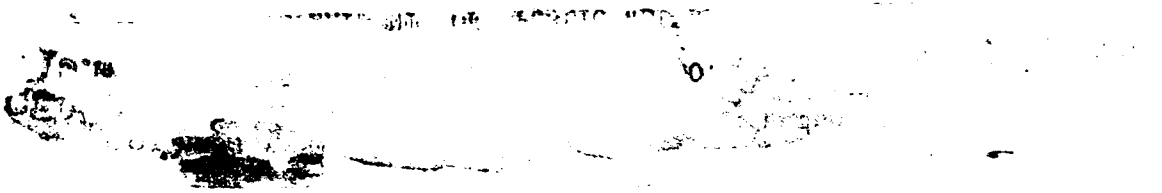
_____, 19_____

_____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Boise, Idaho JAN 1 1922.

Dear Madam:

The name of your baby was not filed in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (City Hailey

(St. _____

(County Blaine

File No. 107439

Date of Birth Dec 26 1922

Sex of Child Male

Father [illegible] Knight

Mother Doris Knight

I HEREBY CERTIFY that the child herein has been named:

Douglas Leonard Knight

Andrew Leonard Knight.

Signature of Father or Mother.

845 229 007-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 10 1923
BUREAU OF VITAL

County of Blaine

City of Picabo

Registration District No. 57 File No. 107440

No. ..... St.

Primary Registration District No. 2022 Registered No. 119

Hospital .....

FULL NAME OF CHILD Vesta Lois Hunter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W A Hunter	FULL MAIDEN NAME	Laura Martin
RESIDENCE	Picabo Ida	RESIDENCE	Picabo, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Lyon co Kans	BIRTHPLACE	Roseburg Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H E Smith

Picabo Ida Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 1-1 1923 Robert H. Wright
Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-12-007-719

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey Registration District No. 57 File No. 107441

No. ..... St.

Primary Registration District No. 2022 Registered No. 120

Hospital .....

FULL NAME OF CHILD Frederick Parsons Allen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 21 1922

FATHER		MOTHER	
FULL NAME	Fred Charles Allen	FULL MAIDEN NAME	Mary Anneta Parsons
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bellevue Idaho	BIRTHPLACE	Valley City N. Dak.
OCCUPATION	Driver	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Teed M D

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report. ..... 19.....

Filed 1-1 1923 Robert H. Wright

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 11, 1940.

MAY 24 1957

122-129-007-465

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107442

County of Blaine

City of Hailey

Registration District No. 57

File No.

No. St.

Primary Registration District No. 2077

Registered No. 121

Hospital

FULL NAME OF CHILD Foley Burnell Abbott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 28 1922

FATHER

FULL NAME Foley Orlando Abbott

RESIDENCE Hailey

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Rocky Bar Idaho

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Estella Sarah Montgomery

RESIDENCE Hailey

COLOR White

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Albion Idaho

OCCUPATION Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 50 P M. on the date above stated.

(Signature) E H Ford

Physician (Physician or midwife)

Address Hailey Idaho

Filed 1-1 1923 Robert H. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

K

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 27 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Hailey, Ida. FILE NO. 107442

ST. _____ DATE OF BIRTH December 29-1922

COUNTY Blaine SEX OF CHILD Male

FATHER Foley Abbott MOTHER Estella Montgomery (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Foley Burnell Abbott

Mrs Foley O. Abbott

Signature of Father or Mother.

JUL 2 5 1974

JUN 3 1942

SEP 6

SEP 6

749-125 007-766 name added 11-17-86 dl

[redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 57 File No. 107443

Primary Registration District No. 2022 Registered No. 122

FULL NAME OF CHILD Samy Guisasola

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	12	25	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam Guisasola	Pearl Goodman
RESIDENCE	Hailey	Hailey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Spain	Mackay Idaho
OCCUPATION	miner	wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

(Signature) E. H. Reed M.D.

(Physician or midwife)

Address Hailey Idaho

Filed 1-1 1923 Robert H. Wright. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

10-22-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 14 1986
Bureau of Vital Statistics, Standards and Local Health Services

State of Idaho
County of Blaine } ss.

Certificate No. 107443
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 25, 1922 (Date of Event)

in Hailey, Blaine Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	omitted	Samy Guisasola

Subscribed and sworn to before me this 12 day of November, 1986.

Notary Public, Marsha Reemain

Residing at Bellevue

My commission expires 1991

(Seal)

Marie Guisasola
Signature of Applicant

X Box 562 Hailey Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public,

Residing at

My commission expires

(Seal)

Supporting Signature

Street Address, City, State

1cc pd

Honorable Discharge from U.S. ARmy lists Samy Guisasola was born Dec 25, 1922 in Idaho and was discharged Nov 15, 1945. Viewed by V.S.

Family Bible lists Samy Guisasola born Dec 25, 1922 in Idaho. Obviously old record. Viewed by V.S.

NOV 17 1986

446-217-207-249

PLACE OF BIRTH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107444

RECEIVED
JAN 10 1923
BUREAU OF VITAL STATISTICS

County of Blaine
City of Hailey
No. ..... St. ..... Ward No. 67 File No. .....
Hospital ..... Primary Registration District No. 2022 Registered No. 123

FULL NAME OF CHILD Hester Frances Duffy
(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12 13 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Herbert Duffy	FULL MAIDEN NAME Hester Smith
RESIDENCE Hailey, Ida	RESIDENCE Hailey, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Missouri
OCCUPATION Book-Keeper	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright. M.D.
(Physician or midwife)

Address Hailey, Ida

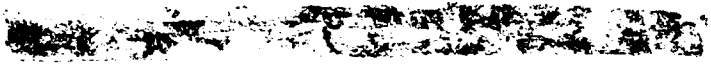
Filed 12-13-1922 Robert H. Wright
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED JAN 1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Hailey

(ST. Idaho

(COUNTY Blaine

FILE NO. 107444

DATE OF BIRTH December 12, 1922

SEX OF CHILD Female

FATHER Herbert E Duffy

MOTHER Hester Francis M. Smith
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Hester Francis M. Duffy

H. E. Duffy

Signature of Father ~~or Mother~~.

255-106-007-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107445

County of Blaine

City of Carey

Registration District No. 57 File No.

No. St.

Primary Registration District No. 2075 Registered No. 124

Hospital

FULL NAME OF CHILD Carl Johnson Bennett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	6		22

FATHER	MOTHER
FULL NAME J. Lawrence Bennett	FULL MAIDEN NAME Eva Johnson
RESIDENCE Casey	RESIDENCE Casey
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:45a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Address Carey Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 1-8 1923

Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 19 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Hailey
ST.
COUNTY Blaine
FATHER Jonathan Lawrence

FILE NO. 107445
DATE OF BIRTH Nov. 6 1922
SEX OF CHILD Male
MOTHER Eva Johnson Bennett
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Earl Johnson Bennett

Eva Johnson Bennett

Signature of Father or Mother.

MAY 22 1967

OCT 5 1942

SEP 17 1942

SEP 25 1942

386-107-007-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 10 1923
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registrant No. 57 File No. 107446

No. ____ St.

Primary Registration District No. 2075 Registered No. 125

Hospital ____

FULL NAME OF CHILD Glen Snell Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10 7 1922

FATHER		MOTHER	
FULL NAME	Vern Thomas	FULL MAIDEN NAME	Jennie R Thomas
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.15 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder M.D.
Physician
(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed 1-8 1923 Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 27 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE. JA[illegible] 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Carey
(ST. Idaho
(COUNTY Blaine

FILE NO. 107446

DATE OF BIRTH Nov. 7, 1922.

SEX OF CHILD Male

FATHER Vern Thomas

MOTHER Genevieve Rowe
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Glen Snell Thomas

Vern Thomas.

Signature of Father ~~or Mother~~.

219-126-007-241 name added, birth month amend 2-15-84 dl

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 10 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 57

File No. 107447

No. ..... St.

Primary Registration District No. 2075

Registered No. 126

Hospital .....

FULL NAME OF CHILD Reid Robert Baird

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Dec.	26	1922

	FATHER	MOTHER
FULL NAME	Bruce Baird	FULL MAIDEN NAME Erma Smallwood
RESIDENCE	Carey	Carey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Utah	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Houston E Snyder

Carey Idaho Physician

(Physician or midwife)

Address Carey Idaho

Filed 1-8 1923 Robert H. Wright

Registrar

OCT 2 9 1942

5-9-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Washington
County of Yakima } ss. FEB 13 | 10 PM '84

Certificate No. 107447
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Baird (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 26, 1922 (Date of Event)

in Carey (Blaine) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Baird	Reid Robert Baird
date of birth	Oct 26, 1922	Dec 26, 1922

Subscribed and sworn to before me this 7th day of February, 1984.
Notary Public, Bernice Burger
Residing at Sunnyside, Wa.
My commission expires 10/15/85
(Seal)

X Reid Robert Baird
Signature of Applicant
X 923 Woodin Rd Sunnyside Wash
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Yakima } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 1984.
Notary Public, Bernice Burger
Residing at Sunnyside Wa
My commission expires 10/15/85
(Seal)

Harold B Baird
Supporting Signature
810 So. 13th Sunnyside, Wa.
Street Address, City, State

1cc-16c

Certificate of baptism gives Reid Robert Baird son of Bruce and Erma Baird born Dec 26, 1922 at Carey, Idaho was baptised July 30, 1967. Viewed by V.S.

FEB 15 1994

Honorable Discharge from Army of the U.S. Lists Reid R. Baird born Dec 26, 1922 was discharged July 3, 1946. Viewed by V.S.

849-219-007-292

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

JAN 10 1923
VITAL STATISTICS

Registration District No. 57

107448

File No. .....

Primary Registration District No. 2022

Registered No. 117

FULL NAME OF CHILD Bernice Hurst

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	11	18	1922

	FATHER	MOTHER
FULL NAME	Carl Hurst	Alice Ellen Lisiam
RESIDENCE	Bellevue Idaho	Bellevue Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	37 (Years)
BIRTHPLACE	The Dalles Ore	Salt Lake City Utah
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Teed M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

19.....

Registrar

Filed 11-20 1922

Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 194

625-216-007-737

PLACE OF BIRTH

RECEIVED JAN 10 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum

Registration District No. 57 File No. 107449

No. ..... St.

Primary Registration District No. 2022 Registered No. 116

Hospital .....

FULL NAME OF CHILD Juanita Gertrude Obenchain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	11	16	1922

FATHER		MOTHER	
FULL NAME	Edgar Allen Obenchain	FULL MAIDEN NAME	Mable Inez McPheters
RESIDENCE	Ketchum	RESIDENCE	Ketchum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Ketchum Idaho
OCCUPATION	Teaming	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.15 a M. on the date above stated.

(Signature) E. H. Teed M.D.

(Physician or midwife)

Address Hailey Idaho

Filed 11-20 1922 Robert H. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 3[illegible] 1923
BUR[illegible] VITAL

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Ketchum
ST. Idaho.
COUNTY Blaine
FATHER Edgar Obenchain

FILE NO. 107449
DATE OF BIRTH Nov. 16, 1922.
SEX OF CHILD Female
MOTHER Mabel McPheters.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Juanita Gertrude Obenchain

Mabel Obenchain.

Signature of Father or Mother.

MAR 1 1943.

653-101-008-653

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107451

RECEIVED JAN 2 1925 BUREAU OF VITAL STATISTICS

County of Boise

City of Banks

No. ..... St. ..... Registration District No. 12 File No. 12

Hospital ..... Registration District No. 12 Registered No. .....

FULL NAME OF CHILD Marian Wells

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 1st 1924

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Wells	FULL MAIDEN NAME	Mary Wells
RESIDENCE	Banks	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Col.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

Mrs. E. S. Robison
Registrar.

(Signature) Mrs. Mary Lee
(Physician or midwife)

Address .....

Filed Dec 20 1924 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-219-005-613
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107452

RECEIVED JAN 2 1 BUREAU OF VITAL STATISTICS

County of Ada
City of Placerville
No. ..... Registration District No. 12 File No. .....
Hospital ..... Primary Registration District No. 12 Registered No. .....

FULL NAME OF CHILD Gene Garrison
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	Nov 19 1922

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Floyd Garrison	FULL MAIDEN NAME	Evalin Babbcock
RESIDENCE	Quartzburgh	RESIDENCE	Quartzburgh
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE		BIRTHPLACE	Boise
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... **, at** ..... **M. on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Tibbs
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....
Mrs E S Robison
Registrar.

Filed Dec 20 1922 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1942

DUP OF 1922- D 76-359

863-201-008-863

PLACE OF BIRTH

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107453

CERTIFICATE OF BIRTH

County of Boise

City of Gardena

No. ____ St. Registration District No. 12 File No. ____

Hospital ____ Primary Registration District No. 12 Registered No. ____

FULL NAME OF CHILD Mary Ann Holt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 1st 1922

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jack Holt	FULL MAIDEN NAME	Mary Holt
RESIDENCE	Gardena.	RESIDENCE	Gardena.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	unknown.	BIRTHPLACE	Hoose Shoshone
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary Shultes
(Physician or midwife)

Address ____

Give names added from a supplemental report.

____, 19____

Mrs ES Robson
Registrar.

Filed Dec 15 1922 Mrs ES Robson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-207-009-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107456

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 7f

File No. .....

Hospital City

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Ethel Eileen Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Dec. 7 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lester Thompson	FULL MAIDEN NAME	Pearl Finley
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ellison Mont.	BIRTHPLACE	Florence Mont.
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
(Physician or midwife)

Address Sandpoint Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 3 1923 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 9 1952

168-109-009-789

PLACE OF BIRTH

County of Bonnev[redacted]

City of Sandpoin[redacted]7457

No. [redacted]

Hospital City Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Walter Wayne Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Dec. (Day) 4 (Year) 1922
Male			

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo. Morris Johnson	FULL MAIDEN NAME	Maddie Philips
RESIDENCE	Morton	RESIDENCE	Morton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wyoming	BIRTHPLACE	Wilbur Wn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) **at** 1 P. **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page MD.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

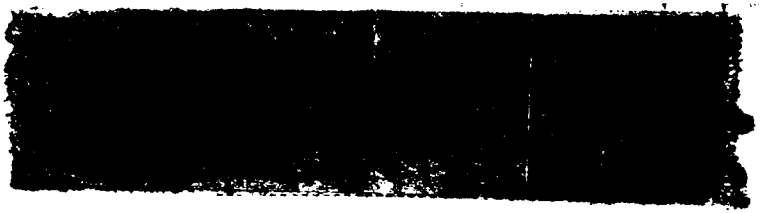
Registrar.

Address Sandpoint Idaho

Filed Jan 3 1923 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



793-225-009-393

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

Registration District No. 78 File No. 107458

No. ..... St.

Primary Registration District No. 2155 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marilyn Gilstrap

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	1		3	Yes	Sept 25 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray M. Gilstrap	FULL MAIDEN NAME	Gertrude Titman
RESIDENCE	Illinois / Carlock	RESIDENCE	Illinois, Carlock
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Illinois	BIRTHPLACE	N. Dak.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3 30 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Jackson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Dover - Ida

Registrar

Filed Jan 3 1923 Viola Allen Deputy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1975

391-220-009-256

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

Registration District No. 78 File No. 107459

No. ..... St.

Primary Registration District No. 2155 Registered No. .....

Hospital ..... MYRTLE

FULL NAME OF CHILD May Crabb

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	1		3	Yes	Jan 20 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph J. Crabb	FULL MAIDEN NAME	Hannah Stowell
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ikla	BIRTHPLACE	N. Dak
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4:30 p. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Dover, Ida

Registrar

Filed Jan 3 1923 Viola Allen Deputy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 107459

State of Missouri } ss. JAN 28 1942

County of Jackson } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Marjorie May Crabb (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 20 Jan Feb 1927 (DATE OF EVENT)

in Sawyer School (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bapt Cert and Soc Sec prepared on 6/14/1937 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Myrtle May Crabb	Marjorie May Crabb

Subscribed and sworn to before me this 20 day of Jan, 1942

B. J. Scott

Notary Public, residing at Independence Mo

My commission expires Aug 9, 1944

(SEAL)

Signed Mrs. Hannah Crabb (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

RR#3-Independence Mo (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.

County of Jackson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of January, 1942

B. J. Scott

Notary Public, residing at Independence Mo

My commission expires Aug 9-1944 Mo

(SEAL)

Signed X Arizona Stowell (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Independence Mo (STREET ADDRESS, CITY, STATE)

R. 3, box 374.

Received for filing on JAN 28 1942 By (REGISTRAR'S SIGNATURE)

595-203-009-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Dover

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

Registration District No. 78 File No. 107460

No. ..... St.

Primary Registration District No. 2155 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Mollie~~ Niehoff, Amalie Margaret

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
f	1		9	Yes	Dec 3 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm F. Niehoff	FULL MAIDEN NAME	Lena Weller
RESIDENCE	Dover	RESIDENCE	Dover
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Saw Mill Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 5 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Dover

Filed Jan 3 1923 Viola Allen Deputy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-119-009-215

PLACE OF BIRTH

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner City of Sandpoint No. 1004 Lake St. District No. 78 File No. 107461

Hospital Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Mary Coffin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 19 1922

What bactericidal solution was used in eyes? Argyrol 5 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Clare W Coffin	FULL MAIDEN NAME Burnice Sanderson
RESIDENCE	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Palo, Mich	BIRTHPLACE Okla Butler Co.
OCCUPATION Employe mine	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn), at 6:50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd C Wendle MD
(Physician or midwife)

Address Sandpoint, Ida

Filed Jan 3 1923 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1943

399-206-00[illegible]435

PLACE OF BIRTH

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 405 N 4th St.

Registration District No. 76 File No. 107462

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Mary Virginia Tripp
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)		Yes	Dec 6 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robt. M. Tripp	FULL MAIDEN NAME	Lydia McNeel
RESIDENCE	Sandpoint 405 N 4th St	RESIDENCE	Sandpoint 405 N 4th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ingersoll Ontario Canada	BIRTHPLACE	Hillbourn, Wisc
OCCUPATION	Traveling salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Floyd C. Wendle M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed Jan 8 1923 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1943

298-221-009-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 78 File No. 107463

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Ingeborg Helen Brynteson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Dec 21 1922

What bactericidal solution was used in eyes? Argyrol 5 %

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Brynteson	FULL MAIDEN NAME	Anna Carlson
RESIDENCE	Kootenai, Ida	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Lumber worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle
M. D.
(Physician or midwife)

Address Sandpoint, Ida

Filed Jan 3 1923 Viola Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1987

796-201-009-265

PLACE OF BIRTH

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 18 File No. 107464

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Betty Joe Gifford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 1 1922

What bactericidal solution was used in eyes? Argyrol 5 % o.u.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Milton Gifford	FULL MAIDEN NAME	Mable Bonner
RESIDENCE	Kootenai, Ida	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Latah, Wash	BIRTHPLACE	Latah, Wash
OCCUPATION	R Ry employee	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 1:15A **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Floyd C Wendle M.D.
physician
(Physician or midwife)

Address Sandpoint, Ida

Filed Jan 3 1923 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

FEB 28 2007

754.102.009-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St. ____

Hospital ____

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

Registration District No. 78

Primary Registration District No. 2155

File No. 107465

Registered No. ____

FULL NAME OF CHILD Erling William Pederson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12/2/22 192...

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Christian Pederson	FULL MAIDEN NAME: Ragnhild Christiansen
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Norway
OCCUPATION: Salvation Army Captain	OCCUPATION: Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____, at 3:35 P. ____ M. (Born alive or stillborn) **on the date above stated.**

(Signature) M P Wallace

M.D.
(Physician or midwife)

Address Sandpoint Idaho

Filed Jan 3 1923 Viola Allen Deputy
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1944

JAN 6 1944

399-114-009-814

PLACE OF BIRTH

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107466

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Allen Junior Critchell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12/14/22 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Allen Critchell	FULL MAIDEN NAME	Winnifred Mary Hadley
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mich.	BIRTHPLACE	Wash
OCCUPATION	laborer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.
(Physician or midwife)

Address Sandpoint Idaho

Filed Jan 3 1923 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

OCT 1 1941

619-215-209-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107467

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 78 File No. ____

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Betty Jane Warren
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	12/15/22 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Herbert Warren	FULL MAIDEN NAME	Estella Collins
RESIDENCE	Broten Idaho	RESIDENCE	Broten Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W P Wallentine

M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Jan 3 1923 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1941

MAY 1 1978

258-225-009-992

PLACE OF BIRTH

amended 7/17/80

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 78 File No. 107468

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Vera Margaret Keyes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	12/25/22 192....

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Howard Keyes	FULL MAIDEN NAME	Jennie Cortright Rising
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mich.	BIRTHPLACE	Wash.
OCCUPATION	laborer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Hoskins

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Sandpoint Idaho

Filed Jan 3 1923 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1944

3-4-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 11 3 02 PM '80

State of INDIANA
County of ELKHART } ss.

Certificate No. 107468
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Vera Margaret Keyes (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 25, 1922 (Date of Event)

in Kootenai (Bonner) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
mothers middle name	Jennie Courtwright Rising	Jennie Cortright Rising

Subscribed and sworn to before me this 9th day of APRIL 1980

Notary Public, Michael D. Marazita

Residing at

My commission expires MARCH 25, 1984

(Seal)

x Jennie Cortright Rising Keyes
Signature of Applicant

2312 Cassopolis St.
Elkhart, Indiana 46514
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,

Residing at

My commission expires

(Seal)

Supporting Signature

Street Address, City, State

JUL 17 1980

Own child's birth certif born Aug 20, 1921 at Sandpoint, Idaho givew name as Ardis May Keyes. father'sname as Howard Keyes and mother's name as Jennie Cortright Rising. viewedby V. S.

Family record gives name as Jennie Cortright Rising born Dec 17, 1889 in Seattle Washington father's name as George Harvey Rising and mother's name as Jennie Cort-Right. daated July 15,1960. viewed by V. S.

365-226-009-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107469

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

County of Bonner

City of Sandpoint

No. ..... Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Maxine Emma Langsdorf
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	12/26/22 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Max George Langsdorf	FULL MAIDEN NAME: Fern Louise Cook
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Utah
OCCUPATION: laborer	OCCUPATION: Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine M.D.
(Physician or midwife)

Address Sandpoint Ida

Filed Jan 3 1923 Viola Allen Registrar.
Deputy

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1943

266-2311 [illegible] 449

PLACE OF BIRTH

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107470

County of Sandpoint

City of Sandpoint

No. ..... St. Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD RUBY BERTHA BOWEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	12/31/22 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Henry Bowen	FULL MAIDEN NAME	Myrtle Clara Durston
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE		BIRTHPLACE	Mont.
OCCUPATION	R.R. roundhouse.	OCCUPATION	Haw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. [illegible]

M.D.
(Physician or midwife)

Address Sandpoint, Idaho

Filed Jan 3 1923 Viola Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 107470

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ruby Bertha Bowen

Subscribed and sworn to before me this 11th day of January, 19 43.

John W Booth
Notary Public, residing at Coeur d'Alene Idaho

My commission expires 4/22/46
(SEAL)

James Henry Bowen
Signed James Henry Bowen Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 14 1943

APR 9 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

652-208-009-355

County of Bonner

City of Sandpoint

No. 614 Wm St.

Hospital

RECEIVED
JAN 8 1928
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7f

File No. 107471

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD VIRGINIA MARY Fesco

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	Dec 8 1927

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ralph Fesco	FULL MAIDEN NAME	Louise Lenore
RESIDENCE	614 Wm St. Sandpoint.	RESIDENCE	614 Wm St Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40.	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ohio	BIRTHPLACE	Minnesota
OCCUPATION	Laborer.	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) **, at** 6:30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Fesco

Husband Informant.
(Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 3 1928 Viola Allen
Deputy
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Snohomish } ss.

Certificate No. 107471

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Lucile Feoco (Birth or Death)
for Lucile Feoco, real name (Name on Original Certificate) who Virginia MaryFeoco Dec. 8, 1922 (Was Born or Died) on XXXX (Date of Event)
in Sand Point, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lucile	Virginia Mary Feoco
		Mother

Subscribed and sworn to before me this 25th. day of May, 19 43

Notary Public, residing at Edmonds, Wash.

My commission expires 2/18/43
(Seal)

Signed Mrs R. A. Feoco
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Front St., Edmonds, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 1 1943

791-12-4:009-959.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1923 VITAL STATISTICS

CERTIFICATE OF BIRTH 107472

County of Bonner

City of Sandpoint

No. 51 Multnomah St. Registration District No. 78 File No.

Hospital — Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD John Oliver Graff Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	12-24-1922.

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Graff.	FULL MAIDEN NAME	Rosalie Zerkel
RESIDENCE	Sandpoint -	RESIDENCE	Sandpoint.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39.
BIRTHPLACE	Shubin - Germany.	BIRTHPLACE	Graz Austria
OCCUPATION	Mill-Worker.	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4:00 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Staerkman M.D.
(Physician or midwife)

Address Sandpoint

Filed Jan 3 1923 Viola Ables Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-121-009-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107473

County of Bonner

City of Sandpoint

No. Larch & Washington

Hospital —

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Morris Sankey Solverson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes.	12-21 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Soney Solverson.	FULL MAIDEN NAME	Reah Jennie Morris
RESIDENCE	Larch & Washington — City	RESIDENCE	Larch & Wm Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Canton S. Dakota	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:25 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse
MD
(Physician or midwife)

Address Sandpoint

Filed Jan 3 1923 Viola Allen
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-207-009-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107474

County of Bonner

City of Sandpoint

No. ____ St. ____ Registration District No. 78 File No. ____

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Minnie Hazel Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	12-7-1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jack Smith	FULL MAIDEN NAME	Lillian Maude Dunlap
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Austria	BIRTHPLACE	Montana
OCCUPATION	Laborer.	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11:30 A.M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Filed Jan 3 1923 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1952

JAN 27 195

613-12Y-1009-465

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107475

County Bonner

City of Priest River Registration District No. It 85 File No.

No. St.

Primary Registration District No. 185 Registered No. 229

Hospital

FULL NAME OF CHILD Dennis Edmon Waterman

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Dec 24 1922

FATHER

FULL NAME Leo Waterman

RESIDENCE Priest River,

COLOR W. AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Wash.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Anna Monk

RESIDENCE Priest River,

COLOR AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Wash.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Priest River, Ida

Given names added from a supplemental report.

19

Registrar.

Filed Jan 1 1923 19 [signature] Registrar.

and the number of each, in order of birth stated.

236-224-009249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107476

County of Bonn

City of Priest River

No. ..... St. Registration District No. 55 File No. 4

Hospital ..... Primary Registration District No. 2(f) Registered No. 228

FULL NAME OF CHILD Joyce Elsie Klos
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Dec 24 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo Klos	FULL MAIDEN NAME	Celestia Smith
RESIDENCE	Priest River, Ida,	RESIDENCE	Ptiest River, Ida,
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE		BIRTHPLACE	Wash,
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed Jan 1 1923 C. P. Getzloff Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1942

469-201:009-659

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107477

County of Bonners

City of Newport

Registration District No. St

File No. 4

No. ..... St.

Primary Registration District No. 215

Registered No. 231

Hospital .....

FULL NAME OF CHILD Bernice Cecil Luellen Morris -

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Dec (Month) 1 (Day) 1921 (Year)

FATHER		MOTHER	
FULL NAME	Liberty A Morris	FULL MAIDEN NAME	Elsie Bell Ferguson
RESIDENCE	Newport	RESIDENCE	Newport
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ill
OCCUPATION	Salesman	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr V. C. Cleveland

Newport

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Jan 1 1923

C. P. Getzloff

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

748117.009-685

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107478

County of Bonner

City of Priest River Registration District No. 85 File No. 4

No. ..... St.

Primary Registration District No. 2185 Registered No. 227

Hospital .....

FULL NAME OF CHILD Charlie Purcell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Dec	17	1922

FATHER		MOTHER	
FULL NAME	Charles Purcell	FULL MAIDEN NAME	Elnora Whetzler
RESIDENCE	Priest River, Ida	RESIDENCE	Priest River
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Halifax. NMV	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Gerloff

Phys.
(Physician or midwife)

Address Priest River, Ida.

Filed Jan 6 19 23 C. J. Gerloff Registrar.

iven names added from a supplemental report.

..... 19.....

Registrar.

A PERMANENT RECORD
SEPARATE RETURN must be made for each
each, in order of birth stated.

463-127.009-455

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

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BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107479

County of Bonner

City of Priest River

Registration District No. 85 File No. 4

No. ..... St.

Primary Registration District No. 2185 Registered No. 930

Hospital .....

FULL NAME OF CHILD Zunao Motodani

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Dec (Day) 27 (Year) 1922

FATHER		MOTHER	
FULL NAME	Masatoro Matodani	FULL MAIDEN NAME	Hisao Kisoshi
RESIDENCE	Priest River Ida	RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY 42 (Years)	COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Sawmill Prof	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6.55 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Getzloff

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

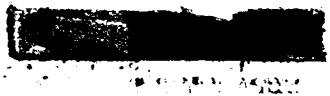
Address Priest River Ida

Filed Jan 1 1923. C. F. Getzloff

Registrar.

Registrar.

N. B.—In case of more than one child a... a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



363-230 010-789

PLACE OF BIRTH

RECE[redacted]

JAN 3 1923

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
[redacted]ENT OF PUBLIC WELFARE
[redacted]AU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 107480

Registration District No. 73 File No. .....

Primary Registration District No. 21-70 Registered No. 332

FULL NAME OF CHILD Querida May Colson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Sept. 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred Ray Colson	FULL MAIDEN NAME	Dewey Phelcie Philijan
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Whitewell, Tenn.	BIRTHPLACE	Rayburne Co, Georgia.
OCCUPATION	Machinist.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

P. Physician
(Physician or midwife)

Address Idaho Falls Ida

Filed Dec 30 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 27 1975

APR 2 1952

533-105-010-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 107481

Hospital ..... Primary Registration District No. 21V-0 Registered No. 331

FULL NAME OF CHILD Albert Max Ellison
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sept. 5 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur Albert Ellison	FULL MAIDEN NAME	Ora Hodge
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Provo, Utah	BIRTHPLACE	Iona, Ida
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician
(Physician or midwife)

Address Idaho Falls Ida

Filed Dec 30 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1942

296-228-012-194

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107482

RECEIVED JAN [illegible] 1923 BUREAU OF VITAL STATISTICS

County of Bonner

City of Sand Point

No. ..... St.

Registrar's District No. 73 File No. .....

Hospital ..... Primary Registration District No. 21 Registered No. 230

FULL NAME OF CHILD Ethel Alyce Kranberg

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes.	Aug. 28 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Franklin Kranberg	FULL MAIDEN NAME	Hazel Estelle Armstrong
RESIDENCE	Scotts Bluff, Nebr	RESIDENCE	Scotts Bluff. Neb
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Scotts Bluff. Neb.	BIRTHPLACE	Housewife Windsor, Colo
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson M.D.

(Physician or midwife)

Address Sand Point Ida.

Filed Dec 30 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942
JAN 15 1943
JUN 20 1951

693-221-010-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]-8-17

PLACE OF BIRTH

RECEIVED JA[illegible] 19[illegible] BUR[illegible] VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107483

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2140

Registered No. 329

Hospital

FULL NAME OF CHILD Patricia Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	May 21 1922

FATHER		MOTHER	
FULL NAME	Patrick W. Williams	FULL MAIDEN NAME	Carrie Henrietta Hansen
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Des Moines, Iowa	BIRTHPLACE	Grant, Ida.
OCCUPATION	Commercial Secretary	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M. D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida.

19

Filed Dec 30 1922 [illegible]

Registrar

Registrar

MAR 23 1962

214-113-010-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107484

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 214-0

Registered No. 328

Hospital

FULL NAME OF CHILD Walter ~~William~~ DONALD Bauchman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 13th 1922

FATHER		MOTHER	
FULL NAME	Walter William Bauchmann	FULL MAIDEN NAME	Marie Leonora Donohue
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Durango Colo.	BIRTHPLACE	Hailey, Idaho
OCCUPATION	Manager Electric Supply Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida

Filed Dec 30 1922 [signature]

Registrar

JAN 4 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock

Certificate No. 107421

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Walter William	"alter Donald Bauchman
Date	May 13th	~~May 13, 1922~~
		May 13, 1922

Subscribed and sworn to before me this 12th
day of January, 19 42

Notary Public, residing at Idaho Falls, Idaho

My commission expires 5/22/44
(SEAL)

Signed W. Donald Bauchman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Idaho Falls Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 26 1943

JAN 14 1965

795.202-010-235

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Bingham 1923 CERTIFICATE OF BIRTH 107485

City of Idaho Falls VITAL Registration District No. 73 File No.

No. St. Primary Registration District No. 210 Registered No. 927

Hospital

FULL NAME OF CHILD MURIEL Jean Prestwich

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes.	Dec. 7 1922

FATHER	MOTHER
FULL NAME Merrill Prestwich	FULL MAIDEN NAME Lydia M. Stewart
RESIDENCE Jaret, Utah Idaho Falls Ida	RESIDENCE Idaho Falls, Idaho.
COLOR W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Jaret, Utah	BIRTHPLACE Lehigh, Utah
OCCUPATION Foreman Sugar Factory	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Harry L. Wilson M.D.

(Physician or ~~midwife~~)

Address Idaho Falls Ida

Filed Dec 30 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 18 1943 Certificate No. 107485
County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jean Prestwich (Name on Original Certificate) who Born (Was Born or Died) on Dec 2 - 1922 (Date of Event)
in Village of Lincoln (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on April 29 - 23 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jean	Muriel Jean Prestwich

Subscribed and sworn to before me this 25th day of Feb. 1943

N E Salton
Notary Public, residing at Rt. 1 Idaho Falls, Ida.
My commission expires 5-1-46
(Seal)

Signed Merl Prestwich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. 1. Idaho Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

1949

659-120-010-813

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 1923 VITAL STATISTICS

CERTIFICATE OF BIRTH

107486

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 326

Hospital

FULL NAME OF CHILD Leslie Oertle

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		Twin 2	Yes.	Nov. (Month) 20 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ruel Elbert Oertle	FULL MAIDEN NAME	Etta Pearl Hall
RESIDENCE	Idaho Falls, Ida —	RESIDENCE	Idaho Falls, Ida —
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Crawford Co, Kas	BIRTHPLACE	Cherokee Co, Kas —
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson M.D.

Physician ~~or midwife~~

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida

Filed Dec 30 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1942

659-220-010-813

PLACE OF BIRTH

RECEIV[redacted] JAN 3

[redacted]ATE OF IDAHO
F VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Bannock

[redacted]ATE OF BIRTH

107487

City of Pocatello

Registration District No. 73 File No.

No. St.

Primary Registration District No. 21V-0 Registered No. 32 V —

Hospital

FULL NAME OF CHILD Laverne Oertle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
female	Twin	Twin 1	yes.	Nov. 20 1922

FATHER	MOTHER
FULL NAME Ruel Elbert Oertle	FULL MAIDEN NAME Etta Pearl Vall
RESIDENCE Idaho Falls, Idaho.	RESIDENCE Idaho Falls, Ida
COLOR W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Crawford Co. Kas —	BIRTHPLACE Cherokee Co, Kas —
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was olive (Born alive or stillborn), at 8 15 a. M. on the date above stated.

(Signature) Harry L. Wilbur — M.D.

(Physician or midwife)

Address Pocatello Ida

Filed Dec 30 1922 [redacted] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-208-000-645

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-

CERTIFICATE OF BIRTH

107

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 21-0

Registered No.

Hospital

FULL NAME OF CHILD Lorna Theodora Gardner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes.	Aug.	8	

FATHER		MOTHER	
FULL NAME	Levor Gardner	FULL MAIDEN NAME	Marissa Lucile Oglesby
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	[illegible]
BIRTHPLACE	Ammon, Idaho	BIRTHPLACE	Marshall Co. Miss
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including pre[illegible] 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at
(Born alive or stillborn)
on the date above stated.

(Signature) Mary L. Wilson M. D.

M D

(Physician or midwife)

Address Idaho Falls Ida

Filed Dec 30 19 22

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

JUN 21 1960

363-212-010-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 107489

No. ..... St.

Primary Registration District No. 214 Registered No. 323

Hospital .....

FULL NAME OF CHILD Genivieve Wrenn Colson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes.	August 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Glover Colson	FULL MAIDEN NAME	Nancy Jane Ross
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Jackson Co, Alabama	BIRTHPLACE	Grundy Co, Tenn
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Dec 30 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-209-010-419

RECEIVED
JAN 3 1923

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107490

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 21V-0 Registered No. 322

Hospital

FULL NAME OF CHILD Mary Elizabeth Salih

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes.	Aug. (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harry M. Salih	FULL MAIDEN NAME	Genevieve D. Martin
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Syria	BIRTHPLACE	Mound City, Kas
OCCUPATION	Contractor & Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:00 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Id

Registrar

Filed Dec 30 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31 1967

753.120.010-294

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 107491

No. ____ St.

Primary Registration District No. 21V-0 Registered No. 321

Hospital ____

FULL NAME OF CHILD George N. Peterson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	July 30 1922

FATHER		MOTHER	
FULL NAME	Lester Nauo Peterson	FULL MAIDEN NAME	Nellie May Simmons
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Hyrum, Utah	BIRTHPLACE	Ucon, Idaho
OCCUPATION	automobile mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

(Signature) Harry L. Wilson M. D.

Physician

(Physician or midwife)

Address Idaho Falls Ida

Filed Dec 30 1922 ____ Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

NOV 6 1947

Amended 11/16/70

713-218-610-753

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 107492
Local Reg. No.
Reg. Dist. No. 73

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls
d. STREET ADDRESS (If rural, give location): Route 4

3. CHILD'S NAME *(Type or print)*
a. (First): Myrtle
b. (Middle): Lorraine
c. (Last): Patton

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): December 18, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Ellwood
b. (Middle): J.
c. (Last): Patton

8. AGE (At time of this birth): 26 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Mexico, Missouri
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hazel
b. (Middle): Carolyn
c. (Last): Peterson

13. AGE (At time of this birth): 24 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho Falls, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. E. Rogers
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Idaho Falls, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec. 22, 1922
22. REGISTRAR'S SIGNATURE: Wm. Kinnaird
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

...LACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...he district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...N OF VITAL STATISTICS, BOISE, IDAHO.

Use only BLACK INK or t
LOCAL REGISTRAR in t
correspondence to DIVISIO

Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____

LENGTH OF PREGNANCY _____ WEEKS

WEIGHT AT BIRTH _____ LBS. _____ OZS.

RACE OR COLOR OF FATHER
W

RACE OR COLOR OF MOTHER
W

Was 1% Silver Nitrate Used to prevent blindness?
YES _____ NO _____

METHOD OF DELIVERY

Time of birth: 5pm

BIRTH INJURY TO INFANT
_____ YES IF YES, DESCRIBE
_____ NO

CONGENITAL MALFORMATIONS OF INFANT
_____ YES IF YES, DESCRIBE
_____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 107492

Date Filed Dec. 22, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Lorraine Mayrtle Patton (Name on Original Certificate) who was born (Was Born or Died) on Dec. 18, 1922 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Lorraine Myrtle Patton	Myrtle Lorraine Patton
Mother's maiden name	Stella Peterson	Hazel Carolyn Peterson
Age of mother	22	24

Subscribed and sworn to before me this 30 day of September, 1970

Notary Public, residing at Idaho Falls Idaho

My commission expires Sept 1, 1973

(Seal)

Signed Beulah M. Osterberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

610-12th St Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 * CL 9/3/70 nm

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	Elwood Patton	Ellwood J. Patton
Age of father	24	26
Birthplace of father	Merwin, MO	Mexico, Missouri
Hospital	None listed	at home, RFD 4, Idaho Falls

Marriage License from State of Arizona, County of Pima gives grooms' name as Cecil F. Whitaker and Bride's name as Myrtle Lorraine Patton. Dated October 15, 1942. Signed by Belle D. Hall, Clerk of the Superiot Court. Viewed by V. S.

Statement from School Record from Tucson High Schook, Tucson, Az gives name as Myrtle Lorraine Patton, Date of Birth as 12-18-22. Her parent's names as Ellwood Patton and Hazel Patton. Signed by P. McClure, Records Clerk. Viewed by V. S.

Certificate of birth from state of Idaho for Hazel Carolyn Peterson, born Aug. 5, 1898 at Idaho Falls, Idaho. Father's name as Carl William Peterson and mother's maiden name as Huldah Charlotte Lundblad. State File No. 313155. Viewed by V. S.

Marriage Certificate from the State of Idaho, County of Bonneville gives grooms' name as Ellwood J. Patton and bride's name as Hazel C. Patton. Signed by Charles E. Evans Minister of the Gospel. Dated June 19, 1918. Viewed by V. S.

Child's birth certif. from State of Id. gives child's name as Beverly Hazel Patton File No. 155889. Born Aug. 29, 1927. Parents names as Elwood J. Patton and Hazel Peterson. Father's birthplace: Mexico, Mo. Mother's birthplace: Idaho Falls, ID. Viewed by V. S.

Birth certif. for Ellwood J. Patton from Missouri. Ceritf. No. 24939. Born June 13, 1 1896. Parents namesas James Henry Patton and Mellacinda Myrtle Davis. Viewed by V. S.

Honorable Discharge from the US Army gives name as Ellwood J. Patton 4370204cpl Co. F 8th Infrantry. Gives birthplace as Mexico, Missouri. Dated July 24, 1919. Signed by A. H. Wheeler, Major Air Service. Viewed by V. S.

563-17-010-763

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

Registration District No. 73 File No. 107493

Primary Registration District No. 2156 Registered No. 319

FULL NAME OF CHILD Lawrence Olin Volmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 17 1922

FATHER		MOTHER	
FULL NAME	John Volmer	FULL MAIDEN NAME	Velma Goldman
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Perry County Ill	BIRTHPLACE	Perry County Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Rogers

Osteopath Phys (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

..... 19.....

Filed Jan 22 1923 [signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls

ST. _____

COUNTY Bonneville

FATHER John Volmer.

FILE NO. 107493

DATE OF BIRTH Dec 17 1922

SEX OF CHILD ~~Female~~ male

MOTHER Velma Goldman
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lawrence Alvin Volmer

John Volmer
Signature of Father or Mother.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 107493
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Lawrence Olin Volmer (Name on original certificate) who born (Was born or died) on Dec 17 1922 (Date of event)
in Ammon (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on Dec. 13 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date	Dec. 16th	Dec. 17th
		Velma Volmer

Subscribed and sworn to before me this 13th day of Dec, 1941
W. L. Chatterton
Notary Public, residing at Idaho Falls
My commission expires Aug 19, 1945
[SEAL]

Signed John Volmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of Dec, 1941

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 18 1941

157-10 Gr 010-394

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 107494

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 31 L

FULL NAME OF CHILD Leslie Allen Jephson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		Yes	Dec 9th 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Leslie L. Jephson	FULL MAIDEN NAME	Selma Timm
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Christ Church New Zealand	BIRTHPLACE	Alma Wis.
OCCUPATION	Farming	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Jenkins
MD
(Physician or midwife)

Give names added from a supplemental report.

Address Idaho Falls Ida

Filed Jan 21 1922 [signature]
Registrar

Registrar

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
...—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 31 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. R 7 E 5
(COUNTY Bonneville

FILE NO. 107494

DATE OF BIRTH Dec 1st

SEX OF CHILD Male

FATHER Leslie Jepheon

MOTHER Serena Jensen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Leslie Carlson Jepheon

Mrs Leslie Jepheon
Signature of Father or Mother.

255-215-010-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107495

County of Bonneville

City of Idaho Falls R.F.D.

No. ..... St. Registration District No. 73 File No. .....

Hospital ..... Primary Registration District No. 2140 Registered No. 317

FULL NAME OF CHILD Yae La-Preal Seedall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 15 1922

What bactericidal solution was used in eyes? 5% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. T. Seedall	FULL MAIDEN NAME	Deon Smith
RESIDENCE	Idaho Falls R.F.D.	RESIDENCE	Idaho Falls R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kayville, Utah	BIRTHPLACE	Heber City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Address Box 561 Idaho Falls, Ida.

Filed Dec 20 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 10 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls FILE NO. 107495

ST. Idaho DATE OF BIRTH Dec 15 1922

COUNTY Bonneville SEX OF CHILD Female

FATHER John L Seedall MOTHER Leon Smith (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Fae. La-Breal Seedall

G L Seedall

Signature of Father or Mother.

JUN 2 1967

319-102-010-238

PLACE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107496

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. .....

Hospital .....

Primary Registration District No. 2150 Registered No. 316

FULL NAME OF CHILD Veryl Ershel Larsen.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov. 2 1922

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ershel Dewey Larsen	FULL MAIDEN NAME	Leona Charlotte Schuldt.
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Aldo Cache Co. Utah	BIRTHPLACE	Holstein. Ida. Co. Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Hulkin M.D.

M.D.
(Physician or midwife)

Give names added from a supplemental report

DEC 19 1922

Address Idaho Falls Ida

....., 19....

Registrar.

Filed Dec 20 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1967

DEC 1 0 1941

DEC 1 4 1944

893-217-010-269 Name added 12-10-86 lh

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 107497

Primary Registration District No. 21 V-0 Registered No. 8 N

FULL NAME OF CHILD Irene Stephanie Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 17 1922

FATHER		MOTHER	
FULL NAME	John Hill	FULL MAIDEN NAME	Stella Korn
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	BIRTHPLACE	Russia
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:30 P M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Registrar

Filed Dec 19 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE. JAN 1 5 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY _____

ST. _____

COUNTY _____

FATHER _____

FILE NO. 107497

DATE OF BIRTH _____

SEX OF CHILD Female

MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

11-26-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

DEC 8 1986

Bureau of Vital Statistics Standards and Local Health Services

State of Oregon
County of Yamhill } ss.

Certificate No. 107497
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 17, 1922 (Date of Event)
in Idaho Falls, Bonneville Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Irene Stephanie Hill

Subscribed and sworn to before me this 3rd day of Dec., 19 96

Notary Public, [signature]
Residing at First Federal of McMinnville
My commission expires 1-24-88
(Seal)

[signature] Irene Stephanie Baker
Signature of Applicant

647 W. 17th St.
Street Address, City, State
McMinnville, Ore. 97128

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

1cc pd

DEC 10 1986

Certificate of Baptism from Roman Catholic Church gives name as Irene Stephanie Hill, child of John Hill and Stella Kornes, born Dec. 17, 1922. Baptized Aug. 20, 1943.
Viewed by V.S.

Certificate of Marriage from Clark Co, Wash. states that William J. Baker adn Irene S. Hill were married on Nov. 13, 1943.
Viewed by V.S.

415-117-010-314

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 107498

Primary Registration District No. 2150 Registered No. 314

FULL NAME OF CHILD Richard James David

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur David	FULL MAIDEN NAME	Edna Campbell
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Fennard
P. Lyman
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls Ida.

Filed Dec 18 1922 W. Fennard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 18 1944

SEP 14 1944

DECEASED

418-295-010-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107499

County of Bonneville

City of Ammon

District No. 72

File No.

No. St.

Primary Registration District No. 2150

Registered No. 3,3

Hospital

FULL NAME OF CHILD BERTHA FERN MAYFIELD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Dec. 5 1922

FATHER	MOTHER
FULL NAME: James Berry Mayfield	FULL MAIDEN NAME: Dora Singley
RESIDENCE: Ammon, Idaho.	RESIDENCE: Ammon, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Georgia	BIRTHPLACE: Georgia.
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9.45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls, Idaho.

Filed Dec. 8 19 22 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 9 12 07 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107499

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mayfield (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 5, 1922 (Date of Event)
in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Bertha Fern Mayfield

Subscribed and sworn to before me this 31 day of July, 1975.

Notary Public, residing at 1863 W 4100 S
My commission expires Mar 31 - 1977
(Seal)

Signed Leonard Mayfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1863 W 4100 S
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 1975.

Notary Public, residing at Clearfield Utah
My commission expires Sept. 26 1978
(Seal)

Signed B. Arthur Mayfield
(Signature of Any Credible Person)

147 S. 500 E. Clearfield, Utah
(Street Address, City, State)

FORM DH 60-155 cl 7/28/75

Certif of birth from the LDS Church gives name as Bertha Fern Mayfield born Dec 5, 1922 at Ammon, Idaho. ~~x~~ father's name as James Barry Mayfield and mother's name as Dora Singley. entered on record June 3, 1923. viewed by VS SEP 4 1975

Certificate of Baptism gives name as Bertha Fern Mayfield born December 5, 1922 in Idaho Falls, Idaho. Baptized March 28, 1931 in L. D. S. Church and Confirmed March 29, 1931 by Charles J. Winter, Record issued Sept. 2, 1975 by The Custodian of Church Membership Records. Clair R. Schiffman.
Viewed by V.S.

APR 14 1987

254-206-010-258

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

1923 CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 107500

No. ..... St.

Primary Registration District No. 210 Registered No. 312

Hospital .....

FULL NAME OF CHILD Lela Mildred Knudsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec 6 1923

FATHER	MOTHER
FULL NAME Earnest Knudsen	FULL MAIDEN NAME Elsie Seifert
RESIDENCE Idaho Falls R. F. D.	RESIDENCE Idaho Falls R. F. D.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Norway	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address [illegible]

Given names added from a supplemental report.

..... 19.....

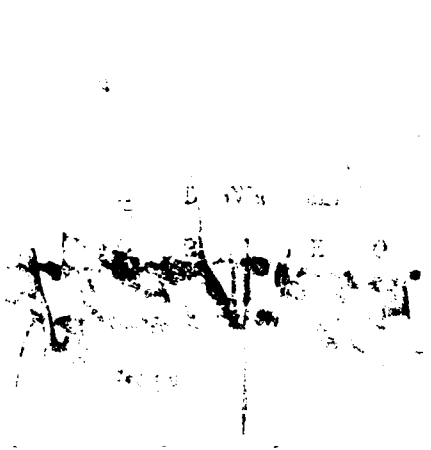
Registrar

Filed Dec 8 1923 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
JAN 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY _____

ST. _____

COUNTY _____

FATHER _____

FILE NO. 107500

DATE OF BIRTH _____

SEX OF CHILD Female

MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

[redacted] 632-108-210-796 CHILD'S NAME ADDED 12-22-2010 KM

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JAN 3 1923 VITAL STATISTICS

County of Bonneville

City of ..... No. ..... St.

Hospital .....

Registration District No. 73 File No. 107501

Primary Registration District No. 214-0 Registered No. 311

FULL NAME OF CHILD DENE M. OLSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 8 1922

FATHER		MOTHER	
FULL NAME	Harvey Olsen	FULL MAIDEN NAME	Annie Ellen Groom
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Garfield Idaho
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6.30 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mary Godfrey Staddard
(Physician or midwife)

Address Rigby Idaho

Filed Dec 8 1922 [signature] Registrar

DEC 27 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 1922-107501
Date Filed 01/03/1923

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for (unnamed Olsen) (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11/08/1922 (Date of Event)
in Bonneville County, Idaho (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	None	Dene M. Olsen

Subscribed and sworn to before me this 22nd day of December, 2010

Notary Public, [signature]

Residing at Salt Lake Cnty

My commission expires 5-14-2014 (Seal)

JOANNE SIEKIERSKI
Notary Public
State of Utah
Commission Number 582818
My Commission Expires May 24, 2014

Dene M Olsen
Signature of Applicant

3045 E 2965 So SLC, UT. 84109
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____ }

(Must be completed ☐) _____
(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

December 17, 2010 ARMY OF THE UNITED STATES SEPARATION QUALIFICATION RECORD DENE M. OLSEN DATE OF ENTRY INTO ACTIVE SERVICE: 1-11-1943 VIEWED BY VS VOTER INFORMATION CARD DENE M OLSEN DATE ISSUED: 10-18-1960 VIEWED BY VS

452 1061010 -238

PLACE OF BIRTH

JAN 3 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107502

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. .....

Hospital .....

Primary Registration District No. 8 1 0 - 0

Registered No. 910

FULL NAME OF CHILD George Omar Deschamps Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 6 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Omar Deschamps	FULL MAIDEN NAME	Nita Schultz
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Kansas
OCCUPATION	Auto Mechanic	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7.9 P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Sodquist M.D.
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Jan 9 1923 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43-201-010-943

Rec'd Jan 3,1923

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 107503
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonneville

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls

d. STREET ADDRESS (If rural, give location): 8th & Holmes Street

3. CHILD'S NAME (Type or print)

a. (First): Eva b. (Middle): Juanita c. (Last): Butler

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE XX TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Dec 1, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): George b. (Middle): Wilford c. (Last): Butler

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Hooper, Utah	Laborer or farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Flora b. (Middle): Elizabeth c. (Last): Ritter

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
22 YEARS	Illinois			

16. INFORMANT'S SIGNATURE OR NAME (Relationship): George Wilford Butler(father)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G.W. Pendleton, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Idaho Falls, Idaho

20. DATE SIGNED: Dec. 1922

21. DATE REC'D BY LOCAL REG.: Dec 10, 1922

22. REGISTRAR'S SIGNATURE: Wm. Kinnaird

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Vital Statistics, Boise, Idaho.

5-23-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 107503
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Female Child Butler (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 1, 1922 (Date of Event)

in Idaho Falls (Bonn) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Female Butler	Eva Juanita Butler

Subscribed and sworn to before me this 1 day of JUNE ~~MAY~~ 1984

Notary Public, [signature]
Residing at MARIPOSA, CA.
My commission expires MAY 4, 1986

(Seal)

NETE A. STONUM
NOTARY PUBLIC-CALIFORNIA
MARIPOSA COUNTY
My Commission Expires May 4, 1986

[signature]
Signature of Applicant

[signature] Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ice pd

Birth Certificate for Del Ray Hill born 10-22-39 in Bonneville County lists mothers name as Eva Juanita Butler. Filed 11-13-39. Viewed by V.S.

JUN 11 1984

Application for Social Security Number lists Eva Butler born Dec 1, 1922 in Idaho Falls. Dated Nov 13, 1941

614-206-010-844

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107504

County of Bonneville

City of Ammon

Registration District No. 73 File No.

No. St.

Primary Registration District No. 210 Registered No. 304

Hospital

FULL NAME OF CHILD Donna Louise Wadsworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec. 6, 22

	FATHER	MOTHER
FULL NAME	Arnold Wadsworth	FULL MAIDEN NAME Sarah Humphries
RESIDENCE	Ammon	Ammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	21
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) John O. Mellor M.D.

(Physician or midwife)

Address Idaho Falls, Ida.

Filed Dec 11 19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Ammon

ST. _____

COUNTY Bonneville

FATHER Arnold

FILE NO. 107504

DATE OF BIRTH _____

SEX OF CHILD Female

MOTHER Sara [redacted]

I HEREBY CERTIFY that the child herein described has been named:

Donna Louise Wadsworth

Mrs Arnold Wadsworth

Signature of Father or Mother.

NOV 18 1942

FEB 29 1944

844-109-010-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

Registration District No. 73 File No. 107505

No. ..... St.

Primary Registration District No. 2140 Registered No. 307

Hospital .....

FULL NAME OF CHILD Howard L. Humphries

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 9 1922 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Lorreco M. Humphries	FULL MAIDEN NAME	Lauretta Harries
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Millar MD

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Ida

Filed Dec 11 1922 W. [illegible]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____

ST. _____

COUNTY _____

FATHER _____

FILE NO. 107505

DATE OF BIRTH _____

SEX OF CHILD Male

MOTHER _____
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

155-108-010-294

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107506

County of Bonneville

City of Ucon

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 306

Hospital

FULL NAME OF CHILD Donald Eugene Jensen

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. 8, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter H. Jensen	FULL MAIDEN NAME	Alice Simmons
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

19

Registrar

Filed Dec 11 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 19 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance ~~to have~~ the full name included in the record. Kindly fill ~~in the~~ information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Ucon.

ST. _____

COUNTY Bonneville

FATHER P. L. Jensen

FILE NO. 107506

DATE OF BIRTH Dec. 8-1922

SEX OF CHILD Male

MOTHER Alice S. Simmons
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Donald Eugene

P. L. Jensen
Signature of Father or Mother.

[redacted] 363-216.011-659

F BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Boundary

City of Bonners Ferry

No. ..... St. ..... Registration District No. 79 File No. .....

Hospital ..... Primary Registration District No. 2156 Registered No. .....

CERTIFICATE OF BIRTH 107507

BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Luella Phyllis Coleman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin		1	yes	Dec. 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Soln. Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Sidney Lawrence Coleman	FULL MAIDEN NAME	Mabel
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Filed 12/18/1922 E E Fry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

363-116-016-000

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107508

County of Boundary

City of Bonners Ferry

No. ____ St.

Registration District No. 77 File No. ____

Hospital ____ Primary Registration District No. 3156 Registered No. ____

FULL NAME OF CHILD Donald James Coleman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twin	2	yes.	Dec. 16 1922

What bactericidal solution was used in eyes? 1% Sol. Arg. Nit.

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Sidney Lawrence Coleman	FULL MAIDEN NAME	Mabel
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Neb.
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 12/18/1922. E. E. Fry
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-314-011-392

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

RECEIVED
JAN 9 1923
STATISTICS

Registration District No. 79

File No. 107509

No. ..... St.

Primary Registration District No. 2156

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mabel Rose McKee

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Dec. 14 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm C. McKee	FULL MAIDEN NAME	Ethel Tibbetts.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Wis.
OCCUPATION	Woodsman	OCCUPATION	Housewife

What [illegible] was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

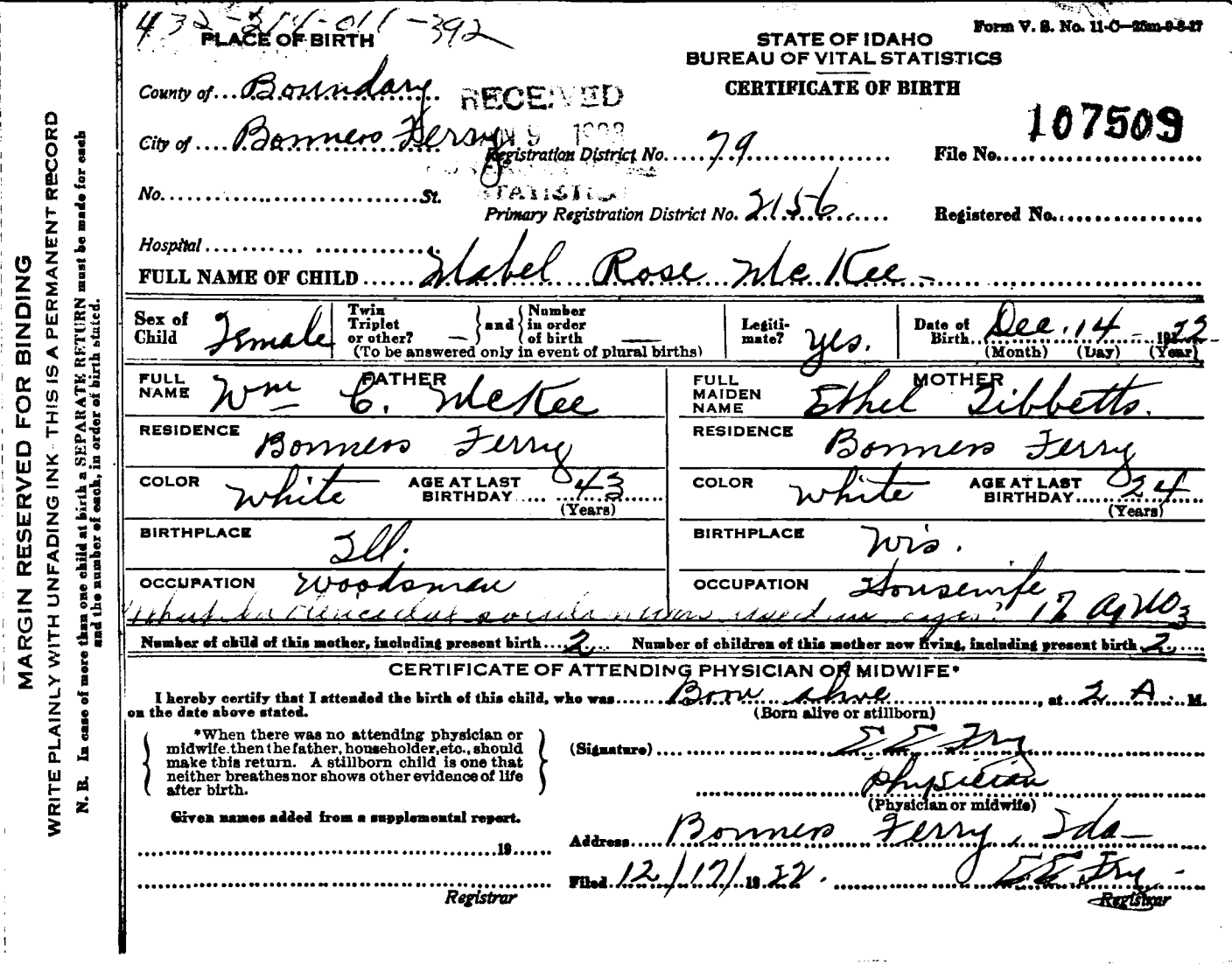
Given names added from a supplemental report.

..... 19.....

Registrar

Address Bonners Ferry, Ida

Filed 12/17/1922. E E Fry Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 2 1974

993-104-011-257

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107510

County of Boundary
City of Bonners Ferry
No. ..... St.
Hospital .....

Registration District No. 79 File No. .....
Primary Registration District No. 2156. Registered No. .....

FULL NAME OF CHILD Robert Donald Richardson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 4 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leslie Richardson	FULL MAIDEN NAME	Marie Knapp
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell
Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed Dec. 6 1922 E E Fry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1955

389-102-011-762

PLACE OF BIRTH

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. 107511

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Darel Eugene Chisholm
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 2 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Donald Hugh Chisholm	FULL MAIDEN NAME	Syble Poston
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Virginia
OCCUPATION	Saborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed Dec. 7 1922, [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-102-811 238

PLACE OF BIRTH

RECEIVED JAN 1923 STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107512

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Kenneth Claire Herriet

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	Yes.	Dec. 2 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm E. Herriet.	Edna Schafer
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 39	White / 35
BIRTHPLACE	Mich.	Wis.
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 12/4/1922. E E Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1948

FEB 22 1952

413-202-011-343

PLACE OF BIRTH

RECEIVED JAN 1923

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No. 107513

No. ..... St.

Primary Registration District No. 5156

Registered No. .....

Hospital .....

FULL NAME OF CHILD Jeannie ~~Flora~~ Muriel Mackie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Dec. 2 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm S. Mackie	FULL MAIDEN NAME	Iva Lucha
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Scotland.	BIRTHPLACE	Wis.
OCCUPATION	Laborer.	OCCUPATION	Housewife

[illegible] 12 Ag 1923

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed 12/5/1922

E E Fry
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1974

258-223-011-859

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 9 19

CERTIFICATE OF BIRTH

107514

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No.

No. St.

Primary Registration District No. 3156

Registered No.

Hospital

FULL NAME OF CHILD Laurel Elvira Roe Snyder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	Nov. 23 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard M. Snyder	FULL MAIDEN NAME	Matilda A. Herman
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Cook.	OCCUPATION	Housewife.

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth first Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Elizabeth Shellhorn

midwife (Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry, Ida.

19

Filed 12/18/1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

AUG 8 1945

MAR 13 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St. Registration District No. ..... State File No. 107515

Hospital ..... Primary Registration District No. Boh ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Hendricks Smith
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	December 20 192[illegible]
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Sidney Hendricks Smith	FULL MAIDEN NAME: Anna Agness Storey
RESIDENCE: Sandpoint, Idaho	RESIDENCE: Sandpoint, Idaho
COLOR: Wh	COLOR: Wh
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Des Moines, Iowa	BIRTHPLACE: Lebanon, Oregon
OCCUPATION: Attorney	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / [illegible]} at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) E C Fry

(Physician or midwife)

Address Bonners Ferry Ida

Filed 6/13 27 192...

E C Fry Registrar.

SEP 29 1942

OCT 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-220-011-571

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107516

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital Bonners Ferry

FULL NAME OF CHILD Josephine Ellice Watson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	Dec. 20 1932 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ellis Geo. Watson	FULL MAIDEN NAME	Nellie Egan
RESIDENCE	Spokane, Wn.	RESIDENCE	Spokane, Wn.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	New York.	BIRTHPLACE	Idaho.
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

[illegible] 12 Ag 1103

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed 12/27/1932 E E Fry

Registrar

Registrar

MAY 12 1942

315-127-11-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 107517

No. ..... St. Primary Registration District No. 216 Registered No. .....

Hospital Bonners Ferry

FULL NAME OF CHILD Dell Francis Lane

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes.	Dec. 29 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dell Lane	Mamie Martin
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Kansas	Illinois
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/31 1922

E E Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1946

389-104-
012-2-97

PLACE OF [redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. ..... File No. 107518

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Dale Alma Christiansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
M		Yes	12-4-1922

FATHER		MOTHER	
FULL NAME	Elwood Christiansen	FULL MAIDEN NAME	Kathryne Kippen
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsuf

~~WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?~~

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

Agnos

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Stillborn or stillborn), at 11.50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Dec 1922 F. M. Cannon Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 2 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Arco
(ST. Idaho
(COUNTY Butte

FILE NO. 107518
DATE OF BIRTH Dec 4 - 1922
SEX OF CHILD Male
FATHER Edward Christensen
MOTHER Catherine Kippen (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dale Edwin Christensen

Edward Christensen
Signature of Father or Mother.

743-230-012-851

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107519

County of Butte

City of Moore

Registration District No. 59 File No.

No. Amended 2-6-78 St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD BETTY ERNESTINE Putnam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	12 -30- 1923

	FATHER	MOTHER
FULL NAME	Ernest Putnam	FULL MAIDEN NAME Maude Heasley
RESIDENCE	Moore	Moore
COLOR	W	W
AGE AT LAST BIRTHDAY	28 (Years)	24 (Years)
BIRTHPLACE	Utah	Iowa
OCCUPATION	Farmer	Housework

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

ag no 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:35 P. M. on the date above stated.
(Born alive or stillborn?)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

Arco Idaho.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 12/26 1923 F. M. Cannon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

REC'D JAN 30 1978

RECEIVED
VITAL STATISTICS
FEB 1 11 01 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Butte } ss.

Certificate No. 107519

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Bessie Ernestine Putnam (Name on Original Certificate) who was born (Was Born or Died) on Dec 30, 1922 (Date of Event)
in Moore, Idaho (female) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Bessie Ernestine Putnam 1	Betty Ernestine Putnam

Subscribed and sworn to before me this 23 day of January 1978
Notary Public, residing at Arco Idaho
My commission expires 1-13-79
(Seal)

Signed Leona Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Butte } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of January 1978
Notary Public, residing at Arco Idaho
My commission expires 1-13-79
(Seal)

Signed Alice R. Merrill - Teacher
(Signature of Any Credible Person)

Highway Drive - Arco Ida. 83213
(Street Address, City, State)

FORM DH 60-155

CL 1/10/78 RUSH

Certificate of marriage gives name as Betty Jane Putnam married to
Sgt Willis M. Crampton were married at Dayton Air Field Chapel in Ohio.
Witnesses M rs. William Owens and Sammie Davison, Frank E. Wiley, Chaplain.
Viewed by V.S.

Statement regarding school records issued by teacher Mrs. Alice Merrill gives
name as Betty Jane Ernestine Putnam, bornDecember 30, 1922 to
Erest Putnam and Maude Heastey.
Viewed byV. S.

693-227-012-855

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107520

County of Butte

City of arco

Registration District No. 39 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Cleo Lucille Williams

Sex of Child F. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12-27-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Williams	FULL MAIDEN NAME	Myrtle Hendrickson
RESIDENCE	arco	RESIDENCE	arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	Mont.
OCCUPATION	Grain Elevator Mgr.	OCCUPATION	Hsw.

~~WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?~~

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

agno3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

arco, Ida (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

File[redacted] 1922 F. M. Cannon Registrar

Filed 12/27/24

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

966-219-013719

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58th

File No. 107521

No. ..... St.

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD La Verne Rowland

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 19 1922

FATHER

FULL NAME Thomas Rowland

RESIDENCE Fairfield.

COLOR white AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Colorado.

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Mary Ellen Gardner

RESIDENCE Fairfield, Idaho

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Silver City, Utah.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at eleven A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Thos Rowland

Father
(Physician or midwife)

Address Fairfield, Idaho

Filed Dec 29 1922 L Willencheck
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1942

195-127-014

PLACE OF BIRTH

RECEIVED DEC 26 1922 BUREAU

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 107522

No. Rt 3 St.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Keith Wilson Arnold

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		>	Yes	Aug 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F.W. Arnold	FULL MAIDEN NAME	Mary E Revis
RESIDENCE	Nampa Ida (Rt. 3)	RESIDENCE	Nampa Ida (Rt No 3)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Tennessee	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Murray

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Dec 4 1922 Pearle Dodds

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dcp02 1922-327569

RECEIVED
FEB 1
BUREAU OF
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
CITY Nampa
ST. _____
COUNTY Canyon
FATHER F. W. Arnold

FILE NO. 107522
DATE OF BIRTH Aug 27, '22
SEX OF CHILD Male
MOTHER Mary E. Revis (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Keith Wilson Arnold

Mrs. F. W. Arnold

Signature of Father or Mother.

NOV 18 1952

719-214-074-247

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Route #1 St.

Registration District No. 7 File No. 107523

Hospital

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Ada Lucile Gardner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug 14 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER		MOTHER
FULL NAME	Delosse A. Gardener	FULL MAIDEN NAME	Edna Smith
RESIDENCE	Nampa - Idaho	RESIDENCE	Nampa - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address

Filed Dec. 4 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Nampa

ST. _____

COUNTY Canyon

FILE NO. 107523

DATE OF BIRTH Aug. 14, 1922.

SEX OF CHILD Female

FATHER Heloise A.

MOTHER Edna Smith
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ada Lucille Gardner

Mrs. H. A. Gardner

Signature of Father or Mother.

JUN 2 3 1984

PLACE OF BIRTH

225-128-014-343

County of Canyon

City of Meridian

No. Route #1 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 3 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107524

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Merrell Elgen Skeen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 28 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harvey Skeen	FULL MAIDEN NAME	Neda Ruth Gullis
RESIDENCE	Meridian — Idaho	RESIDENCE	Meridian — Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed DEC 4 1922 Pearle Gordon

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10753A

659-102-014-159

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107525

RECEIVED
DEC 3 1922
BUREAU OF VITAL STATISTICS

County of Canyon
City of Nampa
No. 1220 50 12th Ave.
Hospital
Registration District No. 7
Primary Registration District No. 1886
File No.
Registered No.

FULL NAME OF CHILD Loyal Fessenburg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Sept. 2 1922

What bactericidal solution was used in eyes? Silver nitrate 1% Sol.

Number of child of this mother, including present birth.....
Number of child of this mother now living, including present birth.....

FATHER	MOTHER
FULL NAME Samuel Fessenburg	FULL MAIDEN NAME Nettie Mary Anderson
RESIDENCE Nampa	RESIDENCE Nampa
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
	COLOR White
	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Idaho
OCCUPATION Carpenter	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 4 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Nampa

(ST. Idaho.

(COUNTY Canyon.

FILE NO. 107525

DATE OF BIRTH Sept 2, 1922.

SEX OF CHILD Male

FATHER Sam Fesenburg.

MOTHER Nettie Anderson -
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Loyal Fesenburg -

Mrs. Sam Fesenburg -
Signature of Father or Mother.

MAY 2 8

256-201014-719

[redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ~~Grants~~ Nampa

No. 7th St - So Bet 5th & 6th av.

Registration District No. 7 File No. 107526

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Nurl Adelpha Snowburger

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Aug - 1 19 22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey Snowberger	FULL MAIDEN NAME	Stella Parkham
RESIDENCE	7th St So - Bet 5th & 6th av.	RESIDENCE	7th St So - Bet 5th & 6th av.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Illinois
OCCUPATION	Carpenter	OCCUPATION	house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 30 P. M. on the date above stated.

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Dec. 4 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1923
VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Nampa FILE NO. 107526

(ST. 7th DATE OF BIRTH Aug 1, 1922

(COUNTY Canyon SEX OF CHILD Female

FATHER Harvey Snowberger MOTHER Estella Lucile Parham
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Maurl Adelphia Snowberger.

Harvey Snowberger.
Signature of Father or Mother.

SEP 2 9 1986

652-124-014-284

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

RECEIVED
DEC 3 1922
BUREAU OF VITAL STATISTICS

Registration District No. 7

Primary Registration District No. 1006

File No. 107527

Registered No. .....

FULL NAME OF CHILD Norman Everette Webb

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	#	#	yes	9-24-22 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Norman Earl Webb	FULL MAIDEN NAME: Jessie Shutts
RESIDENCE: Melba, Idaho	RESIDENCE: Melba, Idaho
COLOR: WWhite — AGE AT LAST BIRTHDAY: 43 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Boseman, Montana	BIRTHPLACE: Felton, Delaware
OCCUPATION: Auto Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DRS. D. E. & SUSIE V. STANDARD
(Signature)

201-2-3 Waddell Bldg Nampa Idaho
(Physician or midwife)

D. E. Standard

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 13 1922

Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 5 1942
FEB 11 1942

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 19..
BUR...
STA...

...ty of Canyon
...of Nampa
...Kurtz Add St.
...spital —

Registration District No. 7 File No. 107528

Primary Registration District No. 1006 Registered No.

...LL NAME OF CHILD x Bruce Rolland Rimbey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	yes	Sept 22 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. E. Rimbey	FULL MAIDEN NAME	Winnie Abel
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Idaho
OCCUPATION	Cement man	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Registrar

Filed Dec 1 1922 Pearle Dodds
Registrar

MARGIN RESERVED FOR BIND... G

WRITE PLAINLY WITH UNFADING INK- THIS IS A PE...

N. B. In case of more than one child at birth a SEPARATE RETU... and the number of each, in order of birth stat...

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OCT 8 1945

962-201-014-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107529

County of Canyon

City of Nampa

No. 620 = 19 Ave. So.

Hospital

Registration No.

File No.

Primary Registration District No. 1006

Registered No.

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Geneva Aileene Robinson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	#	#	yes	Oct. 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME William J. Robinson	FULL MAIDEN NAME Mary Emily French
RESIDENCE 620 = 19 Ave. So. Nampa, Idaho	RESIDENCE 620 = 19 Ave. So. Nampa, IDAHO
COLOR White — AGE AT LAST BIRTHDAY 24 (Years)	COLOR White — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Arkasas	BIRTHPLACE Macon, Missouri
OCCUPATION R.R. Supplyhouse Storekeeper	OCCUPATION Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DRS. D. E. & SUSIE V. STANDARD (Signature)

301-2-3 Waddell Bldg Nampa Idaho (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec. 1 1922 Pearle Dodds Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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546-23D-016-299

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No. [illegible] St.

Hospital —

Registration District No. 7 File No. 107530

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Adele Annie Edwards

Sex of Child female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10-30-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willis Edwards	FULL MAIDEN NAME	Gertrude Birdby
RESIDENCE	Nampa Ida Gen Del	RESIDENCE	Nampa Ida Gen Del
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Illinois
OCCUPATION	Contractor	OCCUPATION	house-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chelton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Dec. 1 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-220-014-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107531

County of Canyon
City of Nampa
No. 1218 1st Ave. N. St. Registration District No. 7 File No.
Hospital Primary Registration District No. 1886 Registered No.

FULL NAME OF CHILD Betty Jean Marsh.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes.	Nov. 20th 1922

What bacteriocidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Chas. G. Marsh.	FULL MAIDEN NAME Dorothy Warner.
RESIDENCE Nampa - Idaho	RESIDENCE Nampa - Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Nebraska.
OCCUPATION Auto Truck Driver	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formalite (Born alive or stillborn), at 11:30 P. M. on the date above stated.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Address

Filed Dec. 4 1922 Searle Dodds
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1941

714-12-01K-695

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1014 - 9th Ave. S.

Registration District No. 7 File No. 107532

Hospital

Primary Registration District No. 1906 Registered No.

FULL NAME OF CHILD Robert Eldon Paulin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 21 1922

What bacteriocidal solution was used in eyes? Silver Nitrate 1 to 0 Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Edward Paulin	FULL MAIDEN NAME	Beulah Fincher
RESIDENCE	Nampa - Idaho	RESIDENCE	Nampa - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	R.R. Frt. Trucker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed DEC. 4 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1976

248-221-014-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
DEC 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107533

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1006 Registered No.

Hospital Mercy

FULL NAME OF CHILD Coralie Kuhns

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	x		x	yes	Nov. (Month) 21 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Le Roy Everett Kuhns	FULL MAIDEN NAME	Hazel Harman
RESIDENCE	Bremmerton, Wash.	RESIDENCE	Bremmerton, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Naval Officer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. McKellogg
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec. 4 1922 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-14-41

MAY 2 1 1945

133-112-014-VVS

STATE PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 107534

No. 107-12th Ave So

Primary Registration District No. 1016 Registered No.

Hospital

FULL NAME OF CHILD James Eugene Alcorn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	yes			yes	11-12 22

FATHER

FULL NAME Richard L Alcorn

RESIDENCE 211-11th Ave no

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Illinois

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Lillie Hunter

RESIDENCE 211-11th Ave no

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE North Dakota

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 15 P M. on the date above stated.

(Signature) Leo N Chilton M.D.

(Physician or Midwife)

Address

Filed DEC. 4 1922 Pearle Dodds Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1973

355-112-014-445

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 107-12 Ave So

Registration District No. 7 File No. 107535

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Virgil Lee

Sex of Child male | Twin ~~Triplet or other~~? yes and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11-12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard L. Alcorn	FULL MAIDEN NAME	Tillie Dunbar
RESIDENCE	211-11th Ave no	RESIDENCE	211-11th Ave no
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	No. Dakota
OCCUPATION	Labarer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 40 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N. Chelton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Dec. 4 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-213-014-268

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUR

County of Canyon

City of Nampa

No. 107-12th Ave St.

Hospital

Registration District No. 7 File No. 107536

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Shirley Jardine

Sex of Child female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11-13-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard H. Jardine	FULL MAIDEN NAME	Stella Boyce
RESIDENCE	1123-4th St No	RESIDENCE	1123-4th St No
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Car Inspector O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho.

Filed Dec. 4 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1969

853-116 101K-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

RECEIVED
DEC 1922
BUREAU OF VITAL STATISTICS

City of Nampa

Registration District No. 7

File No. 107537

No. 224 = 17 Ave. No. St.

Primary Registration District No. 1052

Registered No.

Hospital

FULL NAME OF CHILD Virgil Glenn Helt

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	# (To be answered only in event of plural births)	#	yes	10-16-22 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Charles August Helt	FULL MAIDEN NAME: Josaphine Keith
RESIDENCE: 224 = 17 Ave. No. Nampa, Idaho	RESIDENCE: 224 = 17 Ave. No. Nampa
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY:
BIRTHPLACE: Latah Co. Idaho	BIRTHPLACE: Neely Nebraska
OCCUPATION: R. R. Machinist	OCCUPATION: Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 AM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DRS. D. E. & SUSIE V. STANDARD
(Signature)

201-2-3 Waddell Bldg Nampa Idaho
(Physician's Address)

Given names added from a supplemental report.

.....19.....

Address

Filed DEC. 4 1922

Registrar

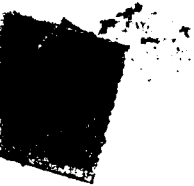
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



842-224114-[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County [illegible]

City of Nampa

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107538

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Maria Lucille Hubbard

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Nov. 24, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Rufus Hubbard	18. Full maiden name: Emma Atala Boiain
10. Residence (usual place of abode) (If non-resident, give place and State): Marsing, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Marsing, Ida.
11. Color or race: W | 12. Age at last birthday: 51 (years)	20. Color or race: W | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Pape County, Arkansas	22. Birthplace (city or place) (State or Country): Monroe County, Illinois
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11.45P on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Leo W. Chilton MD, M. D.

or ....., Midwife

Address Nampa, Idaho

Filed Dec. 4 1922, Pearle Dodds
Registrar.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

MAR 15 1945

445-125-014-693

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No 107 12th Av So

Hospital Mercy

Registration District No. 7 File No. 107539

Primary Registration District No. 1334 Registered No.

FULL NAME OF CHILD Roy Alexander Duerock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓		✓	yes	11-25-22 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harton Duerock	FULL MAIDEN NAME	Mildred Wilson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Employee O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Dec. 4 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1942

AUG 1 1962

FEB 3 1945

294-III-614-339

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED DEC 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City or Town Nampa

No. 107 12th Ave So

Registration District No. 7 File No. 107540

Primary Registration District No. 2306 Registered No.

Hospital

FULL NAME OF CHILD James Leo Simmons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
male			1	yes	11	4	22

	FATHER	MOTHER
FULL NAME	Miller M. Simmons	Bertha E. Cline
MAIDEN NAME		
RESIDENCE	R# 4 - Nampa Ida	R# 4 - Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	19
BIRTHPLACE	Tennessee	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Dec. 4 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1954

343-109-214-154

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED DEC 8 1922

County of Canyon

City of Nampa

No. 107-12th Av. So St.

Hospital Mercy

Registration District No. 7 File No. 107541

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD Walter Harold Tucker

Sex of Child male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas M. Tucker	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Melba Idaho	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chelton M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Dec. 4 1922 Pearle Dodds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1942

APR 8 1957

743-326-214-385

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED DEC 26 1922

County of Canyon

City of Nampa

Registration District No. 7

File No. 107542

No. 107-12th Ave So St.

Primary Registration District No. 2114

Registered No.

Hospital

FULL NAME OF CHILD Ruth Delia Pullen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Nov 26 1922

FATHER

FULL NAME: Marvin J. Pullen

RESIDENCE: Rt 4 Nampa

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elma Cheesmore

RESIDENCE: Rt 4 Nampa

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 15 A. M. on the date above stated.

(Signature) Leo W. Clutton M. D.

(Physician or midwife)

Address Nampa Idaho

Filed Dec. 4 1922 Pearle Dodds Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 8 1942

619-119514-253

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 107543

No 107-12th Ave St. So

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD George Ward Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓		✓	✓	11/19/22

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo B. Ward.	FULL MAIDEN NAME	Gladys M. Selby
RESIDENCE	Kuna R#1	RESIDENCE	Kuna R#1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chelton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Dec. 4 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/R 20 Rock 335

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1922

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 7 File No. 107544

No. ..... St.,

Hospital Gem Hospital Primary Registration District No. 2009 Registered No. .....

FULL NAME OF CHILD Kathryn Eldara Mark.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	and	—	yes	Nov 9 19 22

FATHER		MOTHER	
FULL NAME	Glen Mark	FULL MAIDEN NAME	Edith Clementa
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5 14 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Leo W Chilton M D.

(Physician or midwife)

Address Nampa Idaho

Filed Dec. 4 19 22 Pearle Dodds
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1942

25-122-51K-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 30 1922 BUR

File No. 107545

County of Canyon
City of Nampa
No. Route #3 St.
Registration District No. 7
Hospital
Primary Registration District No. 2006
Registered No.

FULL NAME OF CHILD Donald Dell Kendall.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 2nd 1922.

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Ray Kendall	FULL MAIDEN NAME	Ella Belle Berry
RESIDENCE	Nampa - Idaho	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Wyoming.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor
Physician.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed DEC. 4 1922 Laura Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1942

PLACE OF BIRTH

Child's name amended 10/19/90 etc

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922

CERTIFICATE OF BIRTH

File No. 107546

County of Canyon

City of Nampa

No. Route #1 St.

Registration District No. 7

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD ~~Fern Mae Grigg~~ Norma Grigg

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	Nov. 4th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 12

FATHER		MOTHER	
FULL NAME	P. M. Grigg, Jrs	FULL MAIDEN NAME	Hallie Gardener.
RESIDENCE	Nampa- Idaho.	RESIDENCE	Nampa- Idaho
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R. Proctor

Physician.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec. 4 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 10 1990
COOPERATIVE CENTER FOR HEALTH STATISTICS
VITAL STATISTICS HEALTH STATISTICS

State of Idaho
County of Madison } ss.

Certificate No. 107546
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Fern Mae Grigg (Name on Original Certificate) who Was born (Was Born, Died, etc.) on Nov 4, 1922 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Fern Mae Grigg	Norma Grigg

Subscribed and sworn to before me this 1st day of August, 19 84.
Notary Public Angie M. Grigg
Residing at Rexburg Idaho
My commission expires life
(Seal)

X L. Richard Grigg
Signature of Applicant
X 215 West Main
Rexburg, Idaho 83440
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

in office 6/22/81

Cemeter Record for Nampa, Idaho, page 849, lot no 33 gives name as Norma Grigg. dated Dec. 13, 1922. viewed by vs

Blessing record from LDS Church gives name as Norma Grigg born November 4, 1922 in Nampa, Idaho. father's name given as Parley M Grigg and Thankful H Gardner. Blessed Dec. 12, 1922. Viewed by V S

25-1-22-014-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Canyon City of Melba Registration District No. 7 File No. 107547

No. RR 1 St. Primary Registration District No. 2116 Registered No.

Hospital

FULL NAME OF CHILD Laura G. Knapp

Sex of Child F. | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth 1 | Legitimate? Yes | Date of Birth 11 (Month) 22 (Day) 22 (Year) 19

FATHER

FULL NAME R. W. Knapp

RESIDENCE Melba

COLOR W. AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Neb.

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Martha Miles

RESIDENCE Melba

COLOR W. AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Neb.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.50 A. M. the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H C Robinson

Physician (Physician or midwife)

Address 1317 4th st S Nampa

Given names added from a supplemental report.

19

Registrar.

Filed DEC 4 1922 Pearle Dudley Registrar.

JUN 2 9 1943

759-112-014-Y69

PLACE OF BIRTH

RECEIVED DEC 2 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Melba BUR

No. ..... St.

Registration District No. 7 File No. 107548

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Marcellus Peirsol
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 12 1922

What bactericidal solution was used in eyes? 2

Number of child of this mother, including present birth One. Number of child of this mother now living, including present birth One.

FATHER	MOTHER
FULL NAME James Bryan Peirsol	FULL MAIDEN NAME Nettie Olive Doramus
RESIDENCE Melba, Ida	RESIDENCE Melba, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Oklahoma
OCCUPATION Farmer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

Melba, Ida
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 1 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-214-014-689

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

RECEIVED DEC 1922

City of Nampa

Registration District No. 7 File No. 107549

No. 107 12 Ave So. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Mary Geraldine Davis

Sex of Child female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10-14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude Wm Davis	FULL MAIDEN NAME	Melvina Whipple
RESIDENCE	Brogan, Oregon	RESIDENCE	Brogan, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chitton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Dec. 1 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1945

365-102.014-319

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R R No 1 St.

Hospital

Form V. S. No. 11-C—25m-9-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED DEC 30 1922 STATE

Registration District No. 7

File No. 107550

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD X Dalton Clay Conklin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	Oct 2 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Conklin	FULL MAIDEN NAME	Annie Carlow
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Dec. 1 1922 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-2-16-C14-236

PLACE OF BIRTH AMENDED 9/1/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of 6 Mi. So. of Nampa, Idaho

No. ..... St. Registration District No. 7 File No. 107551

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Pauline Marion Burnett
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	10/16/22

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James William Burnett	FULL MAIDEN NAME	Clara Flowers
RESIDENCE	Nampa, Idaho, Route # 4	RESIDENCE	Nampa, Idaho, Route # 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Baxter, Missouri	BIRTHPLACE	Carrol Co., Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A.M. ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

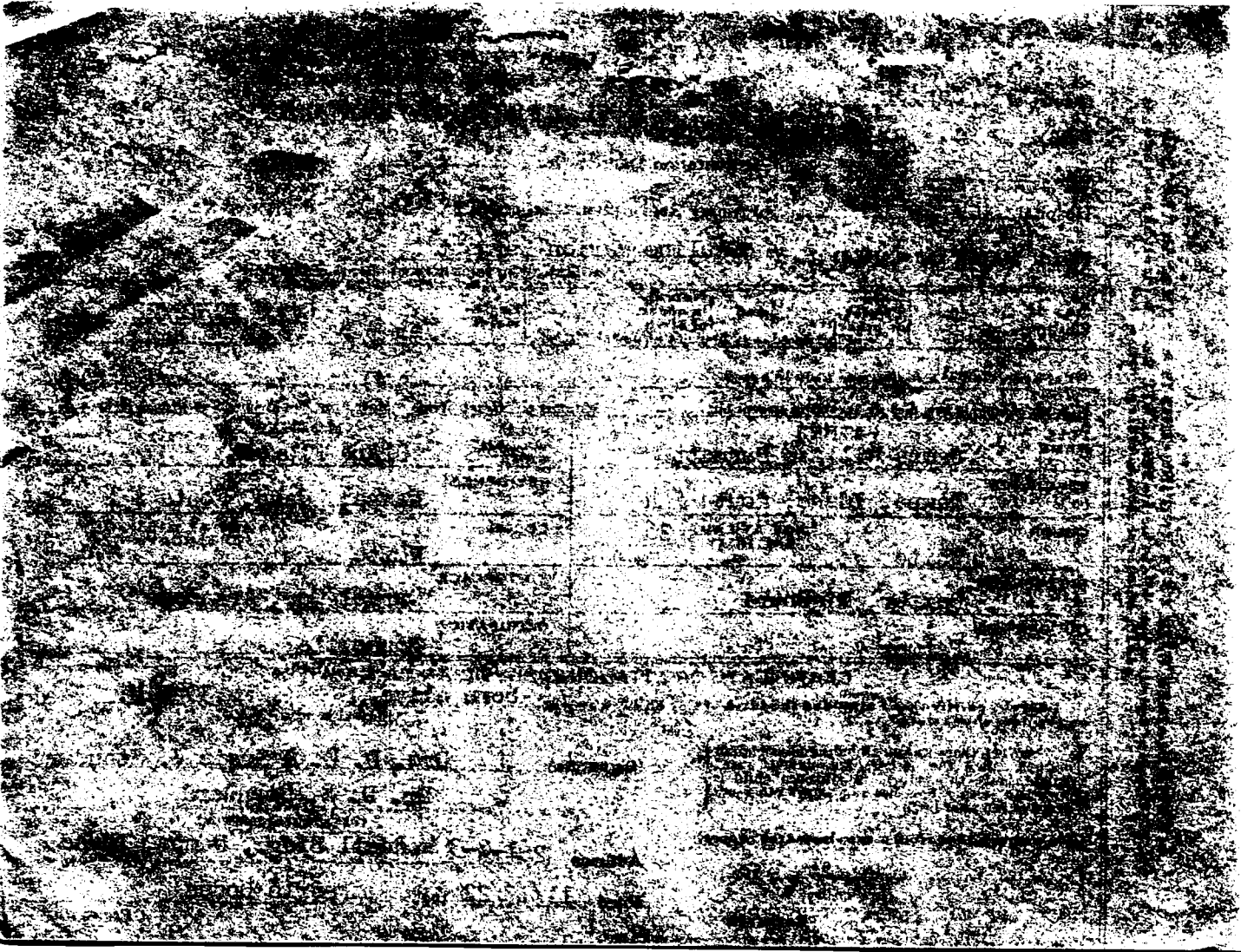
..... Registrar.

(Signature) Drs. D. E. & Susie V. Standard
Dr. D. E. Standard
(Physician or midwife)

Address 201-2-3 Waddell Bldg., Nampa, Idaho

Filed 11/13/22 192.. Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Owyhee }

Certificate No. 107551
Date Filed Aug. 31-1950

The undersigned does solemnly swear that certain facts on the certificate of
for Pauline Marion Burnett who Oct. 16-1922 on Oct-16-1922
(Name on Original Certificate) (Was Born or ~~Died~~) (Birth or ~~Death~~) (Date of Event)
in Canyon Co-Near Nampa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name	~~Baker~~ Brunett	Burnett
Name of Child	Marion Paulene	Pauline Marion

Subscribed and sworn to before me this 31st day of August, 1950
Emma K. Henry
Notary Public, residing at Homedale
My commission expires June 20/54
(Seal)

Signed Mrs Clara Burnett ~~Mother~~
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Homedale Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Owyhee }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of August, 1950
Emma K. Henry
Notary Public, residing at Homedale
My commission expires June 20/54
(Seal)

Signed F E Wagner
(Signature of Any Credible Person)
Homedale Ida
(Street Address, City, State)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-10-01K-975

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 1922
BOISE

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2006

File No. 107552

Registered No. .....

FULL NAME OF CHILD Laurel Kay Darrow

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	# (To be answered only in event of plural births)	and #	yes	Oct (Month) 1st (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Thomas H. Darrow	FULL MAIDEN NAME: Laura E. Rinehart
RESIDENCE: Nampa, Idaho.	RESIDENCE: Nampa, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Reedsburg, Wisconsin	BIRTHPLACE: Sheldon, N. D.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) U.S. D. M. & SURG. V. STANDARD

Address 201-2-3 Waddell Bldg. Nampa Idaho

(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Nov. 13 1922 Pearle Dodds
Registrar

B-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-110-004-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 2 1922

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 2006

File No. 107553

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD Melvin ~~Merle~~ Curtis Derrick

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	## and ## (To be answered only in event of plural births)		yes	9-10-'22 (Month) (Day) (Year) 191

FATHER	MOTHER
FULL NAME: Wallace Melvin Derrick	FULL MAIDEN NAME: Viola Pearl Monroe
RESIDENCE: Malheur, Oregon	RESIDENCE: Malheur, Oregon
COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Brogan, Oregon.	BIRTHPLACE: Salem, Oregon.
OCCUPATION: Farmer	OCCUPATION: Nousewife

Number of child of this mother, including present birth: first

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DRS. D. E. & SUSIE V. STANDARD
(Signature)
201-2-3 Waddell Bldg. Nampa Idaho
Physician

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov. 13 1922 Pearle Dodds
Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

Certificate No. 107553

State of Idaho } ss.
County of Canyon

Date Filed SEP - 3 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Melvin Curtis Derrick (Name on original certificate) who Left (Was born or died) on 10, 1922 (Date of event)
in Nampa Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Mrs Wallace Derrick (Bible record, insurance policy, etc.) prepared on Aug 29, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name to be corrected	Melvin Merle Derrick	Melvin Curtis

Subscribed and sworn to before me this 29 day of August, 1941

Notary Public, residing at Nampa, Ida.

My commission expires Oct. 15 1944

[SEAL]

Signed Mrs Wallace Derrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R.F.D #4, Nampa, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of August, 1941

Notary Public residing at Nampa, Ida.

My commission expires Oct. 15 1944

[SEAL]

Signed Mrs Lloyd Birks
(Signature of any credible person other than the previous affiant)

R.F.D #4 Nampa Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

168-228-014-791

PLACE OF BIRTH

RECEIVED DEC 30 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Melba

No. ..... St.

Registration District No. 7 File No. 107554

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Vera Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 28 1922

What bacteriacidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Orville Johnson	FULL MAIDEN NAME	Magdalena Grabowski
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Illinois	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 A. M. on the date above stated.

(Signature) Samuel A Swayne

Melba, Idaho
(Physician or midwife)

Address .....

Filed DEC 14 1922 Pearle Dodds
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1966

219-216-601-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of [redacted]

No. [redacted] Street

Registration District No. 7

File No. 107555

Hospital

Primary Registration District No. 2656

Registered No.

FULL NAME OF CHILD Laverna Sue Barnes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 16 1922

What bacteriocidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry Leslie Barnes	FULL MAIDEN NAME	Ida Gertrude Goode
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba, Ida
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed DEC 4 1922 Pearle Drake
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1944

8M-130-014-813

PLACE OF BIRTH

[redacted] OF IDAHO
DEPA[redacted] PUBLIC WELFARE
[redacted] OF VITAL STATISTICS

RECEIVED
DEC [illegible] 1922
BUR[illegible] VITAL STATISTICS

County of Canyon

~~City of~~ Melba

CERTIFICATE OF BIRTH 107556

No. ..... St. ..... Registration District No. 7 File No. .....

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Baby Haas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 30 1922

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ernest Frederick Haas	FULL MAIDEN NAME	Helen Marie Hattenburg
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address .....

Filed Dec 4 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-122-037-796

PLACE OF BIRTH

V. S. No. 11-C—25m-9-8-17

RECEIVED
DEC 30 1922
BUREAU OF ...

County of Owyhee

City of Brunzell

Registration District No. 7 File No. 107557

No. ..... St.

Primary Registration District No. 2406 Registered No. .....

Hospital .....

FULL NAME OF CHILD X Vassar

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Aug 22 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Vassar	FULL MAIDEN NAME	Louise Gifford
RESIDENCE	Caldwell Idaho (Rt 1)	RESIDENCE	Caldwell Idaho Rt 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Dec 4 1922 Pearle Dodds Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

5-92-225-014-312

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO [redacted] S. No. 11-C--25m-7-21-19
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon
City of Middleton
No. ..... St.
Hospital .....

Registration District No. 3
File No. 107558
Primary Registration District No. 2005
Registered No. 226

FULL NAME OF CHILD Ayako Grace Nishioka

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 25 1922

	FATHER	MOTHER
FULL NAME	Taisuke Nishioka	FULL MAIDEN NAME Takeno Takegawa
RESIDENCE	Middleton Idaho	Middleton Idaho
COLOR	Jap.	Jap.
AGE AT LAST BIRTHDAY (Years)	38	29
BIRTHPLACE	Japan	Japan
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Taisuke Nishioka
(by John L. Meyer) Father to Child.
(Physician or Midwife)

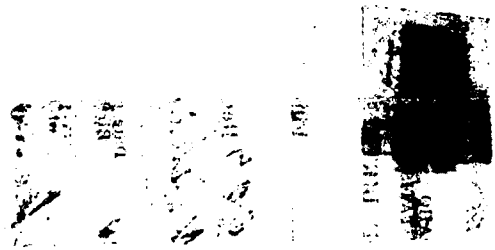
Address Middleton, Idaho

Given names added from a supplemental report.
1st copy issued Dec. 9, 1941

Filed Nov. 11-1922 John L. Meyer
Registrar

Registrar

1941



593-104-014-639

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Canyon
City of Caldwell
No. ..... St.
Hospital General

Registration District No. 3
Primary Registration District No. 2005
File No. 107559
Registered No. 227

FULL NAME OF CHILD Bruce Oliver Nicholes
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Nov 4 1922

What bacterieidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Preston N Nicholes	FULL MAIDEN NAME	Genevieve ~~Mae~~ Oliver
RESIDENCE	Huston Ida	RESIDENCE	Huston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Canton S. Dak
OCCUPATION	Store keeper	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4 a M. on the date above stated.

(Signature) G.W. Montgomery M.D.
(Physician or midwife)
Address Caldwell Ida

Filed Nov. 13-1922 John L. Meyer
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/28/41 L. B.

466-15-014-298

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City or Wilder

No. R. # 1 St.

Registration District No. 3 File No. 107560

Hospital

Primary Registration District No. 2005 Registered No. 224

FULL NAME OF CHILD Keith Downing

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11/15 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER	MOTHER
FULL NAME: Wm. Downing	FULL MAIDEN NAME: Eva Bryant
RESIDENCE: Wilder, Idaho R. # 1	RESIDENCE: Wilder, Idaho R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 38	AGE AT LAST BIRTHDAY (Years): 36
BIRTHPLACE: Mich.	BIRTHPLACE: Mich.
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F. N. Cole, M. D.

(Physician or midwife)

Address Caldwell, Idaho.

Filed Nov. 16 1922 John B. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 8 1944

819-215 014-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3

Hospital Sanitarium

Primary Registration District No. 2005

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107561

File No. .....

Registered No. 229

FULL NAME OF CHILD Betty Jo Harding
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11/15 22

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Bryan Harding	FULL MAIDEN NAME	Wilma Alberta Sower
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	New York	BIRTHPLACE	Minn.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed Nov. 16 1922 John P. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1964

OCT 8 1942

395-215-014-284

PLACE OF BIRTH

Form V. S. No. 11-G

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder - Idaho

RECEIVED
DEC 20 1922
BUREAU OF VITAL STATISTICS

Registration District No. 3

File No. 107562

No. ..... St.

Primary Registration District No. 2005

Registered No. 230

Hospital at Home

FULL NAME OF CHILD Marjory Inez Lindsay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Nov. 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen E. Lindsay	FULL MAIDEN NAME	Ethel A. Shultz
RESIDENCE	Wilder - Idaho	RESIDENCE	Wilder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Home Keeping

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen E. Lindsay
Husband
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wilder Idaho

Filed Nov. 21 1922 John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 14 1964

785-117-016-229

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107563

County of Canyon
City of Caldwell
No. 722 N. Kimball St.
Hospital

Bureau District No. 3
Primary Registration District No. 1005

File No.
Registered No. 231

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11/17 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 — Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: E. P. Gheen	FULL MAIDEN NAME: Ruby Skinner
RESIDENCE: 722 N. Kimball Caldwell, Idaho	RESIDENCE: 722 N. Kimball Caldwell, Idaho
COLOR: White — AGE AT LAST BIRTHDAY (Years): 32	COLOR: White — AGE AT LAST BIRTHDAY (Years): 26
BIRTHPLACE: Pa.	BIRTHPLACE: Idaho
OCCUPATION: Seed Buyer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 18-1922 John V. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-21.2.044-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107564

County of Canyon

City of Caldwell

No. 711 S. 5th St.

Registration District No. 8

File No.

Hospital

Primary Registration District No. 2005

Registered No. 232

FULL NAME OF CHILD Mary Alida Sylvie Leonie Lootens
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	Nov 18 1922

What bacterieidal solution was used in eyes? Arg. nit. 20 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cyrille Camille Lootens	FULL MAIDEN NAME	Zoe Marie Claeys
RESIDENCE	Garden Valley Ida	RESIDENCE	Garden valley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Belgium	BIRTHPLACE	Belgium
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 7 P. M. at (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. D. Montgomery M.D.
(Physician or midwife)

Address Caldwell Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 23 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1945
MAY 8 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-17 ... 4-495

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. 107566

Hospital Caldwell Sanitarium Primary Registration District No. 2005 Registered No. 234

FULL NAME OF CHILD Ernest Dresser Bedford, ~~Ernest Bedford Jr.~~
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11/23 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ernest Bedford	FULL MAIDEN NAME	Mary Eunice Dresser
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kentucky	BIRTHPLACE	Minn
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

..... 19....

Registrar.

Filed Nov. 23 1922 John H. Meyer
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ida
County of Ada } ss.

Certificate No. 107566
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Cert (Birth or Death)
for Ernest Bedford, Jr. (Name on Original Certificate) who was born (Was Born or Died) 11-23-1922 (Date of Event)
in Caldwell, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ernest Bedford, Jr.	Ernest Dresser — Bedford

Subscribed and sworn to before me this 19th
day of October, 1940

Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-46
(Seal)

Signed Mary D. Bedford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 20 1942

OCT 22 1942

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS
STATE

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. 504 S. Kimball St.
Hospital

Registration District No. 3
Primary Registration District No. 2005

File No. 107567
Registered No. 235

FULL NAME OF CHILD EDWARD GENE MARTIN
(Certificate of no value without full name of child.)

Sex of child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	11/27 1922

What prophylactic solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Chas. G. Martin	FULL MAIDEN NAME: Allie Fay Messler
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: S. Dakota	BIRTHPLACE: Nebraska
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Waley, M. D.
(Physician or midwife)
Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed Nov. 29 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 107567

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Martin (Name on Original Certificate) who born (Was Born or Died) on Nov. 27, 1922 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Grand- Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Edward Gene Martin

Subscribed and sworn to before me this 19
day of June, 19 42
Mabel S Moore
Notary Public, residing at Caldwell
My commission expires January 18, 1946
(Seal)

Signed P M Haley, M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of June, 19 42
Mabel S Moore
Notary Public, residing at Caldwell, Idaho
My commission expires January 18, 1946
(Seal)

Signed Oueda Martin
(Signature of Any Credible Person Other Than Previous Year)

405 Dearborn St., Caldwell, Idaho
(Street Address, City, State)

Corrected 6/22/42 Z.J.

JUN 22 1942

5184-132-014-255

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107568

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. .....

Hospital Caldwell Sanitarium Primary Registration District No. 2005 Registered No. 236

FULL NAME OF CHILD Dean Wilfred Shultz

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11/30 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: F. L. Shultz	FULL MAIDEN NAME: Verna Bennett
RESIDENCE: Caldwell, Idaho, R. # 4	RESIDENCE: Caldwell, Idaho, R. # 4
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 25	AGE AT LAST BIRTHDAY (Years): 28
BIRTHPLACE: Oklahoma	BIRTHPLACE: Nebraska
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

(Signature) F. M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed Dec. 2 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

JUL 24 19[illegible]

Certificate No. 107568
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Shultz (Name on original certificate) who Was born (Was born or died) on Nov 30 1922 (Date of event)
in Caldwell (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by father (Bible record, insurance policy, etc.) prepared on July 24 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Dean Wilfred Shultz

Subscribed and sworn to before me this 24th day of July, 1941

Florence Smith
Notary Public, residing at Boise, Ida.
My commission expires Oct 16, 1944
[SEAL]

Signed Floyd L Shultz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Rt 3
Caldwell, Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of July, 1941

Florence Smith
Notary Public, residing at Boise, Ida.
My commission expires Oct 16, 1944
[SEAL]

Signed Verna Shultz
(Signature of any credible person other than the previous affiant)
Rt 3
Caldwell Ida
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

165-252-614-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 107569

No. ..... St.

Primary Registration District No. 1005 Registered No. 237

Hospital .....

FULL NAME OF CHILD Pearl Carolyn Jones.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fema				Yes	Dec 2 1922

FATHER		MOTHER	
FULL NAME	Homer D. Jones.	FULL MAIDEN NAME	Edna Richards.
RESIDENCE	Caldwell Idaho.	RESIDENCE	Caldwell Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Colorado.
OCCUPATION	Hotel Manager.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn), at 1.40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) John V. Meyers, M.D.

(Physician or midwife)

Address Caldwell Idaho.

Filed Dec. 2 1922 John V. Meyers

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-107-01K-84/

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 919 Dearborn St.

Registration District No. 3 File No. 107570

Hospital

Primary Registration District No. 1005 Registered No. 238

FULL NAME OF CHILD Alfred Howard McCluskey

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12/7 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Harry Emerson McCluskey	FULL MAIDEN NAME: Paula Cora Quast
RESIDENCE: 919 Dearborn St. Caldwell, Idaho	RESIDENCE: 919 Dearborn St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Nebraska
OCCUPATION: Commissionman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:55 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) C. M. Kelley

M. D. (Physician or midwife)

Address Caldwell Idaho

Filed Dec. 9th 1922 John S. Meyer Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1942

JUN 7 1943

231-129-014-239

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

RECEIVED JAN 9 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R. F. D. Huston Rt. St.

Registration District No. 3

File No. 107571

Primary Registration District No. 2005

Registered No. 239

Hospital

FULL NAME OF CHILD Fremont Willard Slabough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Slabough	FULL MAIDEN NAME	Emma B. Stitzel
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Forrer

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida.

19

Filed Dec. 12 1922 John S. Meyer Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

RECEIVED JAN 21 1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Huston

(ST. Idaho

(COUNTY Canyon

FILE NO. 107571

DATE OF BIRTH Aug. 29, 1922

SEX OF CHILD Male

FATHER Lee Slaboaugh

MOTHER Emma B. Stikel
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Fremont Willard Slaboaugh.

Mrs. Emma Slabaugh

Signature of Father or Mother.

FEB 9 1942

815-208-014-861

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

No. Rt. 2. St.

Registration District No. 3

File No. 107572

Primary Registration District No. 2005

Registered No. 240

Hospital

FULL NAME OF CHILD Edna Arleen Hansen.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ephiam W. Hansen	FULL MAIDEN NAME	Mary L. Hoagland.
RESIDENCE	Huston Rt 2	RESIDENCE	Huston Rt 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Farrer

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Filed Dec. 12 1922 John V. Meyer

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-129-010-962

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

County of Canyon

City of Caldwell

Registration District No. 3

File No. 107573

No. ..... St.

Primary Registration District No. 2005

Registered No. 241

Hospital .....

FULL NAME OF CHILD Clarence Victor Richardson

Sex of Child Boy	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct 29 (Month) (Day) 19

FATHER		MOTHER	
FULL NAME	Clarence Victor Richardson	FULL MAIDEN NAME	Ray Ethel Robison
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Pa.
OCCUPATION	Stock Raising	OCCUPATION	HW.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Caldwell Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed Dec. 12th 1922 John P. Meyer
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1992

2 150

734-1171 44-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

RECEIVED JAN - 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 107574

Primary Registration District No. 2005

Registered No. 242

FULL NAME OF CHILD ZADOC ORAL Plummer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			YES,	11 — 17 1922

FATHER

FULL NAME Roy C. Plummer

RESIDENCE Caldwell - Rt 4

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Ind.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Cora Chevalley

RESIDENCE Caldwell Ida

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Iowa

OCCUPATION H.W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 6-A. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer.

Physician (Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 12 1922 John A. Meyer Registrar

S-Y CO. 24626

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

DEC 2 19

Certificate No. 107574

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Plummer (Name on original certificate) who was born (Was born or died) on Nov-17-1922 (Date of event)
in Caldwell Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Knowledge of Birth (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Plummer	Zadoc Oral Plummer

Subscribed and sworn to before me this 26th
day of November, 1941.

Notary Public, residing at Weiser Idaho
My commission expires 7-15-43
[SEAL]

Signed Chester Oswald Plummer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

DEC 2 1941

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 3 1941

443-217-014-255

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 107575

Primary Registration District No. 1005 Registered No. 243

FULL NAME OF CHILD Leona Marie Mullikin (Nov)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester C. Mullikin	FULL MAIDEN NAME	Jennie Snell
RESIDENCE	Caldwell Ida.	RESIDENCE	Iowa Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa.
OCCUPATION	Blacksmith.	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed Dec. 12 1922 John V. Meyer Registrar

Registrar

5-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN [illegible]
BUREAU OF [illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Caldwell FILE NO. 107575

(ST. 534 Chicago DATE OF BIRTH [illegible]

(COUNTY [illegible] SEX OF CHILD Female

FATHER [illegible] MOTHER [illegible]
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

[illegible]

[illegible]
Signature of Father or Mother

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

No. R#D St.

Registration District No. 3 File No. 107576

Hospital

Primary Registration District No. 2005 Registered No. 244

FULL NAME OF CHILD Belva Lisana Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	S and	6	Yes	11 / 10 / 192

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Chas S. Taylor	FULL MAIDEN NAME	Eula Gray
RESIDENCE	Huston R#D	RESIDENCE	Huston R#D
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Pa	BIRTHPLACE	Newport Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gee M. D.

(Physician or midwife)

Address Caldwell Ida

Give names added from a supplemental report.

....., 19.....

Filed Jan. 7 1923 John A. Meyer
Registrar.

.....
Registrar.

Amended 3-5-57

PLACE OF BIRTH

356-22-14-281

County of Canyon

City of Caldwell

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 107577

Primary Registration District No. 1005 Registered No. 245

FULL NAME OF CHILD Betty Lea Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11-22- 192 2

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred E. Lewis	FULL MAIDEN NAME	Julia Ann Shaffer
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Appleton City, Missouri	BIRTHPLACE	Middleton, Idaho
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue, M. D.
(Physician or midwife)

Address Caldwell, Idaho

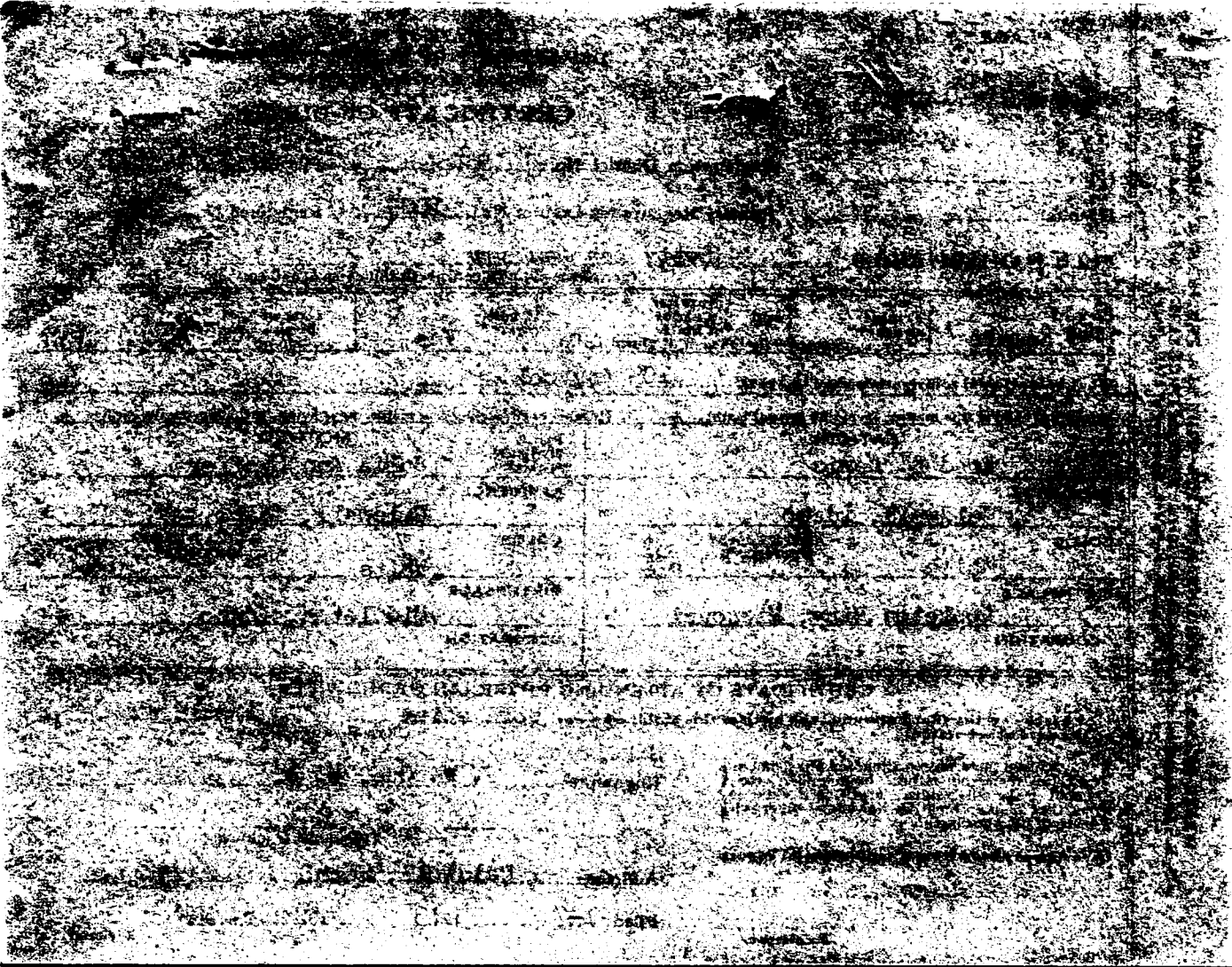
Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 1-7 192 3 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



ORIGINAL CERTIFICATE IS OUT OF FILES.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107577

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Betty Lea Shaffer (Name on Original Certificate) who was born (Was Born or Died) on 11-22-22 (Date of Event) in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Shaffer	Lewis

Subscribed and sworn to before me this 5 day of March 19 57

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed Fred E. Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1612 Idaho ST Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of March 19 57

Hazel L. Hurlbert
Notary Public, residing at Eagle Ida.
My commission expires Sept 28, 1960
(Seal)

Signed Louise Lewis
(Signature of Any Credible Person)

1612 Idaho St Caldwell Idaho
(Street Address, City, State)

FORM DPH 55-165

MAR 6 1957

957-230 114-152 date of birth amend 10-24-84 dl

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 5
BUREAU

CERTIFICATE OF BIRTH

107578

County of

City of

No. St.

Hospital

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 246

FULL NAME OF CHILD Rachel Rexroad

Sex of Child Female ~~Twin Triplet~~ or other? and Number in order of birth 5th (To be answered only in event of plural births) Legitimate? Yes Date of Birth ~~12~~ Nov 30, (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harry A. Rexroad	FULL MAIDEN NAME	Grace Jessee
RESIDENCE	~~City~~ Middleton Idaho	RESIDENCE	Middleton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Homer MD

Phy-
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Middleton Idaho

Filed Dec. 29 1922 John V. Meijer
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1973

12-21-83

RECEIVED
OCT 23 1984
9 a.m.
BUREAU OF VITAL STATISTICS STANDARDS AND LOCAL HEALTH SERVICES

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Canyon } ss

Certificate No. 107578
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Rachel Rexroad (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 1, 1922 (Date of Event)

in Canyon County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
birth date	Dec 1, 1922	Nov 30, 1922

Subscribed and sworn to before me this 22 day of October, 1984.

Notary Public, Doris Jean Bennett

Residing at Nampa

My commission expires July 15, 1985

(Seal)

Rosemary Kunkel
X for Idaho State School & Hospital
Signature of Applicant

X 3100 - 11th Ave. N.
Nampa, Idaho 83651
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Bible lists Rachel Helen born Nov 30, 1922 to Harry and Grace Rexroad. Obviously old record. Viewed by V.S.

Family Group Sheet dated 1972 lists Rachel Helen Rexroad born Nov 30, 1922 at Star, Idaho. Viewed by V.S.

OCT 24 1984

249-102-014-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 107579

No. 1612 Blaine St.

Primary Registration District No. 1003 Registered No. 247

Hospital

FULL NAME OF CHILD Harry Sherman Burger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 2 1922

FATHER	MOTHER
FULL NAME: Harry Sherman Burger	FULL MAIDEN NAME: Mary Elizabeth Barnhart
RESIDENCE: Caldwell	RESIDENCE: Caldwell, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Cherokee County, Iowa	BIRTHPLACE: Colby, Kansas
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Whittenberger
C. R. Whittenberger
(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec. 12 1922 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 107579

County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Mother's maiden name	Burger	Bales

Subscribed and sworn to before me this 10th day of January, 1942

Fm Dille

Notary Public, residing at Caldwell, Idaho

My commission expires 11-20-1943

(SEAL)

Signed Mary Elizabeth Burger

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1612 Blaine St. Caldwell, Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January, 1942

Fm Dille

Notary Public, residing at Caldwell, Idaho

My commission expires 11-20-1943

(SEAL)

Signed Harry S. Burger

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1612 Blaine St. Caldwell, Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

757-108-01-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 9 1922
BUREAU

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. 218 Blaine St.
Hospital

Registration District No. 3
Primary Registration District No. 1005

File No. 107580
Registered No. 248

FULL NAME OF CHILD ROBERT RAY GEPFORD
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12/9 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1. Number of child of this mother now living, including present birth 1.

FATHER	MOTHER
FULL NAME: F. W. Gepford	FULL MAIDEN NAME: Fern Hofley
RESIDENCE: 218 Blaine St Caldwell, Idaho	RESIDENCE: 218 Blaine St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 23	AGE AT LAST BIRTHDAY (Years): 16
BIRTHPLACE: 218 Blaine St. Caldwell, Idaho	BIRTHPLACE: 218 Blaine St. Caldwell, Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) F. W. Cole,
M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed Dec. 9th 1922 John V. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 107580
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)
for Robert Ray Gepford (Name on original certificate) who born (Was born or died) on Sept-9- 1922 (Date of event)
in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Original birth record (Bible record, insurance policy, etc.) prepared on about Sept 10 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Gepford	Robert Ray Gepford

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of December, 19 41
J. W. Jones

Notary Public, residing at Caldwell
My commission expires 3/29/41
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 26 1941

236-210-014-297

PLACE OF BIRTH

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 3rd & Grant St.

Hospital

Registration District No. 3

File No. 107581

Primary Registration District No. 1005

Registered No. 249

FULL NAME OF CHILD Annette Mervine Stoelting
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) 1922 (Year)
Female		Yes	12/10 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm. H. Stoelting	FULL MAIDEN NAME	Verna Kipp
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Dudley

M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Caldwell, Idaho

Filed Dec. 12 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Caldwell

(ST. Grant

(COUNTY Canyon

FILE NO. 197581

DATE OF BIRTH Dec. 19th.

SEX OF CHILD Female

FATHER W.H. Stoelting

MOTHER Vernamae Kyle (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Annaette Vernoine Stoelting

Mrs W.H. Stoelting

Signature of Father or Mother

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

File No. 107582

County of Canyon
City of Caldwell
Hospital Caldwell Sanitarium St
Primary Registration District No. 1905 Registered No. 250

FULL NAME OF CHILD Margaret Jane Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12/11/192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1

Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: Howard Bradley Anderson
RESIDENCE: 13" & Everett, Caldwell, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho
OCCUPATION: Musician

MOTHER

FULL MAIDEN NAME: Claudia Winifred Stauber
RESIDENCE: 13" & Everett, Caldwell, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Missouri
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Kaley, M. D. (Physician or midwife)

Address Caldwell, Idaho.

Filed Dec. 12 1922 John S. Meyer Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Caldwell
(ST. Idaho
(COUNTY Canyon

FILE NO. 107582

DATE OF BIRTH Dec. 11th 1922

SEX OF CHILD Female

FATHER N B Anderson

MOTHER Claudia Stauber
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Margaret Jane Anderson

Mrs. N. B. Anderson

Signature of Father or Mother

MAY 6 1968

365-211-014-815

PLACE OF BIRTH

RECEIVED
JAN 9 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107583

County of Canyon

City of Caldwell

No. R. # 4 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 251

FULL NAME OF CHILD Jean Adele Coey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12/11/192 2

What bacteriocidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1

Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: D. H. Coey	FULL MAIDEN NAME: Martha Haenel
RESIDENCE:	RESIDENCE: Caldwell, Idaho R. # 4
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE:	BIRTHPLACE: Ind.
OCCUPATION:	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 12 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

959215-014296

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

RECEIVED JAN 3 BUREAU STATE

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 107584

Primary Registration District No. 2005 Registered No. 252

FULL NAME OF CHILD Wylene Maude Ivie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	Dec	15	22

FATHER		MOTHER	
FULL NAME	John R Ivie	FULL MAIDEN NAME	Ida Brooks
RESIDENCE	Middleton	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	59	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Illinois	BIRTHPLACE	Texas
OCCUPATION	Farming	OCCUPATION	same

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P M. on the date above stated.

(Signature) L D Stewart

Physician

(Physician or midwife)

Address Caldwell Idaho

Filed Dec. 26 1922 John L. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 107584

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Wylene Maude Ivie (Name on Original Certificate) who was born (Was Born or Died) on 12-14-23 (Date of Event)

in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Ivie	Wylene Maude Ivie
Birth Date	Dec. 14, 1922	Dec. 15, 1922
Father's Name	John R. Ivy	John R. Ivie

Subscribed and sworn to before me this ..... day of Feb, 19 44

Pauline Anderson

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed J. R. Ivie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

FEB 4 1944

168-216-4-34

PLACE OF BIRTH

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Canyon

No. 822 Everett St.

Hospital

Registration District No. 3

File No. 107585

Primary Registration District No. 1005

Registered No. 253

FULL NAME OF CHILD Betty Louise Johnston

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	12/16/192 2

What bacteriecidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth..... Number of child of this mother now living, including present birth.....

FATHER	MOTHER
FULL NAME: Harold E. Johnston	FULL MAIDEN NAME: Almeda Cupp
RESIDENCE: 822 Everett Caldwell, Idaho	RESIDENCE: 822 Everett Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: Printer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** 11:30 A **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Dec. 19, 1922 John V. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 [illegible] 923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Caldwell Idaho

(ST. 822 Everett

(COUNTY Canyon

FILE NO. 107585

DATE OF BIRTH Feb. 16 - 1922

SEX OF CHILD Female

FATHER Mr Harold Johnston

MOTHER Mrs Almeda Johnston
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Betty Louise Johnston

Mrs Almeda Johnston

Signature of Father or Mother.

MAY 10 1945

SEP 26 1984

249-28-014-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. Route 3 St.
Hospital

JAN 5 [illegible]
BUREA[illegible]
ST[illegible]

Registration District No. 3 File No. 107587
Primary Registration District No. 2005 Registered No. 255

FULL NAME OF CHILD Kathleen Lenore Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	1	Yes	Dec 18 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Aaron Clark Smith	FULL MAIDEN NAME	Mary Elizabeth Nelson
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Allen, Nebraska	BIRTHPLACE	Fountain Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 17 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Young, M.D.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 16 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 194

SEP 4 1942

219-122-614-299

PLACE OF BIRTH

County of Canyon

City of Wilder

No. Rural. T. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 107588

Primary Registration District No. 2005 Registered No. 256

FULL NAME OF CHILD George Elihu Barker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec. 22 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter A. Barker	FULL MAIDEN NAME	Loretta May Kirnan
RESIDENCE	Wilder, Idaho.	RESIDENCE	Wilder, Idaho
COLOR	White. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	South Dakota
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A Palexanderson
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Cofus Route 1

Filed Dec. 23 1922 John V. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-130-014-386

PLACE OF BIRTH

AMENDED FATHER'S BIRTHPLACE & MOTHER'S MAIDEN NAME

RECEIVED JAN 9 1923 BUREAU

STATE OF IDAHO 10-4-99 MS
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ____ St.

Hospital ____

Registration District No. 3

Primary Registration District No. 2005

File No. 107589

Registered No. 257

FULL NAME OF CHILD Ralph Elmer Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	12/30 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 6

Number of child of this mother now living, including present birth 5

FATHER

FULL NAME: R. E. Thompson

RESIDENCE: Deceased

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: ~~Dakota~~ SOUTH DAKOTA

OCCUPATION: Deceased

MOTHER

FULL MAIDEN NAME: Zella V. ~~Thompson~~ MCINTYRE

RESIDENCE: Middleton

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) F. M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed Dec. 31- 1922 John O. Meyers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

9-17-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

VITAL STATISTICS
99 SEP 29 AM 11:24

Certificate No. 1922-107589
Date Filed JAN. 9, 1923

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for RALPH ELMER THOMPSON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 30, 1922 (Date of Event)

in MIDDLETON (CANYON) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S BIRTH PLACE	DAKOTA	SOUTH DAKOTA
MOTHER'S MAIDEN NAME	THOMPSON	MCINTYRE

Subscribed and sworn to before me this 27 day of September, 1999

Notary Public, Teresa Schmidt

Residing at 5808 A Summitview

My commission expires March 2000

(Seal)

x Ralph E Thompson
Signature of Applicant

x 5901 Washington 98908
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima

(Must be completed ___)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc pd

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 9/27/1913 FILE #1913-17378 SHOWS THE MOTHER'S MAIDEN NAME AS MCINTYRE AND THE FATHER'S BIRTHPLACE AS SOUTH DAKOTA VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 12/29/1916 FILE #1916-16455 SHOWS INFANT THOMPSON STILLBORN FATHER'S BIRTHPLACE SOUTH DAKOTA AND THE MOTHER'S MAIDEN NAME MCINTYRE VIEWED VS.

219-205-014-35

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 107590

Primary Registration District No. 2007 Registered No. 100

FULL NAME OF CHILD Doris Barney
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			Yes	Dec. 5 1922

What bacteriocidal solution was used in eyes? Boracic acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Martin Van Barney	FULL MAIDEN NAME	Rosella Lenat
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Anita, Iowa	BIRTHPLACE	Wallowa Ore.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) Mrs John Henderson
Midwife
(Physician or midwife).

Address Parma Ida R.D.1.

Filed Jan 1 1923 Lulu Walchs
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____ 19__

____
Registrar.

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/14/41. w.h.

166-107-014-613

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 5 _____ File No. 107591

Primary Registration District No. 1007 Registered No. 102

Full Name of Child Joel Raymond Moore

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Dec. (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. Arthur Moore	FULL MAIDEN NAME	Merle Watkins
RESIDENCE	Parma, Ida	RESIDENCE	Parma, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	OR.	BIRTHPLACE	Idaho
OCCUPATION	Grocery Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 1-1 1923 Lulu Waldorf Registrar

...e than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

235-208-014-966

County of Canyon

City of Parma

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 107592

Primary Registration District No. 7007 Registered No. 99

Full Name of Child Mary Ellen Blenkinsop

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Dec. 8. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Blenkinsop	FULL MAIDEN NAME	Agnes Rooney
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	~~Minn~~ England.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 3 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Parma

Filed Jan 1 1923 Lulu Waldrop

Registrar

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho [illegible] 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Parma, Idaho. FILE NO. 107592

(ST. _____ DATE OF BIRTH December 8th

(COUNTY Canyon SEX OF CHILD Female

FATHER Wm. Blenkinsop MOTHER Agnes Rooney (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Mary Ellen Blenkinsop

Mrs. William Blenkinsop

Signature of Father or Mother.

SEP 3 1974

893-222-014-437

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Wilder
No. ..... St.
Hospital Home

Registration District No. 3 File No. 107593
Primary Registration District No. 2007 Registered No. 98

FULL NAME OF CHILD Sarah Lillian Hicks
(Certificate of no value without full name of child.)

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Nov 22 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Stephen L. Hicks	FULL MAIDEN NAME	Marcus McGlothlin
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Coffeeville Kan.	BIRTHPLACE	Enterprise Ky.
OCCUPATION	Miller	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch
M D
(Physician or midwife)

Address Wilder Ida

Filed 1-1 1923 Lulu Waldrop
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 [redacted]

JAN 10 1944

JAN 7 [redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MOTHER'S MAIDEN SURNAME

AMENDED 10/27/2003

TLC

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107594

County of Cayuga

City of Wilder

No. 493-120-01X-219 St.

Registration District No. 3

File No.

Hospital Home

Primary Registration District No. 2007

Registered No. 97

FULL NAME OF CHILD Lewis Milton Mills

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Mal		yes	Nov 20 1923

What bactericidal solution was used in eyes? aq no3 1% Sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Willard E Mills	FULL MAIDEN NAME	Marian Karns KARN
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Briton S.D.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 45 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boach

M D

(Physician or midwife)

Address Wilder Ida

Filed 1-1 1923 Lulu Waldrop

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

10/27/2003

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of ada } SS

Certificate No. #1922-107594
Date Filed JAN. 1, 1923

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)
for LEWIS MILTON MILLS (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 20, 1922 (Date of Event Reported on Original Certificate)
in WILDER, IDAHO (CANYON) (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
MOTHER'S MAIDEN SURNAME	KARNS	KARN

Subscribed and sworn to before me this 27 day of October, 2003

Notary Public, Theresa L. Cleverly

Residing at Boise, Idaho

My commission expires April 10, 2009 (Seal)

X Ewa M Mills
Signature of Applicant

X 9807 W Edna Boise 83704
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☐)

State of _____
County of _____ } SS

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

SIBLING'S BIRTH CERTIFICATE #1928-158984 GIVES NAME AS BARBARA JEAN MILLS BORN FEB. 18, 1928 IN WILDER, IDAHO. MOTHER'S NAME GIVEN AS MARIAN KARN. VIEWED BY VS

MOTHER'S IDAHO DEATH CERTIFICATE #1984-1834 GIVES NAME AS MARION ESTELLA MILLS. DIED MARCH 29, 1984. FATHER'S NAME GIVEN AS EDWIN KARN. VIEWED BY VS

515-204-214-495

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107595

County of Canyon

City of Wilder

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2007 Registered No. 96

Hospital

FULL NAME OF CHILD Leona Maxine Vanderwilt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FM		yes	Nov 4 1924 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David G Vanderwilt	FULL MAIDEN NAME	Ethel W Duglas
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kan	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 53 P M. on the date above stated. 20% argyrol used

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MW (Physician or midwife)

Given names added from a supplemental report.

19

Address Homedale

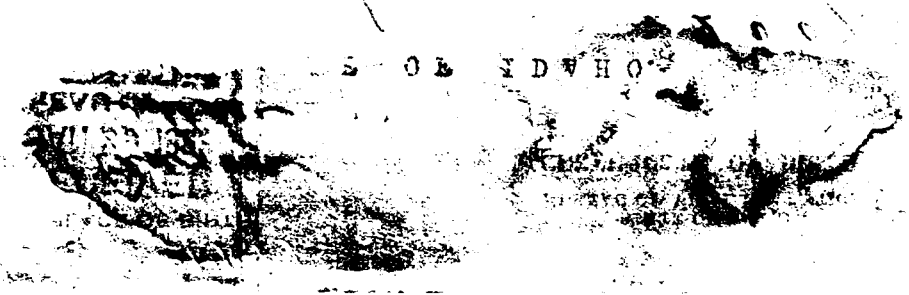
Filed Jan 1 1923 Lulu Waldrop Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



BUREAU OF VITAL STATISTICS.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Dear Madam: Boise, Idaho ~~1922~~ 1923.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Wilder.
(ST. Idaho.
(COUNTY Canyon.

FILE NO. 107595

DATE OF BIRTH Nov. 4, 1922.

SEX OF CHILD Female

FATHER David Gysbert

MOTHER Ethel Douglas
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Leona Maxine Vanderwilt

Ethel Vanderwilt.

Signature of Father or Mother.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Parma Precinct

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 107596

Primary Registration District No. 2007

Registered No. 95

Full Name of Child Kenneth Clare Earlock

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			yes	Nov. 22 1922

FATHER

FULL NAME: Jay J. Earlock

RESIDENCE: Parma

COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Anna Mannuny

RESIDENCE: Parma

COLOR: W. AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 a.m. on the date above stated.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma

Filed Jan 1 1923 Ruby Waldrop Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

..... Registrar

[redacted] 1942

OCT 16 1942

253-230-04-819

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107597

Registration District No. 3 File No. _____

Primary Registration District No. 2007 Registered No. 94

Full Name of Child Carlotta Kelso

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov. 30 22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Noah Lee Kelso	FULL MAIDEN NAME	Ida B Harrison
RESIDENCE	Parma	RESIDENCE	Parma.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Parma

Filed 12-3 1922 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1963

854-123-014-644

PLACE OF BIRTH

name added 4-8-83

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

Registration District No. 3

Primary Registration District No. 2007

File No. 107598

Registered No. 93

Full Name of Child Donald Allen Hedges

SEX OF CHILD: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov. 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Hedges	FULL MAIDEN NAME	Minnie Hunnings
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Parma

Filed 1-1 1923 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-28-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
MAR 23 1983
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 107598
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hedges (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 23, 1922 (Date of Event)

in Parma (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Donald Allen Hedges

Subscribed and sworn to before me this 21st day of March, 1983

Notary Public, Boyd Compton

Residing at Burley Idaho

My commission expires 3/24/86

(Seal)

X Donald Allen Hedges
Signature of Applicant

Box 193 Bruneau Idaho 83604
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Adams

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1983.

Notary Public, Linda A. Smith

Residing at New Meadows, Idaho

My commission expires 3-9-85

(Seal)

Esther A Roe
Supporting Signature

HC 64 Box 3440 Council Id 83612
Street Address, City, State

lcc pd

APR 8 1983

Birth Certificate of Donna Marie Hedges born Dec.4, 1946 in Nampa to Donald Allen Hedges and Louella Mae Hammond, state file # 429597. filed Jan 9, 1947. Viewed by V.S.

Sierra Life Ins Co policy gives Donald Allen Hedges born Nov 23, 1922 in Idaho as insured. Policy dated Feb 12, 1968. Viewed by V.S.

034-224-014-?19

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 107599

Primary Registration District No. 2007 Registered No. 92

Full Name of Child Betty Lou McMullen

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	Oct 24 22

FATHER	MOTHER
FULL NAME: Clarence D. McMullen	FULL MAIDEN NAME: Flarence Parber
RESIDENCE: R.D. Notus	RESIDENCE: R.D. Notus
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 36	AGE AT LAST BIRTHDAY (Years): 30
BIRTHPLACE: Boise Idaho	BIRTHPLACE: Nv.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

(Physician or midwife)

Address Parma Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-1 19 23 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/19/41 L. B.

493 - 122.014-731

[redacted]

S. No. 11—25m-6-18-18

PLACE OF BIRTH

County of Canyon

City of Parma.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 107600

Primary Registration District No. 2007 Registered No. 91

Full Name of Child Leland Orrell Dickerson

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Oct. 22 22

FATHER	MOTHER
FULL NAME: Jessie Earl Dickerson	FULL MAIDEN NAME: Ester Planck
RESIDENCE: Parma.	RESIDENCE: Parma
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Iowa,	BIRTHPLACE: Minn,
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Parma Ida

Filed Jan 1 1923 Lulu Waldo Registrar

RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

231-124.014-795

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

Form V. S. No. 1—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107601

Registration District No. 9 File No. _____

Primary Registration District No. 1207 Registered No. 101

Full Name of Child Joseph Richard Blackman

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M				yes	Dec 24 1922

FATHER	MOTHER
FULL NAME Howard H Blackman	FULL MAIDEN NAME Flora S Purcell
RESIDENCE Parma	RESIDENCE Colo Parma
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
	COLOR W
	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Colo
OCCUPATION Mechanic	OCCUPATION Hse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Waldorf M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Parma

Filed Jan 1 1923 Lulu Waldorf Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1954

466-121-014-993

PLACE OF [redacted]

Form V. S. No. 11-C—25m-9-8-17

[redacted]

County of Canyon

RECEIVED JAN 5 1923 BUREAU OF VITAL

City of Nampa

[redacted] No. 7

File No. 107602

No. R.R. No 4 St.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD John Moore

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	x		x	yes	Dec 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. M. Moore	FULL MAIDEN NAME	Nellie ~~Fowel~~ Richardson
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* Premature

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Registrar

Filed Dec 31 1922 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-216-014-295

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107603

County of Canyon

City or Melba

No. St.

Registration District No. 7 File No.

Hospital Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Bertha May Selby
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 16 – 1923

What bacterieidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Arthur G. Selby	FULL MAIDEN NAME	Jessie F. Breach
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba, Ida
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 30 1923 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-105-014-736

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

County of Canyon
~~City of~~ Melba
No.
Registration District No. 7
File No. 107604
Hospital
Primary Registration District No. 2006
Registered No.

FULL NAME OF CHILD John Maxwell Norquist
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 5 1922

What bacteriacidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Anthony Norquist	FULL MAIDEN NAME	Veta Stoddard
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	North Dakota	BIRTHPLACE	Oregon
OCCUPATION	Editor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

(Signature) Samuel A Swayne
(Physician or midwife)

Address

Filed Dec. 30 1922 Pearle Dodds
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1943

619-10-0016-659

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107605

County of Canyon
City of Nampa
No. Route #1 St.
Registration District No. 7
File No.
Hospital
Primary Registration District No. 2004
Registered No.

FULL NAME OF CHILD (not named) Fairless
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Dec. 1 1922.

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	John W. Fairless	FULL MAIDEN NAME Jone Herron
RESIDENCE	Nampa, Idaho.	Nampa-Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	36
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formaline, at 12 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec. 30 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-230-214-385

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Route # 5 St.

Registration District No. 7 File No. 107606

Hospital

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD Katherine Ward

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov. 30 1922.

What bactericidal solution was used in eyes? Silver nitrate 1 o/o Sol.

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Edwin A. Ward.	FULL MAIDEN NAME	Ida. May Cherry-
RESIDENCE	Nampa- Ida.	RESIDENCE	Nampa- Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician.

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Filed DEC 30 1922 Pearle Dodds

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9 NOV

DEC 26 1941

JUN 28 1944

155-228-OK-593

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
~~City of~~ Melba
No. ____ St. ____
Registration District No. 7
File No. 107607
Hospital ____
Primary Registration District No. 2006
Registered No. ____

FULL NAME OF CHILD Margaret Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 28 192

What bacterieidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Rex Sylvanus Jensen	
FULL MAIDEN NAME		Rosy Charlotte Nilson
RESIDENCE	Melba, Idaho	Melba, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 4:30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel M Swayne
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 27 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-119-014-296

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2006

File No. 107608

Registered No. ____

Full Name of Child Kenneth Young

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			ages	Nov 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Young	Florence V Brown
RESIDENCE	Nampa	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	42
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Davis

Osteopathic Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Dec. 27 1922 Pearle Dodds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PER...

NOV 23 1970

433-229-CCV-65

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 107609

No. ____ St.

Primary Registration District No. 2006

Registered No. ____

Hospital ____

FULL NAME OF CHILD Ordella Louise McCarty

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			1	yes	11 — 29 — 1922

FATHER

FULL NAME: W. H. McCarty

RESIDENCE: Nampa

COLOR: W. AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Mich.

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Grace Jones

RESIDENCE: Nampa

COLOR: W. AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Texas

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. E. Robinson

1317 4th St. S. Nampa
(Physician or midwife)

Given names added from a supplemental report.

____ 19____

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Registrar.

Address ____

Filed Dec 30 1922 Pearle Dodds
Registrar.

266-213.001-748

[redacted]CE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF V. STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. St.

Hospital

Registration District No. 7 File No. 107610

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Rita Marie Bowen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov. 13 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Walter Hiram Bowen	FULL MAIDEN NAME	Mary Elizabeth Guyette.
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 - P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel Swayne
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Dec 27 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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RECEIVED JAN 5 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

367-2[illegible]-874-257

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 107611

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Alverda Helen Cox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Nov. 12 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George L Cox	FULL MAIDEN NAME	Willa V. Berry
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M. S. Fink
Per M. B.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

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Registrar.

Address .....

Filed Dec. 30 1922 Pearle Dodds
Registrar.

[redacted]

JUN 23 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JAN 5 1923 BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107612

County of Canyon

City of Bowmont

No. ..... St.

Registration District No. 7 File No. .....

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Ethel Marie Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 20 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Roy M. Smith	FULL MAIDEN NAME	Etta May Harrell
RESIDENCE	Bowmont	RESIDENCE	Bowmont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M. S. Fink
Per M. B.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Dec 30 1922 Pearle Dodds
Registrar.

NOV 3 1971

363-204, 014-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Bowmont

No. ..... St.

Registration District No. 7 File No. 107613

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Evelyn Gertrude Cotham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Dec 4 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David Lee Cotham.	FULL MAIDEN NAME	Iva Gertrude Yoder
RESIDENCE	Bowmont	RESIDENCE	Bowmont
COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife; then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M S Fink

Pr M. B
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Dec. 30 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

766 216 - 14 - 791

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

57

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 107614

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bessie Towery

Sex of Child F/M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12-16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jimmie Rando Towery	FULL MAIDEN NAME	Mahalla Caroline Gray
RESIDENCE	R.D.4. Nampa	RESIDENCE	R.D.4. Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kentuckey	BIRTHPLACE	Mo
OCCUPATION	Ranching	OCCUPATION	Ranching

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Meredith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed Dec. 30 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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853-42-1016-431

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Melba

No. ..... St.

Registration District No. 7 File No. 107615

Hospital ..... Primary Registration District No. 2004 Registered No. .....

FULL NAME OF CHILD Ruth Helm
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 12 1922

What bacteriacidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Helm	Cloa Malinda McArthur
RESIDENCE	Melba, Idaho	Melba, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Utah	Utah
OCCUPATION	School Teacher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
(Physician or midwife) Melba, Idaho

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec. 27 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 8 1942

206-218-214-393

PLACE OF BIRTH

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JAN

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 107-12 Ave So

Hospital —

Registration District No. 7 File No. 107616

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Kathrine Goff

Sex of Child female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12-18-22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Granville H. Goff	FULL MAIDEN NAME	Marion C. Lilly.
RESIDENCE	R#5 Nampa Ida	RESIDENCE	R#5, Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Dec. 30 1922 Pearle Dodds
Registrar.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESERVED FOR BINDING

MAY 1 4 1968

217-122-217-266

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. 107-12 1st St.
Hospital

Registration District No. 7 File No. 107617
Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Elevin Bamford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	12-22-1922

FATHER		MOTHER	
FULL NAME	Frank F. Bamford	FULL MAIDEN NAME	Mary Brown
RESIDENCE	R#5 Nampa Ida	RESIDENCE	R#5 Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 a. M. on the date above stated.

(Signature) Leo W Chilton

(Physician or midwife)

Address Nampa Idaho

Filed Dec. 30 1922 Pearle Dodds Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

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Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...NLY WITH UNFADING INK—THIS IS A PERMANENT RECORD ... FOR BINDING

753-127-014-691

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R.F.D. St.

Hospital

RECEIVED 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 7 File No. 107618

Primary Registration District No. 2066 Registered No.

Full Name of Child Herman Leo Petty

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	Twin	and	Two	yes	Dec 27th 1922

FATHER		MOTHER	
FULL NAME	Wm Luther Petty	FULL MAIDEN NAME	Isabel Suzanna Frances
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Alabama	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, at 4 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Davis

Osteopathic Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed Dec. 30 1922 Pearle Dodds
Registrar

N. B.—In case of twins, triplets, etc., a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-127-014-691

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. RFD St.

Hospital

Registration District No. 7

Primary Registration District No. 2006

File No. 107619

Registered No.

Full Name of Child Harold Cleo Petty

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
male	twin	and	one	yes	Dec 27th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Luther Petty	FULL MAIDEN NAME	Isabelle Suzanna Francis
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Alabama	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Missouri
		OCCUPATION	Housework.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Davis

Osteopathic Physician

(Physician or midwife)

Address

Given names added from a supplemental report

.....19....

.....
Registrar

Filed Dec 30 1922 Pearle Dodds
Registrar

N. B.—In case ... a SEPARATE RETURN must be made for each and the ... of each, in order of birth stated.

231-107-014-815

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

107620

County of Canyon

City of Nampa

No. 1219-2nd No St.

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Paul Weston Stahl

Sex of Child male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9-7-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred R. Stahl	FULL MAIDEN NAME	Naomi Yaut
RESIDENCE	1219-2nd St No	RESIDENCE	1219-2nd St No
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Box Maker.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Leo W. Chilton at M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barn Aline T A M

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Dec 30 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1945

843-28 (014-595

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED JAN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 514-16th Ave So St.

Registration District No. 7 File No. 107621

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Delmah Lucile Hutsell

Sex of Child female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sep (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fred A. Hutsell	FULL MAIDEN NAME	Olivia Nielson
RESIDENCE	514-16th Ave So	RESIDENCE	514-16th Ave So
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Tennessee	BIRTHPLACE	Utah
OCCUPATION	O.S.L. Transportation	OCCUPATION	house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Registrar.

Filed Dec. 30 1922 Pearle Dodds
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (

CITY Nampa

ST. Idaho

COUNTY Canyon

FILE NO. 107621

DATE OF BIRTH Sept 18th 1922

SEX OF CHILD Female

FATHER Fred A. Hutsell

MOTHER Olivia Nielson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Delmah Lucile

Mrs. F. A. Hutsell

Signature of Father or Mother.

FEB 9 1943

766-266-046-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1st Ave. & 3rd St. South, Registration District No. 7 File No. 107622

Hospital — Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Lola Poff.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes.	Nov. 16 192 2

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles D. Poff	FULL MAIDEN NAME	Ruby Blackburn
RESIDENCE	Nampa - Idaho.	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:35 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Address

Filed DEC 30 1922 Pearle Dodds
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho N 18 1923 19[redacted]

RECEIVED
MAR 10 1923
BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Nampa
ST. 3rd St
COUNTY Canyon
FATHER Chas. D. Poff

FILE NO. 107622
DATE OF BIRTH November 16
SEX OF CHILD Female
MOTHER Ruby Blackburn (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lola Poff

Charles Dean Poff

Signature of Father or Mother.

4/19-220-014-654

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa.
No. Route #2 St.
Hospital
Registration District No. 7 File No. 107623
Primary Registration District No. 206 Registered No.

FULL NAME OF CHILD ESTHER MARIE Martens
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	Nov. 20 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	John J. Martens	Meta Fedler.
RESIDENCE	Nampa - Idaho.	Nampa - Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	30
BIRTHPLACE	Nebraska	Oregon.
OCCUPATION	Farmer	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Preston
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 30 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

RECEIVED
JAN 27 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Nampa
(ST. ____
(COUNTY Canyon

FILE NO. 107623

DATE OF BIRTH Nov. 20, 1922

SEX OF CHILD Female

FATHER John J. Martens

MOTHER Meta Fedler
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Esther Marie Martens

Mrs John J. Martens
Signature of Father or Mother.

JUL 6 1945

693-124-014-155

PLACE OF BIRTH

City

RECEIVED
JAN 5 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Lakeview Terrace St.

Registration District No. 7

File No. 107624

Primary Registration District No. 1006

Registered No.

Hospital x

FULL NAME OF CHILD Clyde Wiley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	—		—	Yes	Dec 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. V. Wiley	FULL MAIDEN NAME	Naomi Jensen
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	New Zeland	BIRTHPLACE	Utah
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Registrar

Filed Dec 31 1922 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

AUG 27 1963

335-121-014-659

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107625

County of [illegible]

City of Nampa Registration District No. 7 File No.

No. 107-12th Ave So Street

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Cecil Cleverly

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1	yes	11/21/22

	FATHER	MOTHER
FULL NAME	Chas T. Cleverly	Martha Ferguson
RESIDENCE	125-13th Ave No	125-13th Ave No
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	laborer	housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N Chilton M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report. ..... 19....

Filed Dec. 30 1922 Pearle Dodds Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

OCT 26 1943

247-119-OLK-994

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107626

County of Canyon

City of Nampa

No. 223 Holly St St.

Hospital

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Kenneth Edward Butcher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	#		#	yes	12-19-'22 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Cecil Kenneth Butcher	FULL MAIDEN NAME: Nancy Ann Rimbey
RESIDENCE: 223 Holly St., Nampa, Idaho	RESIDENCE: 223 Holly St., Nampa, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Gertie, Oklahoma	BIRTHPLACE: Alberta Canada
OCCUPATION: Baker	OCCUPATION: Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 A. M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DRS. D. E. & SUSIE V. STANDARD
(Signature)

201-2-? Waddell Bldg Nampa Idaho
(Physician or midwife)

D. E. Standard

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec. 30 1922 Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1972

445-130-004-275

PLACE OF BIRTH

RECEIVED JAN 5 1923

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 107627

No. 1909 = 7 St. So. St.

Primary Registration District No. 1806

Registered No.

Hospital

FULL NAME OF CHILD Jesse Frederick Dunn.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	#		#	yes	12-30-22 a. 191...

FATHER

FULL NAME: Jesse M. Dunn

RESIDENCE: 1909 = 7 St. So. Nampa, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Buffalo Texas

OCCUPATION: Locomative Fireman

MOTHER

FULL MAIDEN NAME: Rose Louise Specht

RESIDENCE: 1909 = 7 St. So. Nampa, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Germany

OCCUPATION: Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive 1:45 A.M. 1922 at ... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DRS. D. E. & SUSIE V. STANDARD
(Signature)
201-2-3 Waddell Bldg. Nampa Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 30 1922 Pearle Dodds
Registrar

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 7 1967

MAY 1 3 1942

FEB 4 1953

017-213:014-512

RECEIVED
JAN 5 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Fairview Ave St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 107629

Primary Registration District No. 1006

Registered No.

Full Name of Child Mary Anna Wagee (Wagee)

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			yes	Dec 13th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar Harrison Wagee	FULL MAIDEN NAME	Rose Easter
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Davis

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Dec 27 1922 Pearle Dodds Registrar

263-125-014-799

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107630

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. .....

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Wm R. Kollenborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	3	yes	11 — 25 — 1922

FATHER		MOTHER	
FULL NAME	C. R. Kollenborn	FULL MAIDEN NAME	Sue Price
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Alabama
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive, or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. E. Robinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 1317 4th St. Nampa

Filed Dec. 30 1922 Pearle Dodds Registrar.

..... Registrar.

6/12/41 Z.J.

OCT 15 1941

165-117-014-154

City

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 107631

No. ..... St.

Primary Registration District No. 1006

Registered No. .....

Hospital Mercy Hospital

FULL NAME OF CHILD Ronald Delyle Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	Nov 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	V E - Jones	FULL MAIDEN NAME	Edna Andrews
RESIDENCE	Athena Oregon	RESIDENCE	Star Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 25 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Dec 30 1922 Pearle Dodds
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-227.054-312

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. 116-14th Ave N. St.
Registration District No. 7 File No. 107632
Hospital
Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Laura Lillian Purdin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec. 27 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 o/o Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl Leroy Purdin	FULL MAIDEN NAME	Elizabeth Jessie Casto
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wyoming	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Dec. 30 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

334-123-016-319

PLACE OF BIRTH

RECEIVED JAN 5 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107633

County of Canyon

City of Nampa

No. ____ St.

Registration District No. 7 File No. ____

Hospital ____ Primary Registration District No. 1006 Registered No. ____

FULL NAME OF CHILD Edward Leroy Clucas

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 23 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Edward Clucas	FULL MAIDEN NAME	Mary Leona Larsen
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M. J. Fink

Dr M.B.

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 30 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1942

412-12-1614-855

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1223 = 12 Ave. So.

Registration District No. 7

Primary Registration District No. 1006

File No. 107634

Registered No.

Hospital

FULL NAME OF CHILD Stanley Ralph Mash

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male	# and	#	yes	12 (Month) 24 (Day) 22 (Year) 191...

FATHER	MOTHER
FULL NAME: Joe Mash	FULL MAIDEN NAME: Susie Henshaw
RESIDENCE: Huntington, Oregon	RESIDENCE: Huntington, Oregon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Moscow, Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

DRS. D. E. & SUSIE V. STANDARD (Signature)

201-2-3 Waddell Bldg Nampa Idaho (Physician or midwife)

Address

Filed DEC 30 1922 Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3/25/52

PLACE OF BIRTH

316-215-014-995

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Namp

No. ..... St.

Registration District No. 7 File No. 107635

Hospital ..... Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD MARGRET BLANCHE LAWRENCE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	Dec. 15 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Linnel Lawrence	Elsie Lucretia Ireland
RESIDENCE	322-13th Ave. No. - Nampa	322-13th Ave. No.
COLOR	white	W.
AGE AT LAST BIRTHDAY	29 (Years)	21 (Years)
BIRTHPLACE	Iowa	Kansas
OCCUPATION	O.S.L. R.R. Section	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

.....
Registrar.

(Signature) O. R. Meredith, D.O.
(Physician or midwife)

Address Nampa

Filed Dec. 30 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 107635

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for..... (Name on Original Certificate) who..... (Was Born or Died) on..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	Linnell	Linnel
Mother's name	Elsie Luciesia	Lucretia
		Elsie Lucretia Lawrence

Subscribed and sworn to before me this 12 day of March, 1952

Notary Public, residing at Nampa Idaho
My commission expires Jan 4th 1956
(Seal)

Signed Linnel Lawrence
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH - 51117

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107635
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Margaret Blanch Lawrence	Margret Blanche Lawrence

Subscribed and sworn to before me this 21st day of December 1951
Clyde R. Keith
Notary Public, residing at Nampa Idaho
My commission expires Jan 2 - 1952
(Seal)

Signed Elsie Ireland Lawrence
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
316-13th Ave No Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of December 1951
Clyde R. Keith
Notary Public, residing at Nampa Idaho
My commission expires Jan 2 - 1952
(Seal)

Signed Lionel Lawrence ✓
(Signature of Any Credible Person)
316-13th Ave. No Nampa Ida
(Street Address, City, State)

FORM DPH - 51117

PLACE OF BIRTH

819-129104F-336

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED May 28, 1947

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 107-12 Ave. So. St.

Hospital Mercy Hospital

Registration District No. 7

Primary Registration District No. 1006

File No. 107636

Registered No.

FULL NAME OF CHILD William Henry Harbert, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 29 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Wm. H. Harbert	FULL MAIDEN NAME Susie A. Lloyd
RESIDENCE 216 15 Ave. No.	RESIDENCE 216 15th Ave. No.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Oregon
OCCUPATION Electrician	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:14 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) Leo W. Chilton, M.D.
(Physician or midwife)

Address Nampa, Idaho

Filed Dec. 30 1922 Pearle Doddg
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107636

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Billy Larbert	William Henry Harbert, Jr.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Wm. Wm Harbert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

692-108-014-699

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 107-12 ave So St.

Hospital Mercy

Registration District No. 7 File No. 107637

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Arthur Loyd Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	12-28-22

FATHER	MOTHER
FULL NAME Paul R. Fisher	FULL MAIDEN NAME Louise Wright
RESIDENCE 608-18th ave So	RESIDENCE 601-18th Ave So
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Minnesota
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M D

Nampa Idaho (Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar.

Filed DEC 30 1922 Pearle Dodds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1969

AUG 17 1962

238-119-014-236

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 107-12th Av So St.

Hospital ✓

Registration District No. 7 File No. 107638

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Lloyd Howard Schumacher

Sex of Child male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12-14-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. L. Schumacher	FULL MAIDEN NAME	Georgia Scott
RESIDENCE	508-9th Av So	RESIDENCE	508-9th Av So
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Idaho

Filed Dec. 30 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

582-105-614-693

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107639

County of Canyon

City of Nampa

No 107-12 4th Ave So St.

Hospital —

Registration District No. 7 File No.

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD L.D. Junior Hyslop.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	c		c	yes	12-5-22

FATHER

FULL NAME Logan D. Hyslop

RESIDENCE R#4 Nampa

COLOR White

AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Minnesota

OCCUPATION Atty at Law

MOTHER

FULL MAIDEN NAME Edith Wilson

RESIDENCE R#4 Nampa

COLOR White

AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ohio

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:50 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Leo W. Chittam, M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Dec. 30 1922 Pearle Dodds
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1975

OCT 9 1942

817-226-014-235

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 107640

Hospital .....

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Ruth Elois Hogbery
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Dec 26 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Hogbery	FULL MAIDEN NAME	Musa Mary Stephenson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Montana
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M-S Fink.

Per M-B
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed DEC. 30 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1966

336-117-
016-266

PLACE OF BI[redacted]

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107641

County of Cassia

Town City of Almo

No. ..... St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ~~Reese Lloyd~~ SETH REESE Lloyd
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 17 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Willis J. Lloyd	FULL MAIDEN NAME	Mary A. Blowin
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Rochester Pa.	BIRTHPLACE	Herriman Utah
OCCUPATION	Farmer & Stockgrower	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green
Midwife
(Physician or midwife)

Address Filmo Ida

Filed Dec 8 1922 C. I. Satin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 107641

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~or Death~~)
for Seth Reese Lloyd (Name on Original Certificate) who at Almo (Was Born ~~or Died~~) on Sept 17 1922 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church (Bible Record, ~~Insurance Policy, Etc.~~) prepared on at Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rees	Seth Lloyd
Seth	Reese	Lloyd

Subscribed and sworn to before me this 7
day of June, 19 42

Signed Mary A Lloyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Justice of Peace
Notary Public, residing at Almo Idaho

My commission expires Jan 6 1943
(Seal) Serving my seventh Term

Almo Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7
day of June, 19 42

Signed Theodora G. Green
(Signature of Any Credible Person Other Than Previous Year)

Justice of Peace
Notary Public, residing at Almo Idaho

My commission expires Jan 6 1943
(Seal) Serving my Seventh Term

Almo Idaho
(Street Address, City, State)

JUN 9 1942

JUN 1 2 1942

215 - 105 - 016 - 469

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107642

County of Lemhi

City of Salmon

No. ____ St.

Hospital Home

Registration District No. 119

Primary Registration District No. 2198

File No. ____

Registered No. ____

FULL NAME OF CHILD James Mortensen Sanders

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 3 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lee W Sanders	FULL MAIDEN NAME	Zetta Fern Mortensen
RESIDENCE	Salmon Idaho	RESIDENCE	Salmon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Douglas Arizona	BIRTHPLACE	Old Mexico
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sales M D

(Physician or midwife)

Address Malta Idaho

Filed Dec 8 1922 C I Sales

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * *

Place of Birth (CITY Idahome
ST. Idaho
COUNTY Cassia

FILE NO. 107642
DATE OF BIRTH Sept 5, 1922
SEX OF CHILD Male

FATHER Lee W.
MOTHER Z. Fern Mortensen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

James Mortensen Sanders

Lee W. Sanders
Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

RECEIVED DEC 8 1922 BUREAU OF STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107643

County of Oneida

City of Malta

No. 36-203-216-214 St.

Registration District No. 119

File No.

Hospital Home

Primary Registration District No. 2198

Registered No.

FULL NAME OF CHILD Theda Mae Scott

(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth | Legitimate? yes | Date of birth Sept 3 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Victor Samuel Scott	FULL MAIDEN NAME Sadie Mae Saunders
RESIDENCE Malta Idaho	RESIDENCE Malta Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Malta Idaho	BIRTHPLACE Fairfield Utah
OCCUPATION Farmer	OCCUPATION Home Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Sater M.D. (Physician or midwife)

Address Malta Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 8 1922 E. L. Sater Registrar.

JAN 27 1923

STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Filer
(ST. Idaho
(COUNTY Cassia

FILE NO. 107643

DATE OF BIRTH Sept 3 1922

SEX OF CHILD Female

FATHER Victor L Scott

MOTHER Sadie Mae Boyle
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Linda Mae Scott

Victor L Scott

Signature of Father or Mother.

I HEREBY CERTIFY that the child herein described has been named:

Signature of [illegible]

369-122-016-251

PLACE OF BIRTH

County of Cassia

City of Elba

No. ..... St. .....

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 107644

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Charles Lorenzo Twitchell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	yes	Sept 22 1922

When bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earnest L. Twitchell	FULL MAIDEN NAME	Esther A Beam
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Elba Ida	BIRTHPLACE	Irwin Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater MD
(Physician or midwife)

Address Malta Idaho

Filed Dec 8 1922 C. I. Sater
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1942

533-222-016-623

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 167645

County of Cassia

City of Malta

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 719 File No. .....

Hospital Home Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Emma Ellen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 22 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Samuel Napoleon Smith	FULL MAIDEN NAME	Vernice Rose Osterhout
RESIDENCE	Malta Idaho	RESIDENCE	Malta, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Elba Ida
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Sater M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Malta Idaho

Filed Dec 8 1922 C J Sater
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Birth { CITY Malta ST. Idaho COUNTY Cassia

FILE NO. 107645

DATE OF BIRTH Oct. 22

SEX OF CHILD Female

FATHER [illegible]

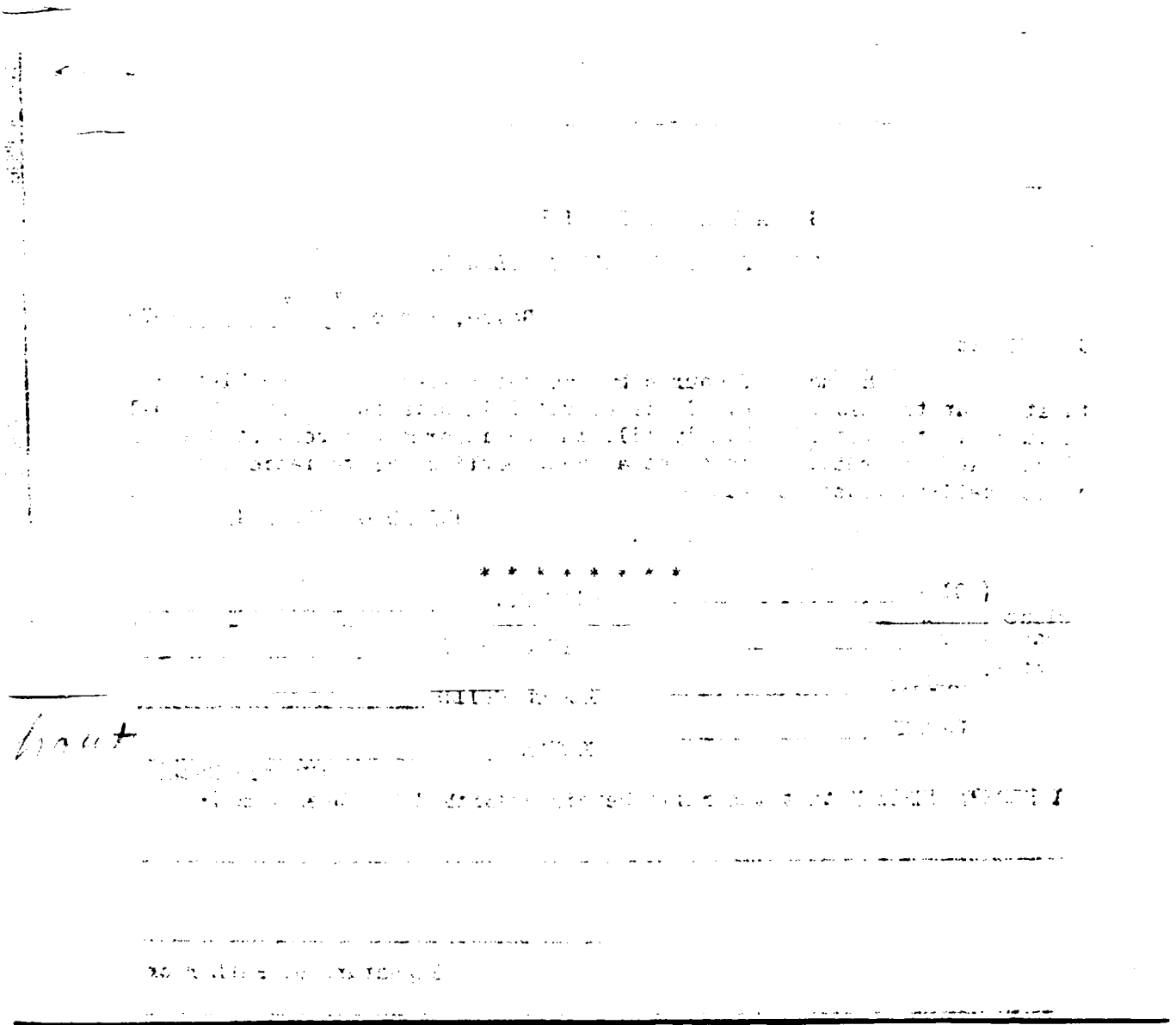
MOTHER Mrs Vernie Rose Baxter
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Emma Ellen Smith

Emma Ellen Smith

Signature of Father or Mother.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-109-016-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUR...

CERTIFICATE OF BIRTH

107646

County of Cassia

City of Albion

No. ..... St.

Registration District No. 119 File No. .....

Hospital At home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Richard Glenn Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Sept 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Walter David Clark	FULL MAIDEN NAME	Nora May Gray
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Albion Idaho	BIRTHPLACE	Albion Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Malta Idaho

Filed Dec 8 1922 C. I. Sater
Registrar.

DEC 18 1941

318-208016-572

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED DEC 2 1922

CERTIFICATE OF BIRTH

County of Cassia

City of Almo

No. ..... St.

Hospital At Home

Registration District No. 119 File No. 107647

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Barbara Taylor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 8 1922

FATHER		MOTHER	
FULL NAME	Arthur Reynolds Taylor	FULL MAIDEN NAME	Emma Marie Egbert
RESIDENCE	Almo	RESIDENCE	Almo
COLOR	Medium	COLOR	Medium
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Almo Idaho	BIRTHPLACE	Clearfield Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Almo Idaho

Filed Dec 8 1922 C. L. Salter Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

447.204.016-294

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107648

County of Cassia

City of Almo

Registration District No. 719 File No.

No. St.

Primary Registration District No. 2198 Registered No.

Hospital Or home

FULL NAME OF CHILD Esther Rebecca Durfee

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept. 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Durfee	FULL MAIDEN NAME	Ella Irene Bmesch
RESIDENCE	Almo, Idaho	RESIDENCE	Almo, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Almo, Idaho	BIRTHPLACE	Central, New Mex.
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green Midwife

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Almo Idaho

Filed Dec 8 1922 E Isaac

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1949

449-209-066-3

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Almo

No. 1 St.

Registration District No. 119

File No. 107649

Hospital At home

Primary Registration District No. 2198

Registered No.

FULL NAME OF CHILD Atha Durfee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Oct. 9 1922

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ivan Leo Durfee	FULL MAIDEN NAME	Mary Anna Cahoon
RESIDENCE	Almo Idaho	RESIDENCE	Almo
COLOR	light	COLOR	light
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Almo	BIRTHPLACE	Almo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green
Midwife
(Physician or midwife)

Address Almo Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 8 1922 C. I. Salter
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-20-016-291

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107650

County of Cassia

City of Albion

No. ..... St.

Registration District No. 119

File No. .....

Hospital At home

Primary Registration District No. 2198

Registered No. .....

FULL NAME OF CHILD Ellen Louise Kelley
(Certificate of no value without full name of child)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov 1 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Sebastian C. Kelley	FULL MAIDEN NAME	Agnes Ann Bradburg
RESIDENCE	Albion Idaho	RESIDENCE	Albion, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sater M D
(Physician or midwife)

Address Malta Idaho

Give names added from a supplemental report.

..... 19...

Filed DEC 8 1922 C I Sater
Registrar.

.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

JUN 16 19

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 107650

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for none given (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1922 (Date of Event)
in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 10, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Kelley	Ellen Louise Kelley

Subscribed and sworn to before me this 14th day of June, 19 45

Notary Public, residing at Albion, Idaho

My commission expires Jan. 10, 1947

(Seal)

Signed Mrs Agnes Anna Kelley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Albion, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of June, 19 45

Notary Public, residing at Albion, Idaho

My commission expires Jan. 10, 1947

(Seal)

Signed C. J. Sater M.D.
(Signature of Any Credible Person)

Albion Idaho
(Street Address, City, State)

JUN 18 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Sublett

No. ..... Street .....

Hospital At Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUR. VITAL STATS.

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 107651

Primary Registration District No. 298 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	( ) and	( )	yes	Nov 8 192 2

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Francis E McGrath	FULL MAIDEN NAME Lillian M McDonald
RESIDENCE	Sublett Idaho	Sublett Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Washington	Nebraska
OCCUPATION	Farmer	Domestic wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 1:20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Lain MD
(Physician or Midwife)

Address Malta Idaho

Filed Dec 8 192 2 C I Lain
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

235-113 6-413

PLACE OF BIRTH

County of Cassia

City of Sublette

No. ..... St.

Hospital At home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

Registration District No. 117 File No. 107652

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Lyn Stevenson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 18 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Abel W. Stevenson	FULL MAIDEN NAME	Clara Dalley
RESIDENCE	Sublette Ida	RESIDENCE	Sublette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Summit Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Dan Horn
Midwife
(Physician or midwife)

Address Sublette Idaho

Filed Dec 30 1922 C J Sater
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

812-207666-595

PLACE OF BIRTH amend 5-12-82

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107653

County of Cassia

City of Sublett

No. ..... St. Registration District No. 119 File No. .....

Hospital at home Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Velma Clara Haskell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Nov. 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	David E. Haskell	FULL MAIDEN NAME	Clara M. Nielson
RESIDENCE	Sublett Idaho	RESIDENCE	Sublett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	~~1942~~ 30
BIRTHPLACE	Utah	BIRTHPLACE	Grove Wyoming
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Dan Horn
Midwife
(Physician or midwife)

Address Sublett Idaho

Filed Dec 31 1922 C. I. Sater
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 0 1967

STATE OF CALIFORNIA

COUNTY OF SAN MATEO

On this 26th day of April in the year one thousand nine hundred and eighty-two, before me, FRANCES M. THORNE, a Notary Public, State of California, duly commissioned and sworn, personally appeared VELMA CLARA MILLER nee HASKELL known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that s he executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in the San Mateo County of California the day and year in this certificate first above written.

OFFICIAL SEAL
FRANCES M. THORNE
NOTARY PUBLIC-CALIFORNIA
Principal Office in SAN MATEO County
My Commission Expires Mar. 7, 1986

Frances M. Thorne

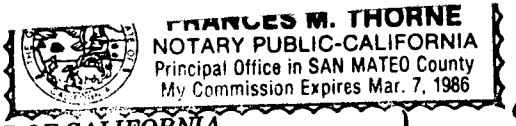
Notary Public, State of California

My commission expires March 7, 1986

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The publisher does not make any warranty, either express or implied as to the legal validity of any provision or the suitability of these forms in any specific transaction.

Cowdery's Form No. 32 — Acknowledgement — General (C. C. Sec. 1190a)

OFFICIAL SEAL



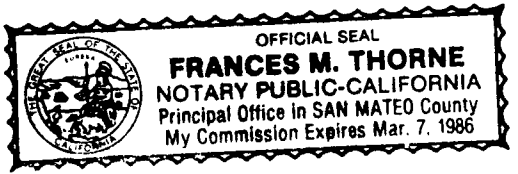
STATE OF CALIFORNIA } ss.

COUNTY OF SAN MATEO

On this 21st day of April in the year one thousand nine hundred and eighty-two before me, FRANCES M. THORNE, a Notary Public, State of California, duly commissioned and sworn, personally appeared ROSE LaVERN GABRIEL

known to me to be the person ..... whose name is ..... subscribed to the within instrument and acknowledged to me that .S.he..... executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in the San Mateo ..... County of California ..... the day and year in this certificate first above written.



Frances M. Thorne

Notary Public, State of California

My commission expires March 7, 1986

Printed 12/72

Cowdery's Form No. 32—Acknowledgement—General (C. C. Sec. 1190a)

2-16-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 107653
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Irene Clara Haskell (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-7-22 (Date of Event)

in Sublett (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Irene	Velma
birth date	12-7-22	11-30-22

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X Velma Clara Miller nee Haskell
Signature of Applicant

_____
Street Address, City, State

OFFICIAL SEAL
FRANCES M. THORNE
NOTARY PUBLIC-CALIFORNIA
Principal Office in San Mateo County
My Commission Expires Mar. 7, 1986

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Rose Marion Gabriel
Supporting Signature

611 Capuchino Dr. Millbrae Calif
Street Address, City, State

1 cc pd

Certificate of Birth from LDS Church gives Velma Clara Haskell born 11-30-22 in Subltee to David E Haskell and Clara M Nielson. Entered on Record on Jan 7, 1923. Viewed by V.S. MAY 12 1982

Family Record gives Velma Clara Hakell born 11-30-22 in Sublett to David Haskell and Clara Matilda Nielson. Last date entered on Family Record is Dec. 30, 1935. Obviously old record. Viewed by V.S.

857-26-1616-735

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 2 1933
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107654

County of Cassia
City of Elba, Ida.
No. ..... St.
Hospital At home
Registration District No. 119
Primary Registration District No. 2158
File No. .....
Registered No. .....

FULL NAME OF CHILD Glenna Hepworth
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 4 1932

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Russel King Hepworth	Jane Glenn
RESIDENCE	Elba Idaho	Elba, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	31
BIRTHPLACE	Springdale Utah	Snowville Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Sater M.D.
(Physician or midwife)

Address Malta Idaho

Filed Dec 31 1932 C. J. Sater
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 1 5 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Ft Iba

ST. Idaho

COUNTY Cassia Co

FATHER R K Hepworth

FILE NO. 107654

DATE OF BIRTH Dec 4

SEX OF CHILD Female Female

MOTHER Jane Hepworth
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Glenna Hepworth

Mrs Jane Hepworth

Signature of Father or Mother.

PLACE OF BIRTH

942-170-D.K.-253

County of Cassia

City of Albion

No. ..... Street

Hospital At home

RECEIVED
JAN 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107655

Registration District No. 119 File No. .....

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD GEORGE C. RUSSELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 20 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Earl Ray Russell	FULL MAIDEN NAME	Florence May Kelley
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 7 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) C. J. Slater M.D.
(Physician or midwife)

Address Malta Idaho

Filed Dec 31 1922 C. J. Slater
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Umatilla } ss. MAY 19 1945

Certificate No. 107655

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for George C. Russell (Name on Original Certificate) who born (Was Born or Died) on Dec. 20th 1922 (Date of Event)
in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Russell	George C. Russell

Subscribed and sworn to before me this 17th
day of May, 1945.
E P Dodd
Notary Public, residing at Hermiston, Ore.
My commission expires March 28, 1947
(Seal)

Signed Florence May Russell
mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Hermiston, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Umatilla } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 17th
day of May, 1945.
E P Dodd
Notary Public, residing at Hermiston, Ore.
My commission expires March 28, 1947
(Seal)

Signed Autumn Veluta
(Signature of Any Credible Person)

(Street Address, City, State)
Hermiston, Oregon

MAY 2 3 1945

OCT 2 9 1952

693-220-016 693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107656

RECEIVED
JAN
BUREAU

County of Cassia
City of Albion
No. ____ St. ____
Hospital Home
Registration District No. 119
Primary Registration District No. 2198
File No. ____
Registered No. ____

FULL NAME OF CHILD Molly Jean Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 20 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer E Wilson	FULL MAIDEN NAME	Mildred F. Williams
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Peru Nebr.	BIRTHPLACE	Pennsylvania
OCCUPATION	School Teacher	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 A.M. (Born alive or stillborn) on the date above stated.

(Signature) C. I. Sater M.D.
(Physician or midwife)

Address Malta Idaho

Filed Dec 31 1922 C. I. Sater
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1944

915-207-016-854

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 10 1923

File No. 107657

Registration District No. 117

Primary Registration District No. 2196 Registered No. 2449

FULL NAME OF CHILD Ethel Rebecca Randall

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.			Yes.	Dec 3 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	E. M. Randall	FULL MAIDEN NAME	Ruby Hemmert
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Ida.

Filed Dec 9 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-20 466-962

PLACE OF BIRTH

RECEIVED
JAN 10 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107658

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 196

Registered No. 2450

FULL NAME OF CHILD Helen R. Thomas

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes.	Dec. 4 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Pratt Thomas	FULL MAIDEN NAME	Jane Robertson
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farming.	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho.

Filed Dec. 11 1923 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible]
[illegible]
[illegible]1853
[illegible]AED

RECEIVED
JAN
BUREAU OF
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 7 1923

Dear Madam:

The name of your baby was not filled in on the birth
ficate sent to this office. It is of vital importance to have the
included in the record. Kindly fill in the information requested in
blank below and return this sheet at your earliest convenience in th
closed self-addressed envelope.

BUREAU OF VITAL STATIS

* * * * * * * * *

Place of Birth (CITY Burley
(ST.
(COUNTY Cassia

FILE NO. 107658

DATE OF BIRTH Dec. 4 1

SEX OF CHILD Female

FATHER Pratt

MOTHER [illegible]
(Maiden Name

I HEREBY CERTIFY that the child herein described has been named:

Helen R Thomas

Pratt Thom

Signature of Father o

FEB 19 1944

1923.

certi-
full name
the
e en-

TICS.

922

r Mother.

365-229-016-914

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Cassia

City of Burley

RECEIVED
JAN 10 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107659

No. ..... St. .....

Registration District No. 117 File No. .....

Hospital .....

Primary Registration District No. 2196 Registered No. 2451

FULL NAME OF CHILD Florence Ann Conge

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.			Yes.	Dec 29 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm Conge	FULL MAIDEN NAME	Helen Radford
RESIDENCE	Burley Ida.	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Ill
OCCUPATION	Farming	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida

Filed Dec 31 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 21 1945

249-111-016-415

PLACE OF BIRTH

Name added birthdate amended 9-29-83 fc

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 1923
VITAL STATISTICS

CERTIFICATE OF BIRTH 107660

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117 File No. ____

Hospital ____ Primary Registration District No. 2196 Registered No. 2452

FULL NAME OF CHILD DONALD MAX Burton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 4 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J.E. Burton	FULL MAIDEN NAME	Selma Danielson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Stafe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J.C. Patterson
Physician
(Physician or midwife)

Address Burley Ida

Filed Dec 31 1922 Dr. J.C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

6-23-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 21 9 0' AM '83

State of _____ } ss.
County of _____

Certificate No. 107660
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Burton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 4, 1922 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Donald Max Burton
date of birth	Dec 4, 1922	Dec 11, 1922

Subscribed and sworn to before me this 20 day of Sept, 19 83

Notary Public, Della Matthews

Residing at Declo, Idaho

My commission expires 6-1-85

(Seal)

x Donald Max Burton
Signature of Applicant

x Star Route Box A-5 Declo, Ida 83323
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

School Census report issued September 29, 1930, in Dist. # 30, Cassia County shows name as Max Burton, son of J. E. Burton of Burley, Idaho Age 6 at time of Census.
Viewed by V.S.

SEP 29 1983

Honorable Discharge from the U. S. Navy shows name as Donald Max Burton, born December 11, 1922,in Burley, Idaho.Entered service March 19, 1945. Discharge May 6, 1946.
Viewed by V.S.

394-1049 016-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. N. Miller St.

Hospital

Registration District No. 117 File No. 107661

Primary Registration District No. 2196 Registered No. 2453

FULL NAME OF CHILD William Junior Kidd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 4 1922

What bactericidal solution was used in eyes? Freshly prepared argyrol, 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: William Kidd	FULL MAIDEN NAME: Beatrice Williams
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Oakley, Idaho	BIRTHPLACE: Desoto, Ill.
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. A. Rich

Physician (Physician or midwife)

Address Burley, Ida.

Filed Dec. 23 1922 R. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-289-107016-672

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1923

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R.F.D. # 2 St.

Hospital

Registration District No. 117 File No. 107662

Primary Registration District No. 2196 Registered No. 2454

FULL NAME OF CHILD Kenneth Warren Shrader
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 7 1922

What bactericidal solution was used in eyes? 10% Argyrol, freshly prepared.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Kenneth Russell Shrader	FULL MAIDEN NAME	Ella Florence Olson
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Osceola, Nebraska	BIRTHPLACE	Lodge Pole, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Rich

Physician (Physician or midwife)

Address Burley Ida

Filed Dec 23 1922 Dr. J. C. Patterson Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 29 1957

OCT 21 1942

212-105016-394

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107663

County of Cassia

City of Burley

No. N. Conant St.

Hospital

Registration District No. 117

File No.

Primary Registration District No. 2196

Registered No. 2455

FULL NAME OF CHILD Lawrence Oscar Baker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 5 1922

What bactericidal solution was used in eyes? 10% Argyrol, freshly prepared

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Simon Moroni Baker	FULL MAIDEN NAME	Molly Althea Lind
RESIDENCE	Junction Valley, Utah	RESIDENCE	Junction Valley, Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mandon, Utah	BIRTHPLACE	Lynn, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician
(Physician or midwife)

Address Burley, Idaho.

Filed Dec 23 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1954

763.207.016-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107664

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117

Primary Registration District No. 2196

File No. ____

Registered No. 2456

FULL NAME OF CHILD Shirley Gochnour
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 1 192 2

What bactericidal solution was used in eyes? 10% Argyrol, freshly prepared.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Samuel Baker Gochnour	FULL MAIDEN NAME: Mary Lovisa Gochnour
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Evert, Pa	BIRTHPLACE: Buffalo, Mo.
OCCUPATION: Dairyman	OCCUPATION: (Formerly schoolteacher Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dorothy Rich

Physician
(Physician or midwife)

Address Burley, Ida.

Filed Dec 23 192 2 Pro J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1943

296-128-1016-857

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. N. Burton St.

Hospital

Registration District No. 117 File No. 107665

Primary Registration District No. 2196 Registered No. 2457

FULL NAME OF CHILD William Irving Brooks
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 28, 1922

What bactericidal solution was used in eyes? 10% argyrol, freshly prepared,

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: William Benjamin Brooks

RESIDENCE: Burley

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Monroe, Louisiana

OCCUPATION: Potatoe buyer

MOTHER

FULL MAIDEN NAME: Angel Thelma Yeaman

RESIDENCE: Burley

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Salt Lake City, Utah

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dorothy Rich

Physician
(Physician or midwife)

Address Burley Idaho

Filed Dec 29 1922 Dr. J. E. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 19

DEC 14 1951

245-122-016-854

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107666

County of Cassia

City of Burley

No. S. Burton St.

Hospital

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 2458

FULL NAME OF CHILD Russel Edward Smedley
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Dec. 22 192 2

What bactericidal solution was used in eyes? 10% argyrol, freshly prepared.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Raleigh Elwood Smedley	FULL MAIDEN NAME: Laura Melinda Hedrick
RESIDENCE: Burley	RESIDENCE: Burley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Bountiful, Utah	BIRTHPLACE: Knob Noster, Mo.
OCCUPATION: D. D. S.	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 11.30 P **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician (Physician or midwife)

Address Burley Ida.

Filed Dec 28 1922 Dr. J. C. Parkinson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 22 194[illegible]

DECEASED

114-128-016-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. s. Albion St.

Hospital

Registration District No. 117 File No. 107667

Primary Registration District No. 2196 Registered No. 2459

FULL NAME OF CHILD Robert Woodbury Amundsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 28 1922

What bactericidal solution was used in eyes? 10% Argyrol, freshly prepared.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Rudgar Amundsen	FULL MAIDEN NAME	Anna Ruth Woodbury
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	St. George, Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician
(Physician or midwife)

Address Burley Ida

Filed Dec 30 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1943

718-283.06-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 107668

Hospital ..... Primary Registration District No. 2196 Registered No. 2460

FULL NAME OF CHILD Marion Uarda Pahan
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec. 23 1922

What bactericidal solution was used in eyes? 10% argyrol, freshly prepared.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Joseph Mitchell Pahan	FULL MAIDEN NAME: Gladys Valentine Elton
RESIDENCE: Burley	RESIDENCE: Burley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Brandon, Minn	BIRTHPLACE: Baker, Ore.
OCCUPATION: Insurance salesman	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician (Physician or midwife)

Address Burley, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 30 1922 Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1942

219-130-016-432

PLACE OF BIRTH
Amended 2-23-78

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107669

County of Cassia

City of Burley

No. S. Hansen St.

Registration District No. 117

File No.

Hospital

Primary Registration District No. 2196

Registered No. 2461

FULL NAME OF CHILD Vaughn Kimble Barrus
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 30 1922

What bactericidal solution was used in eyes? 10% argyrol, freshly prepared.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Ezra Barrus	FULL MAIDEN NAME	Anna Eliza McBride
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Grantsville, Utah	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bron alive (Born alive or stillborn) at 4.45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician.
(Physician or midwife)

Address Burley Ida

Filed Dec 31 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1968

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding } ss. FEB 1 11 04 AM '78

Certificate No. 107669

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Vaughn Levar Barrus (Name on Original Certificate) who was born (Was Born or Died) on Dec 30, 1922 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	Levar	Kimble

Subscribed and sworn to before me this 30th day of January, 19 78

Notary Public, residing at Gooding, Idaho
My commission expires Feb. 10, 1981
(Seal)

Signed Anna Eliza McBride Barrus mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sunrise Courts, Apt. 8
Gooding, Idaho 83330 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 12/8/77 NM

Certificate of Blessing gives name as Vaughn Kimble Barrus son of Ezra Barrus and Anna Elizabeth McBride born December 30, 1922 at Burley, Idaho and blessed April 1, 1923 in L.D.s.Church.
Viewed by V.S.

Insurance Policy gives name as Vaughn Kimble Barrus. Policy # 218038 issued by Benevicial Life Ins. Company Original Beneficiary Ezra Milton Barrus and Anna Eliza Barrus, mother and father. Policy issued August 25, 1941.
Viewed by V.S.

575 201-016-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 107670

Primary Registration District No. 2196 Registered No. 2462

FULL NAME OF CHILD Margaret Van Engelen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
7	1		1	Yes	Dec.	1st	1923

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol. Ag NO_3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Van Engelen	FULL MAIDEN NAME	Margaret Roberts
RESIDENCE	Burley	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Merchant	OCCUPATION	Howfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I [illegible]ed the birth of this child, who was Born alive at 9.35 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, the [illegible] the father, householder, etc., should make [illegible] is return. A stillborn child is one that [illegible] breathes nor shows other evidence of [illegible] birth.

(Signature) G R Smith MD

(Physician or midwife)

Address Burley Idaho

Filed Dec 23 1923 Dr. J. C. Patterson
Registrar.

Give [illegible] from a supplement [illegible] report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1945

December

389-21-016-347

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107671

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Registration District No. 711 File No. .....

Primary Registration District No. 2196 Registered No. 2463

FULL NAME OF CHILD Beatrice Christopherson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 17 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Heber Christopherson	Florence Ingram
RESIDENCE	Declo	Declo
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	21
BIRTHPLACE	Wyo	Utah
OCCUPATION	Farmer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) .....
(Physician or midwife)

Address Rupert Idaho

Filed Dec. 31 1922 .....
Registrar.

Dr. J. C. Patterson

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/22/41 L. B.

845-225-016-363

PLACE OF BIRTH

Amended Jan. 15, 1952

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ____ St.

Hospital ____

Registration District No. 117 File No. 107672

Primary Registration District No. 2196 Registered No. 2464

FULL NAME OF CHILD JUNE LORRAINE HUNTING
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Dec. 25 1922

What bacterieidal solution was used in eyes? argyol

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Wayne Hunting	FULL MAIDEN NAME	Tressa Tolman
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

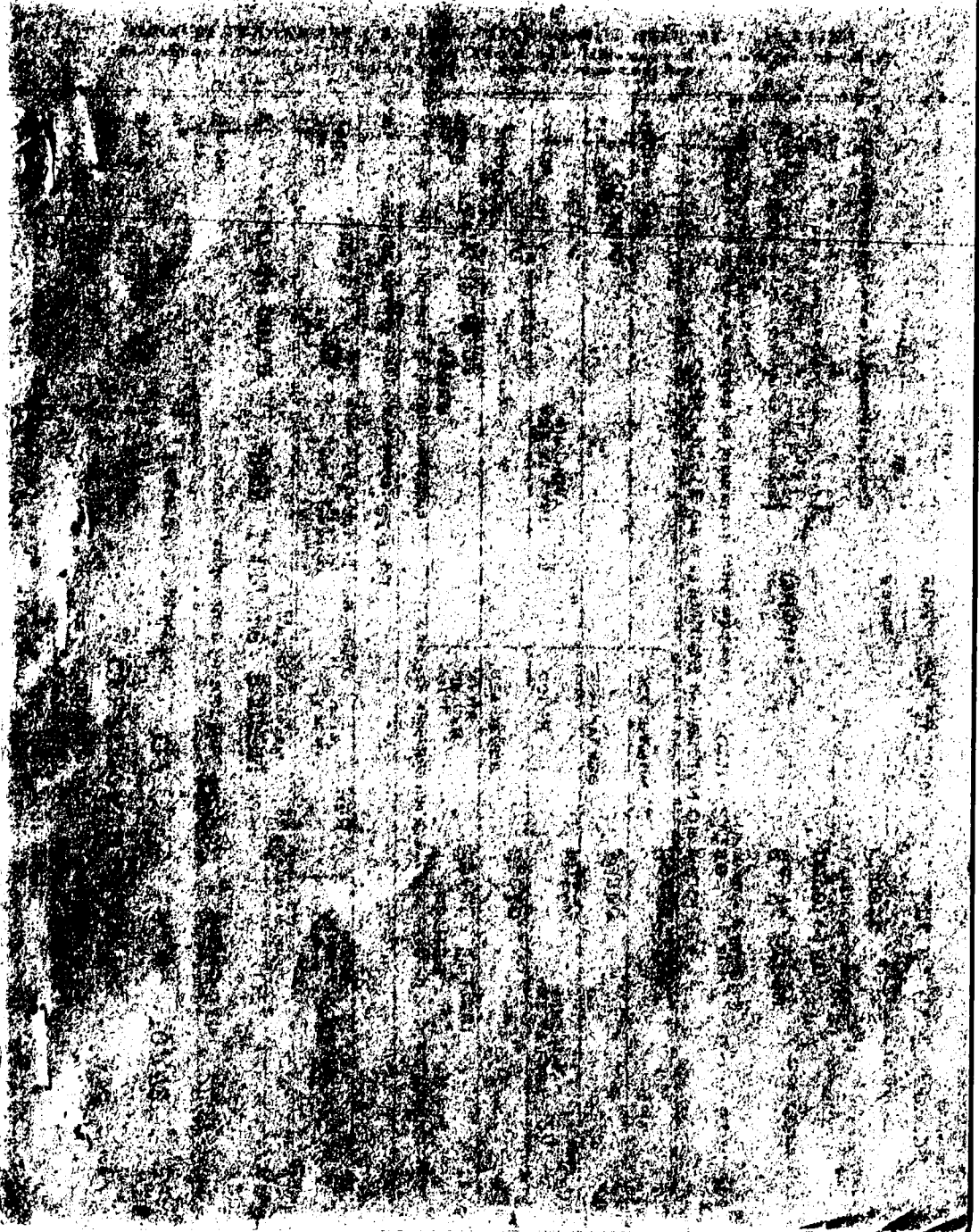
(Signature) C. P. Groom

physician
(Physician or midwife)

Address Rupert

Filed Dec. 31 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
JAN 1 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Washington } ss.

Certificate No. 107672

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Idaho Hunting (Name on Original Certificate) who Born (Was Born or Died) on Dec 23 1922 (Date of Event) in Declo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Idaho Hunting	June Lorraine Hunting

Subscribed and sworn to before me this 9 day of January, 1952

Notary Public, residing at St George Utah
My commission expires April 28, 1954
(Seal)

Signed Teresa Tolman Hunting
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of December, 1951

Notary Public, residing at St George, Utah
My commission expires April 28, 1954
(Seal)

Signed Mark C Crandall
(Signature of Any Credible Person)

St George, Utah
(Street Address, City, State)

FORM DPH - 51117

318-225 016-314

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 10 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 107673

No. ..... St.

Primary Registration District No. 2196 Registered No. 2465

Hospital .....

FULL NAME OF CHILD Shirley Elsa Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Glenn S Taylor	FULL MAIDEN NAME	Leona Campbell
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pima Arizona	BIRTHPLACE	Salt Lake City
OCCUPATION	Truck Driver	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~(Born alive or stillborn)~~, at 11:40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley Ida

Filed Dec. 31 1922 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 10 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full nam included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Burley

ST. Cassia

COUNTY Cassia

FATHER G. I. Taylor

FILE NO. 107673

DATE OF BIRTH Dec. 25, 1922

SEX OF CHILD Female

MOTHER Diona E. Camp

(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Shirley Elva Taylor

Mrs. G. I. Taylor

Signature of Father or Mot

RECEIVED
JAN 20 1923
VITAL

692-122-016-993

PLACE OF BIRTH

RECEIVED
1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 107674

No. ..... St.

Primary Registration District No. 2196 Registered No. 2466

Hospital .....

FULL NAME OF CHILD Thomas Richard Fisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fred F Fisher	FULL MAIDEN NAME	Bessie Richards
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Vermont	BIRTHPLACE	Brigham Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Argyl

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley Ida

Filed Dec 31 1922 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JA...
BUR...

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 6 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Burley
ST. Idaho
COUNTY Cassia
FATHER Fred T. Fisher

FILE NO. 107674
DATE OF BIRTH Dec. 22nd 1922
SEX OF CHILD Male
MOTHER Bessie Richards
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Thomas Richard Fisher

Fred Thomas Fisher

Signature of Father or Mother

296-220-016-356

PLACE OF BIRTH

RECEIVED
JAN 10 1923
VITAL
STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107675

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2467

FULL NAME OF CHILD Edna Dorothy Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alma D Brown	FULL MAIDEN NAME	Rachael Lewis
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Provo Utah	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Argol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Registrar

Filed Dec 31 1922 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

FEB 9 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho JAN 16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Burley
(ST. _____
(COUNTY Cassia

FILE NO. 107675

DATE OF BIRTH Dec. 20 1922

SEX OF CHILD Female

FATHER Alma D. Brown

MOTHER Rachel Lewis
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Edna Dorothy Brown

Mrs. Alma D. Brown
Signature of Father or Mother.

MAY 8 1942

MAY 21 1942

57-22-016-036

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107676

County of Cassia

City of Burley

No. Stark's Ranch St.

Hospital

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 2468

FULL NAME OF CHILD Evelyn Egan

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	1	Yes	Dec 22 1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Douglas M. Egan	FULL MAIDEN NAME Leona Stocking
RESIDENCE Burley R#1	RESIDENCE same
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farm	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:15 P. M. (Born alive or stillborn) **on the date above stated.**

(Signature) G. H. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Filed Dec 31 1922 Dr. J. C. Patterson

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

719-217-016-663

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107677

County of Cassia
City of Burley
No. RFD 2 St.
Hospital

RECEIVED ... 1923 ... STATISTICS

Registration District No. 117
Primary Registration District No. 2196
File No.
Registered No. 2469

FULL NAME OF CHILD Louise Painter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1		1	Yes	Dec. 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John S. Painter	FULL MAIDEN NAME	Gadelia Folkman
RESIDENCE	Burley R#2	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm.	OCCUPATION	Hsewfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD
(Physician or midwife)

Address Burley Idaho

Filed Dec 31 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1972

168-230-086-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC ~~WELFARE~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R7D3 St.

Hospital

Registration District No. 117 File No. 107678

Primary Registration District No. 2196 Registered No. 2470

FULL NAME OF CHILD Wilda Ellen Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1		1	yes	Dec. 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol Ag NO3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Delbert H. Johnson	FULL MAIDEN NAME	Lona May Pratt
RESIDENCE	Burley R #3	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Hswfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD
(Physician or midwife)

Address Burley Idaho

Filed Dec 31 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 15 1945

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10678

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Wong Joen	Wilda Ellen Johnson

Subscribed and sworn to before me this 7th day of June, 1945

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Mrs. Lona Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

567-227-016-231

PLACE OF BIRTH

County of Cassia

City of Burley

No. R.F.D. 2 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1923

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 107679

Primary Registration District No. 2196 Registered No. 2471

FULL NAME OF CHILD Charlotte Nordstrom

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	1	Yes	Dec. 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol. Ag NO3 17%

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	John G. Nordstrom	FULL MAIDEN NAME	Jane Blake
RESIDENCE	Burley R 2 D 2	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) G. H. Smith MD

(Physician or midwife)

Address Burley Idaho

Filed Dec 31 1927 Dr. J. C. Patterson Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 5 8 57 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 107679

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Baby Nordstrom (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 29, 1922 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Charlotte Nordstrom

Subscribed and sworn to before me this 1st day of May, 1975

J. E. Bertelson

Notary Public, residing at Salt Lake City Utah

My commission expires July 20, 1976

(Seal)

Signed Mary Nordstrom Curtis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

931 So 400 E Centerville Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1975

J. E. Bertelson

Notary Public, residing at Salt Lake City Utah

My commission expires July 20, 1976

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

115 [illegible]

(Street Address, City, State)

8416

FORM DH 60-155

CL 4/10/75 nm

Passport issued March 20, 1970. gives name as Charlotte Nordstrom Udy. born Dec. 29, 1922 in Idaho. viewed by V. S.

MAY 23 1975

Certif. of Baptism and Confirmation from the LDS Church gives name as Charlotte Nordstrom daughter of John G. Nordstrom and Jane Blake. Born Dec. 29, 1922 at View, Idaho. Was Baptized Aug. 6, 1933. viewed by V. S.

366-22-2116-276 AMENDED MOTHER'S MAIDEN NAME 11-13-96 MS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 128 S. Normal St. Registration District No. 117 File No. 107680

Hospital Primary Registration District No. 2196 Registered No. 2472

FULL NAME OF CHILD Geneva Lowther

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	1	Yes	Dec 27 1922

What bactericidal solution was used in eyes? Sil Ag NO3 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Robert Lowther	FULL MAIDEN NAME Elizabeth ~~Stoddard~~ LOWTHER
RESIDENCE Burley Idaho	RESIDENCE same
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Contractor	OCCUPATION Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 31 1922 Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-31-96

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
[illegible] Health Policy

AFFIDAVIT TO CORRECT [illegible] ORIGINAL CERTIFICATE

RECEIVED
NOV 12 1996
VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 1922-107680
Date Filed JAN. 10, 1923

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for GENEVA LOWTHER (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 27, 1922 (Date of Event)

in BURLEY (CASSIA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
MOTHER'S MAIDEN NAME	ELIZABETH STODDARD	ELIZABETH LOWTHER

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

x Carol Lowther
Signature of Applicant

x 915 - 33rd Ogden Ut
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5-th day of November, 1996.

Notary Public, Paul J. Whiteley

Residing at Ogden Ut

My commission expires 4/11/2000

(Seal)

NOTARY PUBLIC
STATE OF UTAH
My commission expires April 11, 2000
PAUL J. WHITELEY
114001
3502 Washington Blvd.
Ogden, UT 84414

Supporting Signature

Street Address, City, State

CERTIFICATE OF REGISTRY OF BIRTH SHOWS ELIZABETH LOWTHER BORN DEC. 25, 1890 IN ENGLAND VIEWED VS.

BAPTOSMAL CERTIFICATE SHOWS ELIZABETH LOWTHER BORN DEC. 25, 1890 IN SUNDERLAND (DURHAM) ENGLAND WAS BAPTIZED OCT. 26, 1899 VIEWED VS.

751-123-016-266

PLACE OF BIRTH

County of Cassia

City of Burley

No. 114 Miller St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 1 1923
VITAL

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 107681

Primary Registration District No. 2196 Registered No. 2473

FULL NAME OF CHILD Albert Pearson Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		1	Yes	Dec 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO_3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Albert Pearson	FULL MAIDEN NAME	Ruth Bowers
RESIDENCE	Boise Idaho	RESIDENCE	same
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	H swife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD
(Physician or midwife)

Address Burley Idaho

Filed Dec 31 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-216-066-794

PLACE OF BIRTH

RECEIVED
JAN 10 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107682

County of Cassia
City of Burley
No. ..... St.
Hospital .....

Registration District No. 117
Primary Registration District No. 2196
File No. .....
Registered No. 2474

FULL NAME OF CHILD Martha Lenore Malloy
(Certificate of no value without full name of child.)

Sex of Child Female
Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)
Legitimate? Yes
Date of birth 12-16-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Cl. Noz

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Elmer C Malloy	FULL MAIDEN NAME	Nora Grunwell
RESIDENCE	Burley	RESIDENCE	Mexico
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wyo	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	Mother
		COLOR	White
		AGE AT LAST BIRTHDAY (Years)	31

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) F H Cutler M.D.
(Physician or midwife)
Address Burley Ida.

Filed Dec 31 1922 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho. [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Burley

(ST. _____

(COUNTY Cassia

FILE NO. 107682

DATE OF BIRTH Dec. 16, 1922

SEX OF CHILD Female

FATHER Elmer Mallory MOTHER Nora Yasswell (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Martha Lenore Mallory

Elmer Clinton Mallory

Signature of Father or Mother.

314-12-16-915

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 107683

Primary Registration District No. 2196 Registered No. 2475

FULL NAME OF CHILD Charles Ralph Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12-26-1922

What bactericidal solution was used in eyes? Ag Noz

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Chas N. Campbell	FULL MAIDEN NAME	Rhoda Randall
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Labour	OCCUPATION	Mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler M.D.
(Physician or midwife)

Address Burley Ida

Filed Dec 31 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE, 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Burley

ST. 319 Malta ave.

COUNTY Cassia.

FILE NO. 107683

DATE OF BIRTH Dec. 26th

SEX OF CHILD Male

FATHER Chas N. Campbell

MOTHER Rhoda E. Randall
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Charles Ralph Campbell

Mrs. Rhoda Campbell

Signature of Father or Mother.

666-12-016-163

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 107684

Hospital ..... Primary Registration District No. 2196 Registered No. 2476

FULL NAME OF CHILD Ester Wood
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12-27-1922

What bactericidal solution was used in eyes? Arg Nos

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas M. Woodbury	Flora Jolley
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	27
BIRTHPLACE	Iowa	Ut
OCCUPATION	Carpenter	Mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. K. Carter

(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 31 1927 Va. J. McPatterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Burley FILE NO. 107684

(ST. _____ DATE OF BIRTH 27th December

(COUNTY Cassia SEX OF CHILD Male

FATHER Charles Wood MOTHER Nora [illegible] Lot
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ester Wood.

Nora Wood.

Signature of Father or Mothe

DEC 13 1960

MAR 23 1946

219-III-016-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 10 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107685

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2477

FULL NAME OF CHILD Dale Ford Barton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 11 1922

What bactericidal solution was used in eyes? Arg. Nos.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Myron C. Barton	FULL MAIDEN NAME	Viola Ford
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hswf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler MD

(Physician or midwife)

Address Burley Ida

Filed Dec 31 1922 Pro. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

RECEIVED
1923
OF VITAL
STATISTICS

Place of Birth (CITY Burley

ST. Idaho

COUNTY _____

FILE NO. 107685

DATE OF BIRTH Dec. 11, 1922

SEX OF CHILD Male

FATHER Lyman C. Barlow

MOTHER Lola Ford
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dale Ford Barlow

Mrs. M. C. Barlow

Signature of Father or Mother.

NOV 13 1970

JUN 27 1944

AUG 5 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B.—In case of more than one child at birth a SEPARATE RETURN must be and the number of each, in order of birth stated.

122 016-415

F BIRTH

...ssin

...urley

St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 10 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 107686

Primary Registration District No. 2196 Registered No. 2478

FULL NAME OF CHILD WALTER LeROY YOUNG
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12-22-1922

What bactericidal solution was used in eyes? Ag Nor

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Seymour Young	FULL MAIDEN NAME	Ella Davis
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wis.	BIRTHPLACE	Va
OCCUPATION	Laborer	OCCUPATION	Mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler
M.D.
(Physician or midwife)

Address Burley Idaho

Filed Dec 31 1922 Hr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 107686
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Unnamed~~ Birth (Birth or death)
for Unnamed Young (Name on original certificate) who was born (Was born or died) on 21st Dec. 1922 (Date of event)
in Burley Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on at birth of registrant (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Young	Walter LeRoy Young

Subscribed and sworn to before me this 2nd day of January, 1942

Notary Public, residing at Burley, Ida.

My commission expires June 1, 1942

[SEAL]

Signed Glenn Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 1942

Notary Public, residing at Burley Idaho

My commission expires June 1, 1942

[SEAL]

Signed Ella Young
(Signature of any credible person other than the previous affiant.)

Burley, Idaho (Street Address, City, State)

Received for filing on By
(Registrar's signature)

APR 2 9 1970

349-212-017-249

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107687

County of Clark

City of Dubois

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

Registration District No. 125 File No.

No. St.

Primary Registration District No. 2203 Registered No.

Hospital

FULL NAME OF CHILD Lucy B Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 12 1922

FATHER		MOTHER	
FULL NAME	Chas E Curtis	FULL MAIDEN NAME	Lucy B Smith
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Prop Garage	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr Rose Lease
(Physician or midwife)

Address Dubois Idaho

Filed Dec 13 1922 C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 26 1960

236-431017-963

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125 File No. 107688

No. ..... St.

Hospital .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD May Stolt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Dec	13	1922

FATHER		MOTHER	
FULL NAME	Rody J Stolt	FULL MAIDEN NAME	Veda J Rock
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) C E Jones M D
(Physician or midwife)

Address Dubois Idaho

Filed Dec 13 - 1922 C E Jones M D
Registrar

STOLT

dup CB 1922-315421

769-219-018-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted] OAHO
[redacted] STATISTICS
[redacted] BIRTH

RECE[redacted]
DEC 3[redacted]
BUREAU OF [redacted]
STATIST[redacted]

County of Clearwater

City of Lenore

Registrat[redacted]

File No. 107689

No. ..... St.

Primary Registration District No. 0168

Registered No. 77

Hospital .....

FULL NAME OF CHILD Freda Juanita Goin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 19 1922

FATHER		MOTHER	
FULL NAME	John Goin	FULL MAIDEN NAME	Maude Stalnecker
RESIDENCE	Lenore Ida	RESIDENCE	Lenore, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Ida

Filed Nov 19 1922 J. M. Fairly

Registrar

Registrar

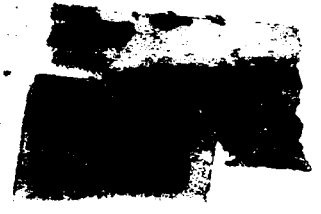
S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1944



669-123-018-319

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107690

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Orofino

Registration District No. 9-0

File No.

No. St.

Primary Registration District No. 2168

Registered No. 38

Hospital

FULL NAME OF CHILD Virgil Ulyses Worden

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 28 1922

FATHER		MOTHER	
FULL NAME	U. G. Worden	FULL MAIDEN NAME	Minerva Carson
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Village Marshall	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 6:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faith

(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov 13 1922

J. M. Faith
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1941

FEB 13 1945

343-125-018-V63

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

Registration District No. 90

File No. 107691

Primary Registration District No. 2168

Registered No. 79

FULL NAME OF CHILD Richard Vaughn Tucker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 25 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Denton D Tucker	Mittie Marie Molloy
RESIDENCE	Orofino Ida	Orofino, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Oregon	Idaho.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Horswell

(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed January 4 1923

J. M. Travis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 3 1974

OCT 1 7 1942

432-228-018-235

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

County of Clearwater

City of Orofino

Registration District No. 90

File No. 107693

No. ..... St.

Primary Registration District No. 2168

Registered No. 81

Hospital .....

FULL NAME OF CHILD Georgene Rachael McKinnon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Oct 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. H. McKinnon	FULL MAIDEN NAME	Florence Blevins
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Mo.
OCCUPATION	Forestry	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W. Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed Jany 6 1923

J. M. Fairly Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-102-018-295

Form V. S. No. 11-C—25m-9-8-15

RECEIVED JAN 9 1923 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 107694

No. ..... St.

Primary Registration District No. 2168

Registered No. 82

Hospital .....

FULL NAME OF CHILD ~~Bernard~~ Whitney, Billy Ray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec 2 1922

FATHER		MOTHER	
FULL NAME	G. B. Whitney	FULL MAIDEN NAME	Alpha Kinyon
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ida	BIRTHPLACE	So. Dak.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

Filed Dec 2 1922 J. M. Fairly

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nezperce

Certificate No. 107694

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Bernard Whitney (Name on Original Certificate) who was born (Was Born or Died) on December 2, 1927 (Date of Event)
in Orofino (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on on or about above birth date (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Bernard Whitney	Billy Ray Whitney

Subscribed and sworn to before me this 8 day of June, 1944

Notary Public, residing at Lewiston Idaho

My commission expires July 10, 1945
(Seal)

Signed Alpha Retta Whitney Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7th St. Clarkston Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1944

Notary Public, residing at Clarkston Wash

My commission expires 11-7-44
(Seal)

Signed Mary J. Corum
(Signature of Any Credible Person Other Than Previous Year)

639 2nd + Maple
(Street Address, City, State)
Clarkston Wash.

AUG 28 1963

JUN 16 1944

249-110-018-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

1923

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. [illegible]

File No. 107695

No. ____ St.

Primary Registration District No. 1

Registered No. 83

Hospital ____

FULL NAME OF CHILD ~~XXXXXXXXXXXXXX~~ CLIFTON Junior Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 10 1922

FATHER		MOTHER	
FULL NAME	John C. Smith	FULL MAIDEN NAME	Eupha E. Whitworth
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:00 M. on the date above stated.

(Signature) J. M. Fairly

Physician

(Physician or midwife)

Address Orofino Idaho

Filed Dec 10 1922 J M Fairly Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 30 1942
County of Lewis }

Certificate No. 107695

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Clifford Junior Smith (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 10, 1922 (DATE OF EVENT)
in Orofino, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug 25 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Clifford Junior Smith	Clifton Junior Smith

Subscribed and sworn to before me this 28th day of January, 1942.

Notary Public, residing at Kamiah Idaho

My commission expires 10-23-1943
(SEAL)

Signed Eugene E. Whitworth Smith
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of January, 1942.

Notary Public, residing at Orofino Idaho

My commission expires March 28, 1942
(SEAL)

Signed (mama another) Mrs Sarah Whitworth
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Orofino Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 30 1942 By

(REGISTRAR'S SIGNATURE)

1942

APR 19 1967
MAY 16 1967

1637-11-018 262

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Orofino

No. ____ St.

Hospital

Registration District No. 90

Primary Registration District No. 2165

File No. 107696

Registered No. 84

FULL NAME OF CHILD Robert K. Malloy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 11, 1922

FATHER		MOTHER	
FULL NAME	Robert Malloy	FULL MAIDEN NAME	Emma Babb
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	
OCCUPATION	Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Purdy

Physician (Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec 11, 1922 J M Purdy

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1943

DEC 9 1942

MAR 1 - 1954

695-212 of 16-695

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 1 e

File No. 107697

No. ____ St.

Primary Registration District No. 2 1

Registered No. 85

Hospital ____

FULL NAME OF CHILD Elizabeth Rachel Frear

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 12 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Frear	Elizabeth Frear
RESIDENCE	Grangemont, Ida.	Grangemont, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley

Physician (Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Dec 12 1922 J. M. Fairley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1942

PLACE OF BIRTH

753-1141 of 8-168

Amended Dec. 18, 1950

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Registration District No. 90 File No. 107698

Hospital ..... Primary Registration District No. 2168 Registered No. 86

FULL NAME OF CHILD John Robert Pentland
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec. 14 22

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: George Henry Pentland	FULL MAIDEN NAME: Mary Johnson
RESIDENCE: Orofino, Idaho	RESIDENCE: Orofino, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Mich.	BIRTHPLACE: Mich.
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:05 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino, Idaho

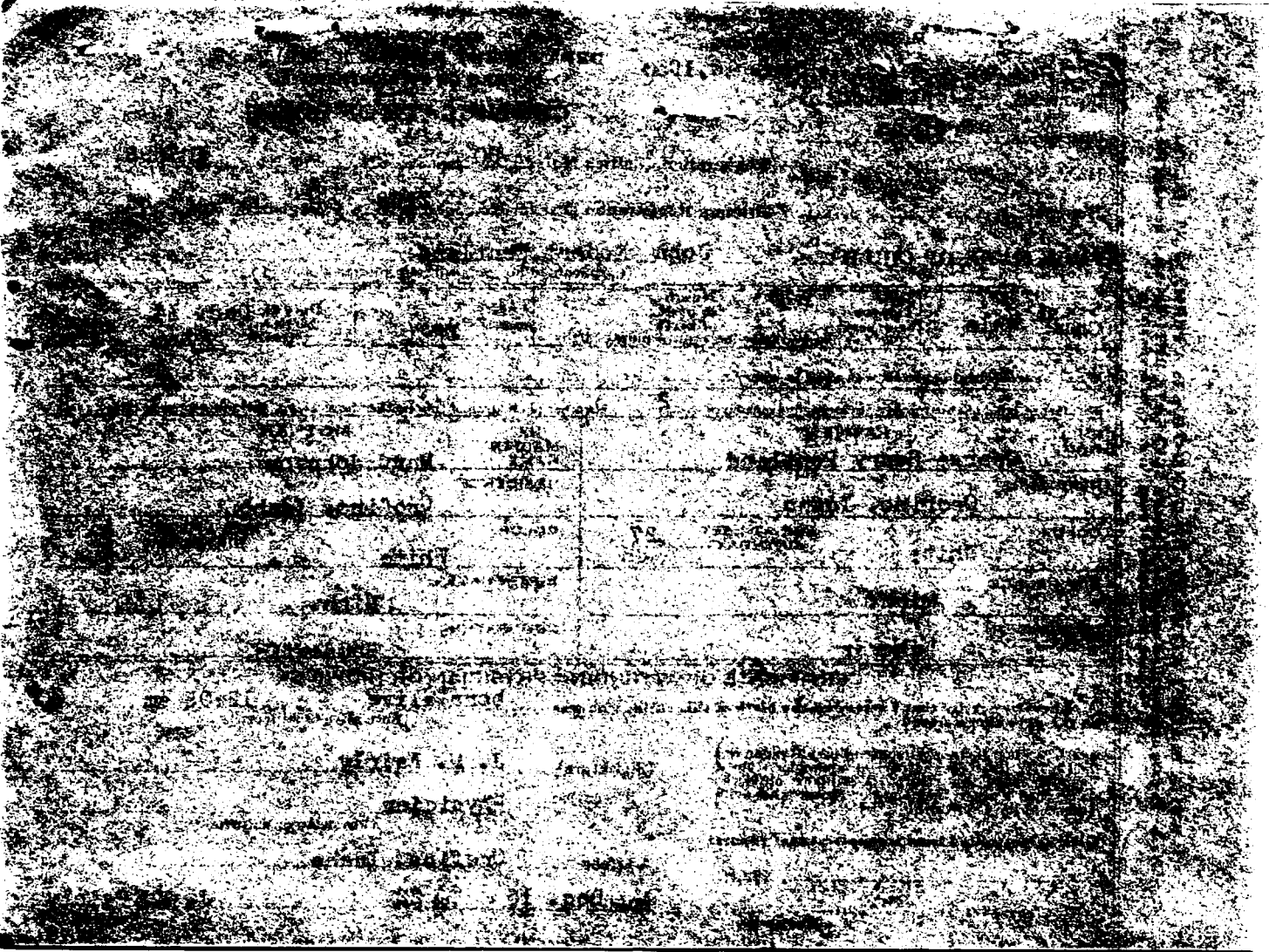
Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec. 15 192 22 J. M. Fairly Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 107698

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Pentland (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1920 (Date of Event)
in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	James	John Robert

Subscribed and sworn to before me this 14 day of December, 1950

Notary Public, residing at Wallace, Idaho
My commission expires Oct. 21, 1952
(Seal)

Signed George Pentland Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wallace, Idaho - Box 411
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of December, 1950

Notary Public, residing at Wallace, Idaho
My commission expires Oct. 21, 1952
(Seal)

Signed Fay Pentland wife
(Signature of Any Credible Person)

Wallace, Idaho - General Delivery
(Street Address, City, State)

763-22-108-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107699

County of Clearwater
City of Elk River
No. ____ St.
Registration District No. 91
File No. ____
Hospital at home
Primary Registration District No. 2168
Registered No. 15

FULL NAME OF CHILD Ida Carolyne Golda
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and		Yes	Dec. 21 1922

What bacterioidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Augusta Golda	FULL MAIDEN NAME	Guistina Martini
RESIDENCE	Elk River, Ida.	RESIDENCE	Elk River, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson, M.D.
(Physician or midwife)

Address Bovill, Idaho

Filed Dec. 31 1922 Mildred Hanly
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-107,018-253

Form V. S. No. 11 C—20m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

Registration District No. 91

File No. 107700

No. ..... St.

Primary Registration District No. 2168

Registered No. 14

~~Hospital~~ At home

FULL NAME OF CHILD William Lone Cooper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 7 1922

FATHER		MOTHER	
FULL NAME	Alonzo Benson Cooper	FULL MAIDEN NAME	Pearl Nelvena Bell
RESIDENCE	St. Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	New York state	BIRTHPLACE	Salem Oregon
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Breuning M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Elk River

Filed Dec. 21 19 22 Mildred Hambly Registrar

Registrar

S-Y CO. 24455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1955

U. S. Nr. 11—20m-7-26-19

[illegible] OF PUBLIC WELFARE
[illegible] BUREAU OF VITAL STATISTICS
[illegible] CERTIFICATE OF BIRTH
BUREAU OF [illegible] STATISTICS

107701

City of Glenn's Ferry Registration District No. 35 File No.

No. St.

Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Theodore James Shaw.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	yes	Dec. 23 1922

FATHER		MOTHER	
FULL NAME	Jacob James Shaw	FULL MAIDEN NAME	Lilly Barnett
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Machinist Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Dec. 23. 1922 at 5.45 P M. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Glenn's Ferry Idaho

Filed Dec. 27 1922 J. W. Doris
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B.—In case of more than one child at birth a SEPARATE RETURN must be [illegible] and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

319-219-020-219

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107702

County of Elmore

City of Glenns Ferry

Registration District No. 35 File No.

No. St.

Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Adelaine Mary Carlton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3	yes	Dec 19. 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Scott Carlton	Rose Bartholio
RESIDENCE	Glenns Ferry Idaho	Glenns Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	America	America
OCCUPATION	Locomotive Fireman	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Dec 19. 1922, at 5:10 a M. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis
Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

19

Registrar.

Filed Dec. 22- 192 J. W. Davis

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Duplicate 1922.to 232818 is voided

Form V. S. No. 11—20m-.

PLACE OF BIRTH

339-19-020-V69

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107703

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No.

No. St.

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD Virginia May Cline

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	yes	Dec. 19- 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rupert Lawrence Cline	Mary C. Mortensen
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Printer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Dec. 19-1922, at 8 a M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

(Signature) J. W. Doris

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Dec. 23 1922 J. W. Doris
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.
MARGIN RESERVED FOR BINDING

RECEIVED
JAN 1 1923
DEPARTMENT OF PUBLIC WELFARE
STATE OF IDAHO

OF I H O.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Glenns Ferry, FILE NO. 107703

(ST. _____ DATE OF BIRTH December 19-22

(COUNTY Elmore SEX OF CHILD Female

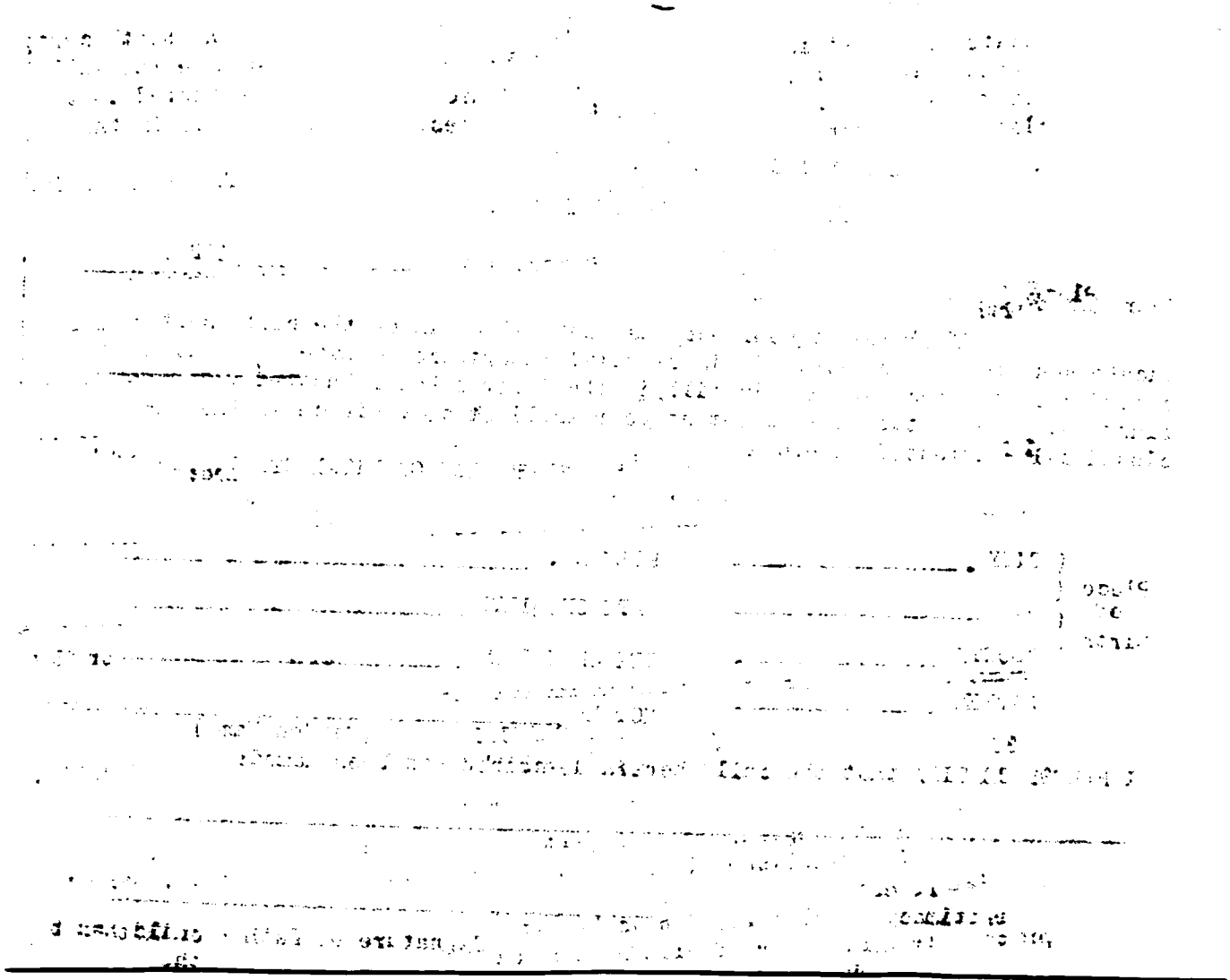
FATHER Rupert L. Kline MOTHER Mary Mortensen (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Virginia Mary Kline

Rupert L. Kline

Signature of Father or Mother



764-127-020-962

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34

File No. 107704

No. ..... St.

Primary Registration District No. 2020

Registered No. 43

Hospital .....

FULL NAME OF CHILD Dudley Jack Goul

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11-27-1922

FATHER		MOTHER	
FULL NAME	Dudley Goul	FULL MAIDEN NAME	Velma Ross
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Lineman	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Evans

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 12-1-1922

T. E. Evans
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 11 1972

255-230-020-962

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ____ St.

Hospital ____

RECEIVED JAN 6 1923 DIVISION OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 107705

Primary Registration District No. 2020 Registered No. 44

FULL NAME OF CHILD Frances Catherine Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11-30-1922

FATHER	MOTHER
FULL NAME: Fred W Bennett	FULL MAIDEN NAME: Mayme E. Ross
RESIDENCE: Mtn Home Ada	RESIDENCE: Mtn Home Ada
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Ada	BIRTHPLACE: Mont
OCCUPATION: Feed & Coal	OCCUPATION:

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:25 P M. on the date above stated.

(Signature) F E Evans

M D (Physician or midwife)

Address Mtn Home Ida

Filed 1-1-1923

F E Evans Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

.... Registrar

5-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1947

219.207.020-814

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34

File No. 107706

No. ..... St.

Primary Registration District No. 2020

Registered No. 45

Hospital .....

FULL NAME OF CHILD Wanda Elizabeth Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 7, 1922

FATHER		MOTHER	
FULL NAME	Edwin G Bailey	FULL MAIDEN NAME	Sue M. Hammond
RESIDENCE	Hammett Ida	RESIDENCE	Hammett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Mont.
OCCUPATION	Stockraising	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 1/4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. E. Evans, M.D.

(Physician or midwife)

Address Mtn Home Ida

Filed 12-22-1922

J. Edwards
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-114-020-845

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

RECEIVED JAN 6 1923 VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Registration District No. 34 File No. 107707

Primary Registration District No. 2020 Registered No. 46

FULL NAME OF CHILD Wilbert Doty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 - 14 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Doty	FULL MAIDEN NAME	Irene Hunt
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	California	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mtn Home Ida

Filed 12-20-1922 T E Evans

Registrar Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-118-020-268

Form V. S. No. 11—25m-9-8-15

RECEIVED JAN 6 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Registration District No. 34 File No. 107708

Primary Registration District No. 20 20 Registered No. 48

FULL NAME OF CHILD William Boyer Bach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11-18-1922

FATHER		MOTHER	
FULL NAME	J M Bach	FULL MAIDEN NAME	Edna M. Boyer
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ida
OCCUPATION	Telegraph Operator	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 P. M. on the date above stated.

(Signature) J E Evans M D

(Physician or midwife)

Address Mtn Home Ida

Filed 12-20-1922 J E Evans Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753/30-020-236

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ____ St.

Hospital ____

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 1—25m-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107709

Registration District No. 34 File No. ____

Primary Registration District No. 2020 Registered No. 49

FULL NAME OF CHILD William Chas. Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12-30-1922

FATHER

FULL NAME: Raymond P. Peterson

RESIDENCE: Mtn Home Ida

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Clerk

MOTHER

FULL MAIDEN NAME: Marian A. Bloss

RESIDENCE: Mtn Home Ida

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Colorado

OCCUPATION: ____

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 A. M. on the date above stated.

(Signature) J. E. Evans

M D (Physician or midwife)

Address Mtn Home Ida

Filed 12-31-1922 J. E. Evans Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
JAN 29 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Mountain Home FILE NO. 107709

(ST. Idaho DATE OF BIRTH Dec 30th

(COUNTY Elmore SEX OF CHILD Male

FATHER R. P. Peterson MOTHER Marion Bloss
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

William Chas. Peterson

Raymond P. Peterson
Signature of Father or Mother.

MAR 24

417-202-020-249

PLACE OF BIRTH

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 107710

No. ____ St.

Primary Registration District No. 2020 Registered No. 41

Hospital ____

FULL NAME OF CHILD Doris May Magden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 2 1922

FATHER		MOTHER	
FULL NAME	Ernest Ray Magden	FULL MAIDEN NAME	Sarah E. Smith
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:05 P. M. on the date above stated.

(Signature) J E Evans

MD (Physician or midwife)

Address Mtn Home Ida

Filed 11—2—1922 J E Evans Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 29 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Dear Madam: Boise, Idaho JAN 1 8 1923 1923.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { CITY Mt. Home

ST.

COUNTY Elmore

FILE NO. 107710

DATE OF BIRTH June 3, 1922

SEX OF CHILD Female

FATHER Ernest R Maydon

MOTHER Elizabeth South
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Doris May Maydon

Mr and Mrs Ernest R May
Signature of Father or Mother.

MAY 21 1952

595-213-020-165

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. _____ St.

Hospital _____

Registration District No. 34

Primary Registration District No. 2020

File No. 107711

Registered No. 42

FULL NAME OF CHILD Eileen Ervin

Sex of Child: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 11 (Month) – 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	R. P. Irvin	FULL MAIDEN NAME	Verna Jones
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Indiana	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Mtn Home Ida

Filed 12-1-1922

F E Evans
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { CITY _____ ST. _____ COUNTY _____

FILE NO. 107711

DATE OF BIRTH _____

SEX OF CHILD Female

FATHER _____

MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

AUG 16 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 18 10 23 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107711

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Irvin (Female) (Name on Original Certificate) who was born (Was Born or Died) on 11-13-22 (Date of Event)
in Mtn. Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License & Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 9-14-41 & 10-26-68 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Eileen Ervin
Father's name	R. P. Irvin	Robert Paul Ervin

Subscribed and sworn to before me this 13th day of September, 1972

Notary Public, residing at Spokane

My commission expires 10-17-74

(Seal).

Signed [signature] (Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

W 601 Sharon Spokane Wash (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of September, 1972

Notary Public, residing at Spokane

My commission expires 10-17-74

(Seal)

Signed [signature] (Signature of Any Credible Person)

W-4169 Sharon (Street Address, City, State)

Spokane Wn.

FORM DH 60-155 CL 8/16/72

Application from Provident Life and Accident Insurance Co., Chattanooga, Tennessee gives name as Eileen Martin. Born Nov. 13, 1922. Dated. Oct. 26, 1960. Viewed by V. S.

OCT 4 1972

Marriage License and Certificate from California gives groom's name as Cashup Davis Martin and The bride's name as Eileen Ervin. Dated Sept. 15, 1941. Viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] F BIRTH

369-202-02 53

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1923

CERTIFICATE OF BIRTH 107712

County of Franklin

City of Preston Idaho

No. ____ St. ____ Registration District No. ____ File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. 325

FULL NAME OF CHILD Verna C. Turtchell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		6	yes	Dec 2 192 2

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	L E Turtchel	S P Elsner
RESIDENCE	Preston Ida	Preston Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	63	38
BIRTHPLACE	Salt Lake city Utah	American Falls Idaho
OCCUPATION	Farmer	Home keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

alive, at 2 25 P M.
(Born alive or stillborn)

I hereby certify that I attended the birth of this child, who was born on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Thos B Holden

Physician
(Physician or midwife)

Address Preston Ida

Filed Jan 8 1923 Mrs Ida Lyppets
Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Weston

ST. Idaho

COUNTY Franklin

FILE NO. 107712

DATE OF BIRTH Dec 2 1922

SEX OF CHILD Female

FATHER L. E. Twitchell

MOTHER Susan N. Talmage
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

our baby's name is Verna E Twitchell

Mrs Susan N. Twitchell

Signature of Father or Mother.

459-12-021-493

PLACE OF BIRTH

RECEIVED
JAN 12 1923
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107713

County of Franklin

City of Weston & Idaho

No. ..... St.

Registration District No. 27 File No. .....

Hospital .....

Primary Registration District No. 2119 Registered No. 326

FULL NAME OF CHILD Lamar Taft Merrill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
male	3 (To be answered only in event of plural births)	yes	Oct 22 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? nitrate silver

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	H H Merrill	FULL MAIDEN NAME	Ruby Miles
RESIDENCE	Weston & Ida	RESIDENCE	Weston & Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Franklin & Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Weston & Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 8 1923 Mrs Ida Lippels
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 6 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Weston
(ST. Idaho
(COUNTY Franklin

FILE NO. 107713
DATE OF BIRTH 22 Oct 1922
SEX OF CHILD Male
FATHER Harvey H. Merrill
MOTHER Ruby Miles. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lamar Taft Merrill.

Mrs H. H. Merrill.
Signature of Father or Mother.

356-230-021-512

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107714

County of Franklin

City of Franklin, Idaho

No. ..... St. Registration District No. 27 State File No. .....

Hospital ..... Primary Registration District No. 2119 Local Registrar's No. 334

FULL NAME OF CHILD Franta Estelle Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 30, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Grant Lewis	FULL MAIDEN NAME	Nettie Nash
RESIDENCE	Franklin, Idaho	RESIDENCE	Franklin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Leviston, Utah	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. States

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Jan 9 1923 Mrs Ida Lippitt
Registrar.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 24 11 40 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 107714

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lewis (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1922 (Date of Event)
in Franklin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Franta Estelle Lewis

Subscribed and sworn to before me this 21 day of April 1975, 19

Notary Public, residing at Preston, Idaho
My commission expires 3/4/78
(Seal)

Signed Laura N. Atkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Franklin, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of April 1975, 19

Notary Public, residing at Preston, Idaho
My commission expires 3/4/78
(Seal)

Signed Bruce L. Atkinson
(Signature of Any Credible Person)
Preston, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 3/27/75 lbc pd. rec. #3659

Leter from LDS Church, Franklin Ward, gives name as Franta Estella Smith. born Dec. 30, 1922 in Franklin, Idaho. Blessed March 11, 1923 and Baptized Apr. 14, 1931. viewed by V. S.

MAY 1 9 1975

Own child's birth certificate on file in Idaho gives name as mother (Frante Estells Lews.) child's born 6-3-9. father's name given as & Verl Walter Smith. child's name is unnamed (in processing of adding the name of Verlen.) viewed by V. S.

132-214-021-512

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107715

County of Franklin

City of Franklin, Idaho

No. ..... St. Registration District No. 27 State File No. .....

Hospital ..... Primary Registration District No. 2119 Local Registrar's No. 335

FULL NAME OF CHILD Gayle Atkinson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 14, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lester Ray Atkinson	FULL MAIDEN NAME	Laura Nash
RESIDENCE	Franklin, Idaho	RESIDENCE	Franklin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cove, Utah	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. States

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Jan 9 1923 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 1 1 1942

436-230-221-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 1 3 BUREAU

CERTIFICATE OF BIRTH

County of Franklin,

City of Preston, Idaho No. St.

Registration District No. 27 State File No. 107716

Hospital Primary Registration District No. 2119 Local Registrar's No. 336

FULL NAME OF CHILD Kate McWhorter

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 30, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Fay McWhorter	FULL MAIDEN NAME: Mabie Kerby
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Venetlen, N. Y.	BIRTHPLACE: Treasureton, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 5.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) G. W. Slater

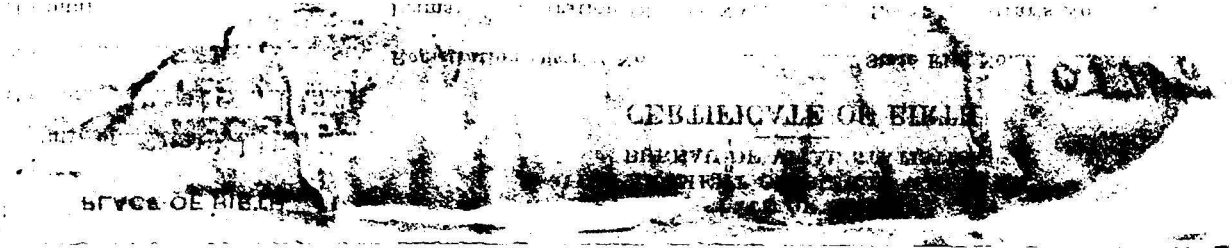
Physician
(Physician or midwife)

Address Preston, Idaho

Filed Jan 9 1923 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


CERTIFICATE OF BIRTH

RECEIVED
FEB 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Preston

ST. Idaho

COUNTY Franklin

FATHER Jay McWhorter

FILE NO. 107716

DATE OF BIRTH Dec 20 1922

SEX OF CHILD Female

MOTHER Mabel Carver
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Kate McWhorter

Mabel McWhorter

Signature of Father or Mother.

753-201-021-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Franklin

City of Preston, Idaho

No. ..... St.

Hospital .....

RECEIVED JAN

CERTIFICATE OF BIRTH 107717

Registration District No. 27 State File No. .....

Primary Registration District No. 2119 Local Registrar's No. 332

FULL NAME OF CHILD Syble Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 1, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	C. Joel Peterson	FULL MAIDEN NAME	Zeffie Bennett
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Mapleton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 192....

Registrar.

Filed Jan 9 1923 Mrs Ida [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

AUG 6 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-203-021-693

Child's name added 10-3-91 MCM

PLACE OF BIRTH

RECEIVED JAN 12 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107718

County of Franklin, City of Preston, Idaho

No. ..... St. Registration District No. 27 State File No. .....

Hospital ..... Primary Registration District No. 2119 Local Registrar's No. 331

FULL NAME OF CHILD MarDean Dalley

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec. 3, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Abram Dalley	FULL MAIDEN NAME: Stella Wilcox
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Draper, Utah.	BIRTHPLACE: Garfield, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Jan 9 1923 Mrs. Ida Tippetts Registrar.

10-1-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
OCT 3 1991
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 107718
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for Baby Girl Dalley (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 3, 1922 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Dalley	MarDean Dalley

Subscribed and sworn to before me this 2nd day of October, 19 91.

X Notary Public, Joan Easton
Residing at Burley Idaho
My commission expires 03-12-93
(Seal)

X MarDean Dalley
Signature of Applicant
X 149 Chestnut St. Idaho Falls, ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID birth certificate shows Linda Ririe born Mar 28, 1947 in Moscow to Max Henry Ririe and MarDean Dalley age 24 and born in Preston, state file #434529. Viewed by VS.

OCT 1991

Real Estate Purchase Agreement shows Max H Ririe and MarDean D Ririe bought property on Jan 15, 1982 in Pocatello, ID. Viewed by VS.

262-215-021-055

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Franklin, RECEIVED JAN 1923

City of Preston, Idaho. CERTIFICATE OF BIRTH 107719

No. ..... St. Registration District No. 27 State File No. .....

Hospital ..... Primary Registration District No. 2119 Local Registrar's No. 330

FULL NAME OF CHILD Beulah Johanna Bosen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec. 15, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. H. Bosen	FULL MAIDEN NAME	Gladys Henningson
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ephraim, Utah	BIRTHPLACE	Manti, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 9.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) G. W. Stalks

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Jan 9 1923 Mrs. Ida Tippetts Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

RECEIVED 1923 BUREAU OF VITAL STATISTICS

Place of birth (CITY Preston

(ST. _____

COUNTY Idaho

FILE NO. 107719

DATE OF BIRTH Dec. 15 1922.

SEX OF CHILD Female

FATHER Wendell K Bacon

MOTHER Gladys Hemmingson (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Beulah Johanna Bacon

Mrs Wendell K Bacon

Signature of Father or Mother

JAN 30 1967

9-2-11-02 1-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 12 1923
BUREAU OF VITAL STATISTICS

County of Franklin
City of Preston, Idaho
No. ..... St. ..... Registration District No. 27 State File No. 107720
Hospital ..... Primary Registration District No. 0119 Local Registrar's No. 329

FULL NAME OF CHILD Harley Lorraine Rasmussen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 11, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 13 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Rasmus Rasmussen	FULL MAIDEN NAME: Effie Larsen
RESIDENCE: ~~Mink Creek~~ ~~Preston~~, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Brigham, Utah	BIRTHPLACE: Mink Creek, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3.15 P. M. on the date above stated.

(Signature) G. W. Stalks
Physician
(Physician or midwife)

Address Preston, Idaho

Filed Jan 9 1923 Mrs Ida Tippets
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

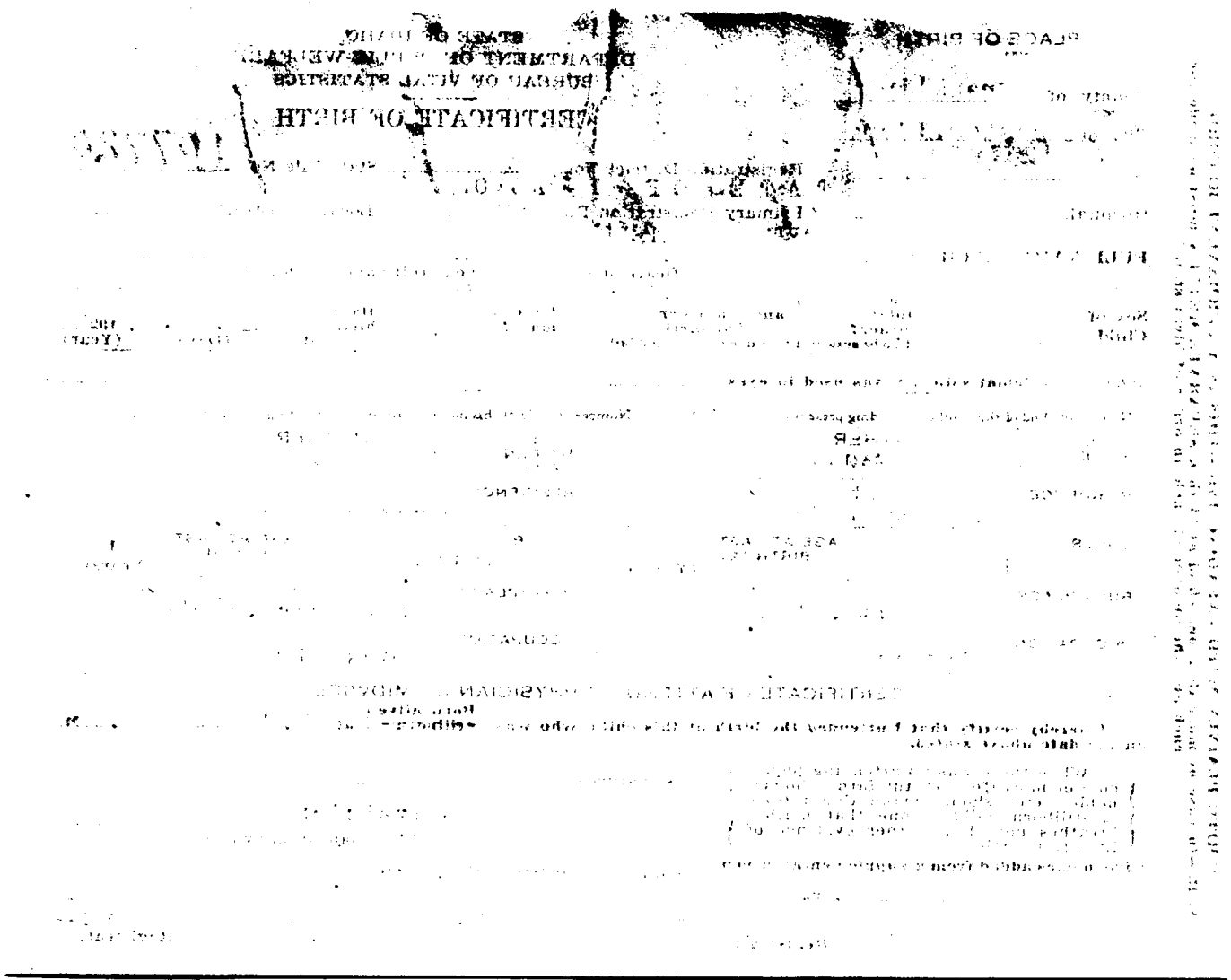
Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Preston
(ST. _____
(COUNTY Franklin

FILE NO. 107720

DATE OF BIRTH Dec 11. 1922

SEX OF CHILD Male

FATHER Rasmus Rasmussen

MOTHER Effie L. Larsen (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Harley Duraine Rasmussen

Rasmus Rasmussen

Signature of Father or Mother.

365-105 021-693

Form V. S. No. 11-C—20m-6-8-17

PLACE OF BIRTH

RECEIVED
JAN 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 107721

No. ..... St.

Primary Registration District No. 2119

Registered No. 322

Hospital Home

FULL NAME OF CHILD Lyman Wilson Condie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Nov (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Parley M. Condie	FULL MAIDEN NAME	Mary H. Wilson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Croydon Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Atorney	OCCUPATION	Home Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 2.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Franklin Co. Idaho

Filed Jan 8 1923 Mrs Ida Lippets

Registrar

Registrar

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

632-105-221-299

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 12 1923

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 107722

Primary Registration District No. 2119 Registered No. 317

FULL NAME OF CHILD Wendel Kirkup Olson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes.	Dec. 5 1922

What bactericidal solution was used in eyes? 1% Arg. 20 To

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Erastus P. Olsen	FULL MAIDEN NAME	Maude Kirkup
RESIDENCE	Preston. Ida.	RESIDENCE	Preston. Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler M.D.

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Filed Jan 8 1923 Mrs Ida Liggett

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho Jan[illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Preston
ST. —
COUNTY Franklin
FATHER E. V. Olson

FILE NO. 107722
DATE OF BIRTH Dec - 5 - 1922
SEX OF CHILD Male
MOTHER Maud Kirkup (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Wendel Kirkup Olson

Mrs Maud K. Olson

Signature of Father or Mother.

253-22-3-821-551

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 167723

RECEIVED JAN 12 1923 BUREAU OF VITAL STATISTICS

County of Franklin

City of Preston

No. ..... St.

Hospital

Registration District No. 27 State File No.

Primary Registration District No. 2119 Local Registrar's No. 313

FULL NAME OF CHILD Kathryne Jean Keller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			yes.	12-23, 1922

What bactericidal solution was used in eyes? 20% Arg.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Herman W. Keller	FULL MAIDEN NAME	Mary Evans
RESIDENCE	Preston Ida.	RESIDENCE	Preston, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Farmers Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 8:36 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

Registrar.

(Signature) A. R. Cutler Jr.

Physician

(Physician or midwife)

Address Preston Idaho

Filed Jan 8 1923 Mrs Ida Tippets

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: CITY Preston; ST. Oneida; COUNTY Franklin

FILE NO. 107723

DATE OF BIRTH Dec. 23, 1922.

SEX OF CHILD Female

FATHER H. H. Keller

MOTHER Mary Evans. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Kathryne Jean Keller.

Mrs. Herman H. Keller.

Signature of Father or Mother.

MAR 10 1944

27-102-021-133

PLACE OF BIRTH

JAN 12 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Franklin

City of Mapleton, Idaho. Registration District No. 27 File No. 107724

No. St. Primary Registration District No. 2119 Registered No. 337

Hospital

FULL NAME OF CHILD McKay Ralph Spatig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 2, 1922

FATHER	MOTHER
FULL NAME: Ernest Spatig	FULL MAIDEN NAME: Norena Allred
RESIDENCE: Mapleton, Idaho	RESIDENCE: Mapleton, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Paris, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. W. Stalter

Physician (Physician or midwife)

Address Preston, Idaho.

Filed Jan. 9 1923 Mrs. Ida Tippets Registrar

MARGIN RESERVED FOR BIND. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERM. RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Preston

ST. Idaho

COUNTY Franklin

FILE NO. 107724

DATE OF BIRTH Dec 2 1922

SEX OF CHILD Male

FATHER A Ernest Spaling

MOTHER Norma J Allred
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

McKay Ralph Spaling

A Ernest Spaling

Signature of Father or Mothe

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

249-263-021-386

County of Franklin

City of Banida, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 12 1
BUREAU
STATE

CERTIFICATE OF BIRTH

107725

Registration District No. 27 State File No. .....

Primary Registration District No. 2119 Local Registrar's No. 333

FULL NAME OF CHILD .....

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 9, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 13 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Charles R. Smith	FULL MAIDEN NAME	Hannah Penoleph Thompson
RESIDENCE	Banida, Idaho	RESIDENCE	Banida, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Clarkson, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Jan 9 1923 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Primary Registration District No. ..... Local Registration No. .....

PLACE OF BIRTH

Number of Birth ..... Sex of Child ..... Twin, Triplet or other ..... and Number of birth ..... Legitimate ..... Date of birth ..... 192__ (Year)

(To be answered only in event of plural birth)

Where bacteriodial solution was used in eyes?

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.

Signature

Given names added from a supplemental report

Address

Registrar

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 5 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Banida

ST. Idaho

COUNTY Bonneville

FATHER Samuth

FILE NO. 107725

DATE OF BIRTH Dec 6 1922

SEX OF CHILD Female girl

MOTHER Nellie Smith
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

This baby has blue eyes and black hair

Samuel Smith
Signature of Father or Mothe

The full name is Hattie -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-219-021-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 107726

Primary Registration District No. 2119 Registered No. 328

FULL NAME OF CHILD Loma Swainston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Dec 19 1922

FATHER		MOTHER	
FULL NAME	Parley Swainston	FULL MAIDEN NAME	Janet Speir Tanner
RESIDENCE	Franklin Co Idaho	RESIDENCE	Franklin Co, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:59 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 1923 Mrs Ida Tippets Registrar

S-Y-CO 38071

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED FEB 26 1923 BUREAU OF VITAL STATISTICS

* * * * * * * *

Place of Birth (CITY Preston FILE NO. 107726

ST. _____ DATE OF BIRTH Dec. 19, 1922

COUNTY Franklin SEX OF CHILD Female

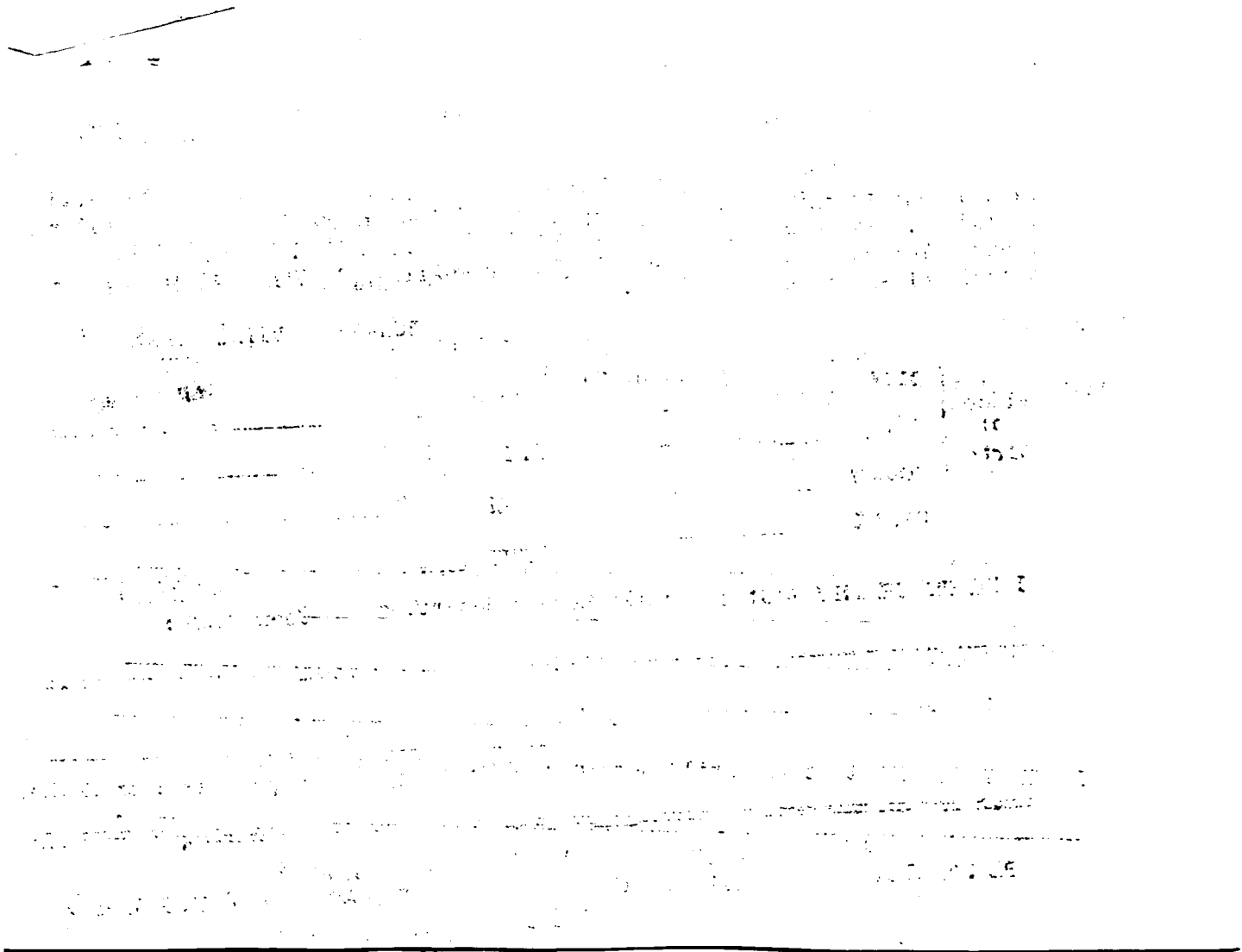
FATHER Parley Swainston MOTHER Jennie Tanner (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lorna Swainston

Jennie T. Swainston

Signature of Father or Mother.



330-119-021-863

PLACE OF BIRTH

County of Franklin

City of Roosevelt

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 State File No. 107727

Primary Registration District No. 2119 Local Registrar's No. 215

FULL NAME OF CHILD Melvin Wayne Lloyd

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes.	Dec. 19, 1932

What bacteriacidal solution was used in eyes? 2% Arg. Nit.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Melvin F. Lloyd.	FULL MAIDEN NAME Letha Hollingsworth
RESIDENCE Roosevelt Ida.	RESIDENCE Roosevelt, Idaho.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 19 (Years)	AGE AT LAST BIRTHDAY 19. (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) A. R. Cutler

Physician

(Physician or midwife)

Address Preston Idaho

Filed Jan 8 1933 Mrs. Ida Leppert
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1960

355-202-02/253

PLACE OF BIRTH

RECEIVED JAN 12 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 107728

County of Franklin

City of Mink Creek

No. ..... St. Registration District No. 27 State File No. 107728

Hospital ..... Primary Registration District No. 2119 Local Registrar's No. 312

FULL NAME OF CHILD Ruth Lee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			yes.	Nov. 2, 1922

What bactericidal solution was used in eyes? 20% Arg.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Wilmer Lee	FULL MAIDEN NAME	Pearl S. Keller.
RESIDENCE	Idaho Falls. Ida.	RESIDENCE	Idaho Falls. Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rail Roading	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

Registrar.

(Signature) A. R. Cutler M.D.

Physician
(Physician or midwife)

Address Preston Ida.

Filed Jan 8 1923 Mrs. Ida Tuppets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

16

255-22-9102/-863

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 12 1923

CERTIFICATE OF BIRTH

107729

County of Franklin

City of Oxford

No. ..... St.

Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Leda Celesta Kendall

(Certificate of no value without full name of child.)

Sex of Child: Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes. | Date of birth Dec. 29, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20% Ag.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: Saral Kendall

RESIDENCE: Oxford, Idaho

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Leda Hollingsworth

RESIDENCE: Oxford, Ida.

COLOR: W AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 11-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) A. R. Cutler Jr.

P. Physician

(Physician or midwife)

Address Preston Idaho.

Filed Jan 1923

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Oxford
ST. Idaho
COUNTY Franklin
FATHER A. L. Kendall

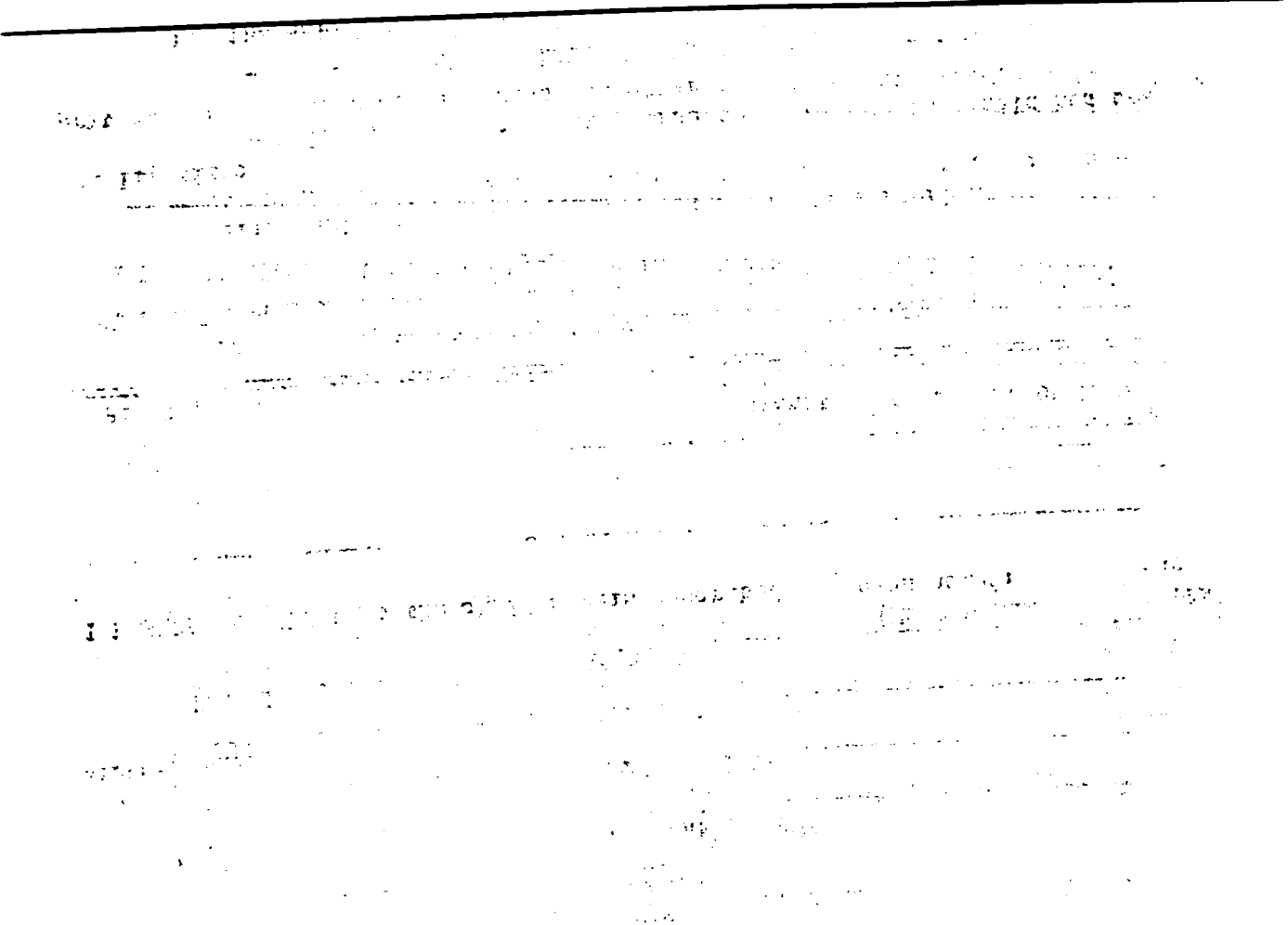
FILE NO. 107729
DATE OF BIRTH December 29, 1922
SEX OF CHILD Female
MOTHER Leda Hollingsworth (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Leda Alverta Kendall

Leda H. Kendall

Signature of Father or Mother.



866-203-021-919

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107730

County of Franklyn
City of Clifton
No. ____ St.
Hospital Home

Registration District No. 27
Primary Registration District No. 2119
File No. ____
Registered No. 321

FULL NAME OF CHILD Elaine Howell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Oct 3 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2 — Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	David Howell	Alta Rainey
RESIDENCE	Clifton Idaho	Clifton Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Clifton Idaho	Freedom Wyoming
OCCUPATION	School Teacher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cabin C (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esther E. L. Davis,
Midwife
(Physician or midwife)
Address Clifton Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 8 1923 Mrs Ida Tippetts
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S99-103-021-39k

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107731

County of Franklin JAN 12 1923

City of Clifton

No. ..... St. Registration District No. 27 File No. .....

Hospital Davis Home Primary Registration District No. 219 Registered No. 320

FULL NAME OF CHILD Roy C. Ericksen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2	Yes	Nov. 3 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Jerom M Ericksen	Susie E Crosman
RESIDENCE	Oxford Idaho	Oxford Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	37
BIRTHPLACE	Logan, Utah	Goose Creek, Idaho
OCCUPATION	Blacksmith	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4-25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Esther E. L. Davis
Midwife
(Physician or midwife)

Address Clifton Idaho

Filed Jan 8 1923 Mrs Ida Leppert Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S 99-103-021-396

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital Davis Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 107732

Primary Registration District No. 2119 Registered No. 319

FULL NAME OF CHILD Ray Ericksen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		one	yes	Nov 3 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Jeron M Ericksen	Susie E. Croshaw
RESIDENCE	Logan Utah Idaho	Oxford Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	37 (Years)
BIRTHPLACE	Logan Utah	Goose Creek Idaho
OCCUPATION	Blacksmith	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:15 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esther E. L. Davis,
midwife
(Physician or midwife)

Address Clifton, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 8 1923 Mrs Ida Lippert
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-14-4

645-203-24-249

PLACE OF BIRTH

RECEIVED
JAN 1 1923
VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Registration District No. 27 File No. 107733

Hospital

Primary Registration District No. 2119 Registered No. 318

FULL NAME OF CHILD Katherine Winsom

(Certificate of no value without full name of child.)

Sex of Child Female. | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of birth 12-3-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Arg. 20 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Albert Winsom	FULL MAIDEN NAME Laura Smith
RESIDENCE Clifton, Ida.	RESIDENCE Clifton, Ida.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Texas	BIRTHPLACE Texas
OCCUPATION Section Foreman R.R.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) .....

Physician

(Physician or midwife)

Address Preston, Idaho

Filed Jan 8 1923 Mrs Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 25 1942

MAY 21 1959

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-221-021-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 1 ? 1923 VITAL

County of Franklin

City of Clifton

No. ..... St. Registration District No. 27 State File No. 107734

Hospital ..... Primary Registration District No. 2119 Local Registrar's No. 314

FULL NAME OF CHILD Dolora Jane Marler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec. 21, 1922

What bactericidal solution was used in eyes? 20% Ag.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank F. Marler	FULL MAIDEN NAME	Janie Taylor
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 9 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler

Physician
(Physician or midwife)

Address Preston Idaho

Filed Jan 8 1922 Mrs Ida Lippels
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

RECEIVED
[illegible] 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Clifton
ST. _____
COUNTY Franklin
FATHER Frank Marler

FILE NO. 107734
DATE OF BIRTH Dec. 21 1922
SEX OF CHILD Female
MOTHER Janey Taylor (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dolora Jane Marler

Frank Marler

Signature of Father or Mother.

455-115-021-155

PLACE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 1 [illegible]
BUREAU

CERTIFICATE OF BIRTH

Registration District No. 27 State File No. 197735

Primary Registration District No. 219 Local Registrar's No. 316

FULL NAME OF CHILD Elmer Perry Mendenhall

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes.	Dec. 15, 1922

What bactericidal solution was used in eyes? 20% Arg.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Willis M. Mendenhall	FULL MAIDEN NAME	Natalie Jendersen
RESIDENCE	Dayton Ida.	RESIDENCE	Dayton Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 2-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) A. R. Cutler M.D.

(Physician or midwife)

Address Preston, Idaho

Filed Jan 8 1923 Miss Ida Lippert
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
FEB 10 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho JAN) 1923

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Dayton's
(ST. _____
(COUNTY Franklin

FILE NO. 107735

DATE OF BIRTH Dec. 15, 1922

SEX OF CHILD Male

FATHER Willis M. Mendenhall.

MOTHER Natalie Andersen. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Elsner Bern Mendenhall.

Mrs. Willis Mendenhall.

Name of Father

DEC 27 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

117-103-022-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of ~~Dayton~~ RIVERDALE

JAN 12

Registration District No. 27 File No. 107736

No. _____ St.

Primary Registration District No. 2119 Registered No. 327

Hospital _____

FULL NAME OF CHILD Verl ~~Irwin~~ IRVIN Page

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Dec. 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James ~~Irwin~~ IRVIN Page	FULL MAIDEN NAME	~~Reta~~ LARETA McCombs
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:35 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

_____ 19__

Filed Jan 8 1923 Mrs Ida Lippets Registrar

Registrar

38071

RECEIVED
JAN 27 1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 25 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Riverdale
ST. Idaho
COUNTY Franklin

FILE NO. 107736

DATE OF BIRTH Dec 3rd 1922

SEX OF CHILD Male

FATHER James Irwin Page

MOTHER Loreta McCombs (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Verl Irwin Page

Loreta Page

Signature of Father or Mothe

CORRECTIONS NOT COMPLETED PREVIOUSLY. VS.

JUL 14 1945

997-12/1021-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH

107737

County of Franklin

City of Weston Idaho

No. ..... St. ..... Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 323

FULL NAME OF CHILD Eldon Ray Rigby
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	10	yes	nov 24 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John Rigby	FULL MAIDEN NAME	Alice Chapman
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B. Holder

Physician
(Physician or midwife)

Address Weston Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Jan 8 1923 Mrs Ida Lippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

register [redacted] have lost the rest

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN 1 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: CITY Weston ST. Idaho COUNTY Franklin

FILE NO. 107737

DATE OF BIRTH Nov 24 1922

SEX OF CHILD Male

FATHER John Rigby MOTHER Alice Chapman (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Eldon Ray Rigby

John Rigby

Signature of Father or Mother.

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ackn

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MAR
BUREA

636-22-02/381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Franklin

City of Weston

No. ..... St.

Hospital .....

AMENDED CERTIFICATE OF BIRTH

June 18, 1946

Registration District No. 27 File No. 107758

Primary Registration District No. 2119 Registered No. 324

FULL NAME OF CHILD Mildred Claudia Elizabeth Florez

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	Dec. 21, 1942

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Emilio Florez	FULL MAIDEN NAME	Marguerite Chacon
RESIDENCE	Weston, Idaho	RESIDENCE	Weston, Idaho
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mexico	BIRTHPLACE	Decatur, Illinois
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:48 A. M. on the date above stated.

(Signature) Thos. B. Holder

Physician (Physician or midwife)

Address Weston, Idaho

Filed Jan. 8, 1943 Mrs. Ida Lippets Registrar.

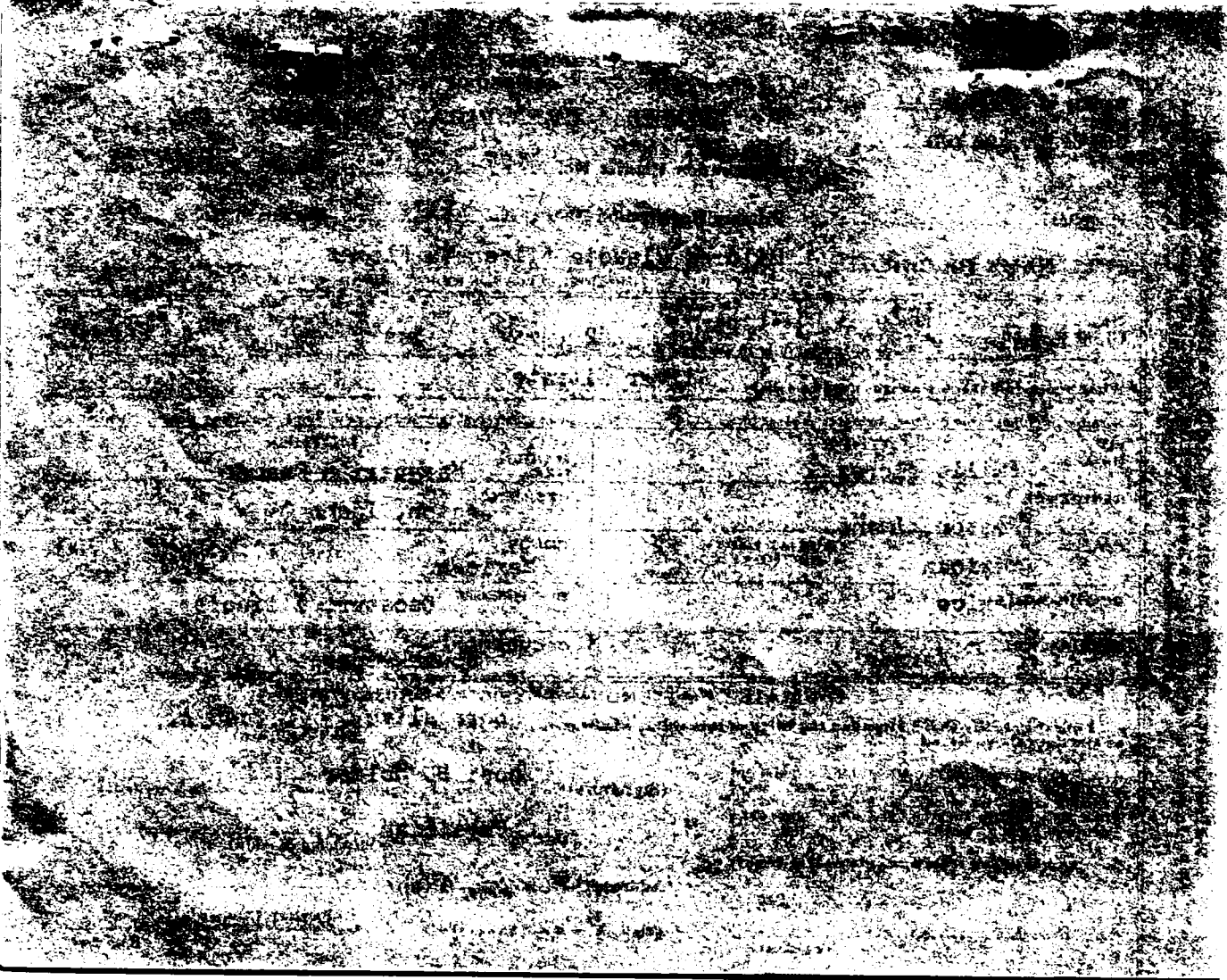
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah
County of Box Elder } ss.

Certificate No. 107738

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

for Mildred Claudia Elizabeth Florez (Name on Original Certificate) who Was Born (Was Born or Died) on Dec 21 1922 (Birth or Death) (Date of Event)

in Weston Idaho (Place of Event) are erroneous or were [redacted]; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on or Year 1902 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's birthplace	Mines, Mexico	Decatur, Illinois

Subscribed and sworn to before me this 12 day of June, 19 46

Carroll B. Williams
Notary Public, residing at Brigham City, Ut.

My commission expires

(Seal)

Signed Augusta Lamoreaux
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

57 N 5 E W - Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Box Elder } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 19 46

Carroll B. Williams
Notary Public, residing at Brigham City, Utah

My commission expires

(Seal)

Signed Mary Lujan
(Signature of Any Credible Person)

R #1 Brigham Ut
(Street Address, City, State)

JUN 19 1940

796-123-
022-364

PLACE OF BIR[redacted]

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107739

County of Fremont

City of Parker

No. ____ St.

Hospital ____

Registration District No. 99 File No. ____

Primary Registration District No. 2197 Registered No. 58

FULL NAME OF CHILD Donald [redacted] Carlin Grover
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 23 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME D Smith Grover	FULL MAIDEN NAME Dora Lout
RESIDENCE Parker	RESIDENCE Parker
COLOR white	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida
OCCUPATION farming	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W R West
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 5th 1923 W M Dawson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF ~~BIRTH~~

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107740

County of ~~Bingham~~

City of St Anthony

No. ..... St.

Registration District No. 99

File No. .....

Hospital .....

Primary Registration District No. 3177

Registered No. 57

FULL NAME OF CHILD Kay Willis May

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 24 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Theodore J. May	FULL MAIDEN NAME	Christina McLean
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kansas	BIRTHPLACE	Ida
OCCUPATION	farming	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.35 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Cox M D

(Physician or midwife)

Address .....

Give names added from a supplemental report.

..... 19.....

..... Registrar.

Filed Jan 5th 1923 W. M. Hammond Registrar.

c.c. 6/18/41. w.h.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont }

Certificate No. 107740
Date Filed JUL 8 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Kay Willis May (Name on original certificate) who was born (Was born or died) on Oct. 24, 1922 (Date of event)
in St. Anthony, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Record (Bible record, insurance policy, etc.) prepared on Dec. 3, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
date of birth	Nov. 24, 1922	Oct. 24, 1922

Subscribed and sworn to before me this 8th day of July, 19 41

Probate Judge
~~Notary Public~~, residing at St. Anthony

My commission expires
[SEAL]

Signed Christina M. May
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R. F. D. 1, St. Anthony, Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Fremont }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of July, 19 41

Probate Judge
~~Notary Public~~, residing at St. Anthony

My commission expires
[SEAL]

Signed Theodore J. May
(Signature of any credible person other than the previous affiant)

RFD 1, St. Anthony, Idaho.
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7-16-41

NOV 9 1971

215-117-02

PLACE OF B[redacted]

[redacted]C WELFARE

[redacted]TISTICS

County of Fr[redacted] BIRTH **107741**

City of Parker

BUREAU

No. ..... St. ST[redacted] Registration District No. 99 File No. .....

Hospital ..... Primary Registration District No. 2177 Registered No. 56

FULL NAME OF CHILD Mark Isuneo Kaneko

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 17 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ray Kaneko	FULL MAIDEN NAME	Tomi Nakamatsu
RESIDENCE	Parker Ida	RESIDENCE	Parker
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 1/19/42

I hereby certify that I attended the birth of this child, who was alive, **at** 4.30 A. **M. on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... **Registrar.**

Address .....

Filed Jan 5th 1923 W. M. Hansen

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

- AR 9 1942

JUL 27 1965

NOV 25 1957

394-115-02 2-367

PLACE OF BIRTH

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107742

County of Fremont

City of ..... No. ..... St.

Registration District No. 99 File No. .....

Hospital ..... Primary Registration District No. 3177 Registered No. 55

FULL NAME OF CHILD Joseph Orval Cruser
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	11 13 192 2

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Joseph Cruser	FULL MAIDEN NAME	Olga Cox
RESIDENCE	Egin Idaho	RESIDENCE	Egin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W R Cox

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 5th 1923 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-170-022-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
JAN 8 192[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

107743

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No. 54

Hospital

FULL NAME OF CHILD Edward Robertson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	11-30-1922

FATHER		MOTHER	
FULL NAME	Wm E Robertson	FULL MAIDEN NAME	Arzella Smith
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Plano, Idaho	BIRTHPLACE	Morgan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellor MD
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Jan 4th 1923 W H Hansen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239.207.022-192

PLACE OF BIRTH AMENDED JUNE 7, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. _____ St.

Registration District No. 99 File No. 107744

Hospital _____ Primary Registration District No. 2177 Registered No. 53

FULL NAME OF CHILD Marva Klingler
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	December 7, 1922

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: C. Klinger	FULL MAIDEN NAME: Martha Gibson
RESIDENCE: St. Anthony	RESIDENCE: St. Anthony
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Rexburg, Idaho	BIRTHPLACE: West Weber, U
OCCUPATION: Electrician	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

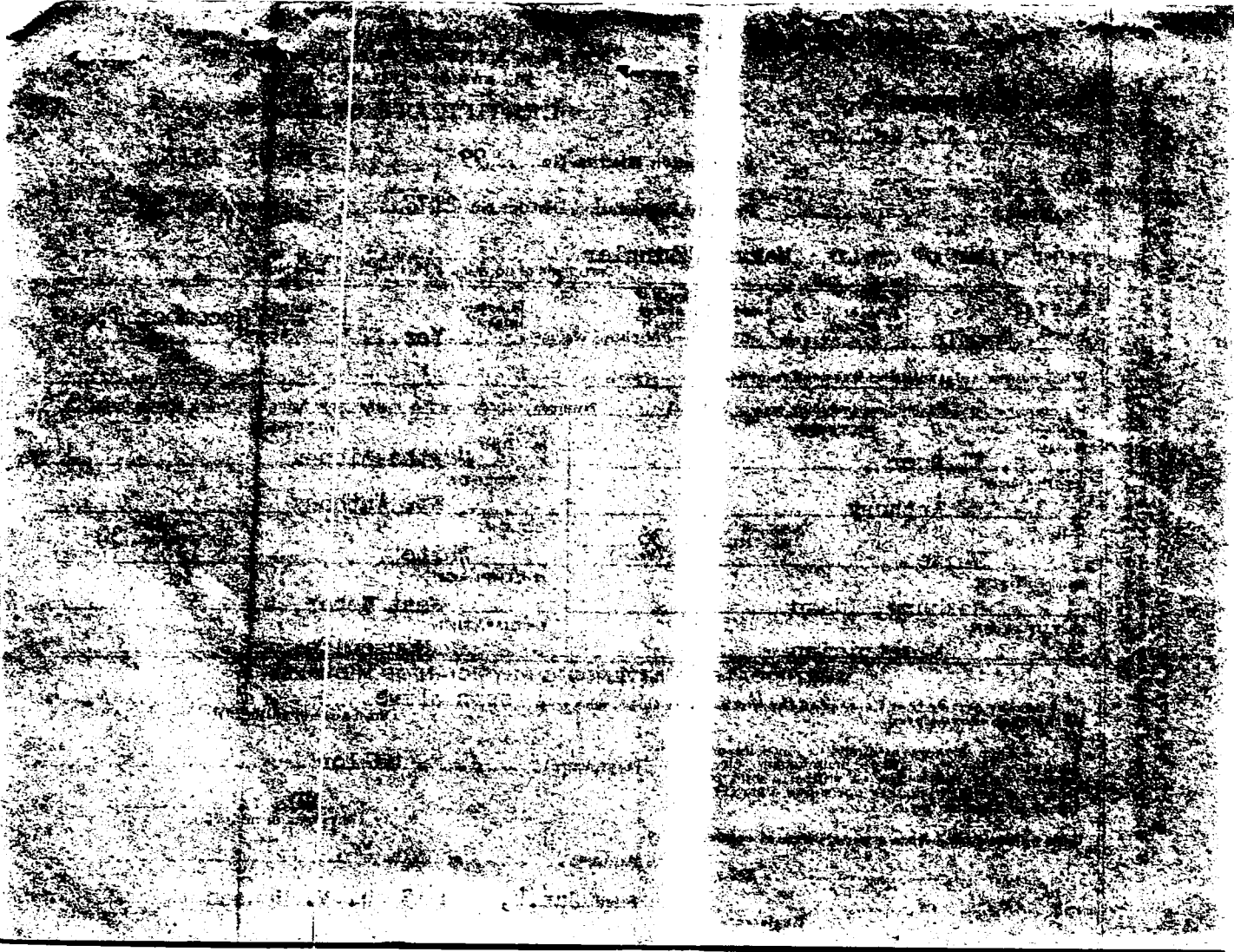
(Signature) J. E. Mellor

MD
(Physician or midwife)

Address _____

Filed Jan. 4, 1923 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
JUN 7 - 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont }

Certificate No. 10774

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Veda Klinger (Name on Original Certificate) who was born (Was Born or Died) on December 7, 1922 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 4, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Veda Klinger	Marva Klingler
Surname	Klinger	Klingler

Viewed By BVS, -6-7-54

Subscribed and sworn to before me this 27 day of April, 1954

Notary Public, residing at Rexburg, Idaho.
My commission expires 1-5-57
(Seal)

Signed Christoff Klingler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lake Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

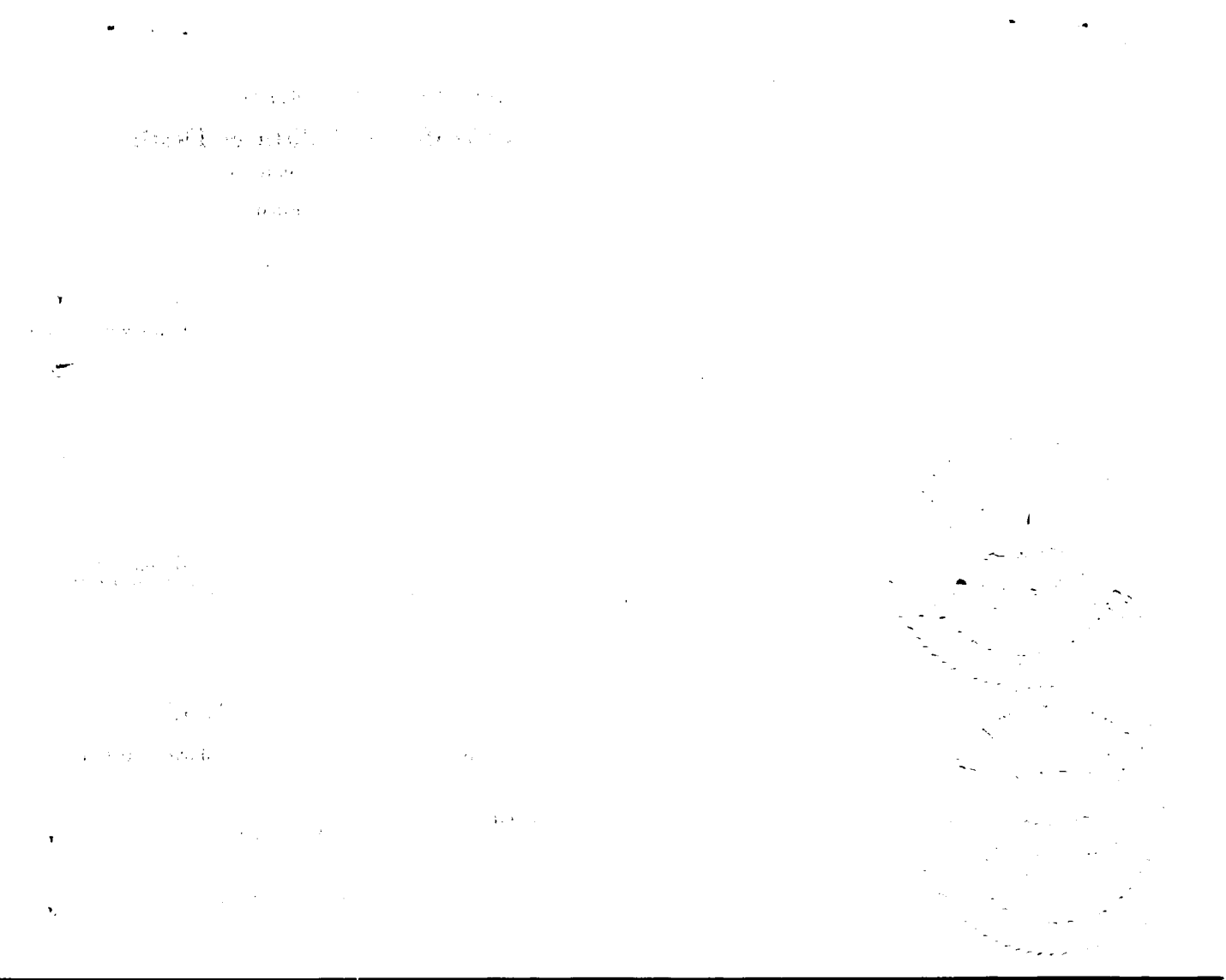
Subscribed and sworn to before me this 27 day of April, 1954

Notary Public, residing at Rexburg, Idaho
My commission expires 1-5-57
(Seal)

Signed Marva Garner
(Signature of Any Credible Person)

Rexburg, Idaho
(Street Address, City, State)

DPH 52-155



036-107,022-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Heman

Registration District No. 44 File No. 107746

No. ..... St.

Primary Registration District No. 2177 Registered No. 51

Hospital .....

FULL NAME OF CHILD Alexander McFarland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	11 (Month) - 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. W. McFarland	FULL MAIDEN NAME	Almeda Wardle
RESIDENCE	Heman Ida	RESIDENCE	Heman Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Heman	BIRTHPLACE	Heman
OCCUPATION	Farmer	OCCUPATION	Homemaker

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Milton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 4th 1923 W. M. Hansen

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1945

PLACE OF BIRTH

FEB 26 1964

343-113-022-294

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

County of Fremont

City of Teton

Registration District No. 99

File No. 107747

No. ..... St.

Primary Registration District No. 2177

Registered No. 50

Hospital .....

FULL NAME OF CHILD Reed Tucker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	11-13 1922

FATHER		MOTHER	
FULL NAME	Henry R Tucker	FULL MAIDEN NAME	Ruth Siddoway
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Preston. N. Carolina	BIRTHPLACE	Teton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

Mtr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jan 4th 1923

W. H. Hansen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1942

962-101-022-256

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony, Ida

No. ..... St.

Registration District No. 94 File No. 107748

Hospital ..... Primary Registration District No. 2177 Registered No. 49

FULL NAME OF CHILD Thomas Alva Ross
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	1		2	yes	12-1-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas Ross	FULL MAIDEN NAME	America Snow
RESIDENCE	Idaho	RESIDENCE	Idah
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	wash	BIRTHPLACE	W.C.
OCCUPATION	farmer	OCCUPATION	mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Jan 4 1923 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1969

766 427.022-414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 . 1923

CERTIFICATE OF BIRTH

107749

County of

City of St Anthony

No. St. Registration District No. 99 File No.

Hospital Primary Registration District No. 2177 Registered No. 48

FULL NAME OF CHILD Virgil Alward Powell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	1		1	yes	11-27-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of children of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Grant Powell	FULL MAIDEN NAME	Lavina Madsen
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jim R Gray
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address

Filed Jan 4 1923 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 27 1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY St. Anthony. FILE NO. 107749

ST. _____ DATE OF BIRTH Nov 27- 1922.

COUNTY Fremont SEX OF CHILD Male

FATHER Grant Powell. MOTHER Lavina Madsen.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Virgil Eckwood Powell.

Mrs. Lavina Powell.

Signature of Father or Mother.

MAY 2 2 1942

713-218-033-294

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107750

County of Madison

City of Sugar City

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No. 47

Hospital

FULL NAME OF CHILD Leona Fay Galloway

Sex of Child female | Twin Triplet or other? 1 and Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7 (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Reginald Galloway	FULL MAIDEN NAME	Flora Kidd
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	England	BIRTHPLACE	Ky
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Jan 4th 1923 W. M. Hansen
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

JUN 1 1943

194-163-322-251

Form V. S. No. 11—20m-7-26-22

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107751

County of Fremont

City of St. Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 217 Registered No. 46

Hospital

FULL NAME OF CHILD Wayne Aiman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	1	6	Yes	10	13	22

	FATHER	MOTHER
FULL NAME	Harvey Aiman	Matta Kearney
RESIDENCE	Ida	Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	46 (Years)	39 (Years)
BIRTHPLACE	Iowa	Utah
OCCUPATION	Carpenter	Maker

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar.

Filed Jan 4th 1923 H. M. Hansen
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT
BUREAU

193-12-222-343

PLACE OF BIRTH

RECEIVED JAN 8 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107752

County of Fremont

City of St Anthony

No. ____ St.

Registration District No. 99

File No. ____

Hospital ____

Primary Registration District No. 2177

Registered No. 37

FULL NAME OF CHILD Baby Archibold

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		2nd	Yes.	Sept 21 1922

What bacterieidal solution was used in eyes? Silver nitrat.

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

	FATHER	MOTHER
FULL NAME	John M= Archibold	FULL MAIDEN NAME Ossie Pearl Tuck.
RESIDENCE	St Anthony Idaho	St Anthony Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	28
BIRTHPLACE	Idaho	Ida.
OCCUPATION	Farmer	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Frank Watkins M. D.

St Anthony Idaho
(Physician or midwife)

Address ____

Filed Jan 4th 1923 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

Presented of .....

Town or Village of Salem Idaho IDAHO 107753

Street and No. .....

City of .....

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD Beatrice Griffin { If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
Girl	(To be answered only in event of plural births)			Nov 13 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Franklin Griffin	FULL MAIDEN NAME	Electa Jardine
RESIDENCE	Salem Idaho	RESIDENCE	Salem Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Clarkston Utah	BIRTHPLACE	Clarkston Utah
OCCUPATION	Farmer	OCCUPATION	

Number of children born to this mother, including present birth 3

Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on Nov 13 1922 at 4 a M

Premature ..... or Still Birth? ..... (Yes or No)

(Signature) Martha Griffin

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date 19

Midwife (Physician or Midwife)

Given name added from supplemental report

..... 19

..... Registrar

Address of Physician or Midwife Clarkston Utah

Filed Jan 6 1923 F. W. Almond M.D. State Registrar

Registered No. .....

Information for Physicians, Midwives, Parents and Others Required to Report Births

Section 5050, Compiled Laws of Utah, 1917. That all births that occur in the State shall be immediately registe the district in which they occur, as hereinafter provided.

REPORTS.

Sec. 5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file a ce cate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 5055, Compiled Laws of Utah, 1917, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 5051 shall strike out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the word "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed an if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 5059, Compiled Laws of Utah, 1917. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 5051 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-21-022-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

107754

CERTIFICATE OF BIRTH

RECEIVED JAN [illegible] BUREAU OF VITAL [illegible]

County of Fremont

City of Ashton

No. ..... St.

Registration District No. 107 File No. 1

Hospital .....

Primary Registration District No. 6 Registered No. 140

FULL NAME OF CHILD Lota Irelene Cherry
(Certificate of no value without full name of child.)

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | Number in order of birth | Legitimate? yes | Date of birth: 12 (Month) 11 (Day) 192[illegible] (Year)

What bacterioidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Charles Wesley Cherry	FULL MAIDEN NAME: Ora Barrett Cherry
RESIDENCE: Ashton Idaho	RESIDENCE: Ashton, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Ashton at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Graham M.D.
(Physician or midwife)

Address Ashton Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 12-14 192[illegible]

Registrar.

FEB [illegible] 1923

BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Ashton

(ST. _____

(COUNTY Fremont

FATHER Charles N Cherry

FILE NO. 107754

DATE OF BIRTH Dec 11, 1922

SEX OF CHILD Female

MOTHER Ora Barrett (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Leota Irelene Cherry

Mrs Charles N Cherry

Signature of Father or Mother.

APR 7 1952

492-220-8-2-769 day of birth amend 2-3-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 3 1923

CERTIFICATE OF BIRTH 107755

County of Fremont

City of Ashton

No. ..... St.

Registration District No. 10 4

File No. .....

Hospital .....

Primary Registration District No. 6

Registered No. 141

FULL NAME OF CHILD Minnie Marie McKesell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	12-20-1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Charles A. McKesell	FULL MAIDEN NAME Minnie Porter McKesell
RESIDENCE Ashton, Ida.	RESIDENCE Ashton, Ida.
COLOR White — AGE AT LAST BIRTHDAY 49 (Years)	COLOR White — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Gleason M.D.
(Physician or midwife)

Address Ashton, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 1/31/23 C. M. Gleason
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 2 1923
BUREAU

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 13 1923, 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Ashton

ST. Idaho

COUNTY Fremont

FILE NO. 107755

DATE OF BIRTH Dec 20-1922

SEX OF CHILD Female

FATHER Charles Mikesell

MOTHER Minnie Louise Portes (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Minnie Maril Mikesell

Charles G. Mikesell

Signature of Father or Mother

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107755

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Minnie Marie Mikesell (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1922 (Date of Event)
in Ashton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Dec. 21, 1922	December 20, 1922

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of
Sept, 1982

Lynn S. Keatley
Notary Public, residing at Victor, Id.
My commission expires Feb 21, 1983
(Seal)

Signed Lucille Bressler
(Signature of Any Credible Person)

P.O. Box 566 Jackson, Wy 83110
(Street Address, City, State)

FORM DH 60-155 CL 6-8-84. one copy pd. rec. #03177.

Certificate of birth from LDS Church gives Minnie Marie Mikesell born 12-20-22 in Ashton to Charley Andrew Mikesell and Minnie Louise Porter entered on record Jan 7, 1937. Viewed by V.S.

FEB 3 1994

Application for license to Marry in state of Utah lists Marie Mikesell born Dec 20, 1922 in Ashton, Idaho applied for marriage on Aug 11, 1944. Viewed by V.S.

941-115-022-325

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

RECEIVED JAN 2 1943 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107756

Registration District No. 49 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Kiyoshi Imamura
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 15 (Year) 1922
male		yes	

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	S. Imamura	FULL MAIDEN NAME	Kaney O Tanaka
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated. 1 Photostat copy 12/26/41
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Midwife

I hereby certify that to the best of my knowledge this is correct

(Physician or midwife)

Give names added from a supplemental report

Address .....

....., 19....

Filed May 1 1922 W B West

..... Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1941

941-123-022-315

PLACE OF BIRTH

RECEIVED JAN ... BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107758

County of Payette

City of Fruitland

No. ..... St.

Registration District No. 99 File No. .....

Hospital .....

Primary Registration District No. 217 Registered No. .....

FULL NAME OF CHILD Masamitsu Imamura
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 23 1922

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	S Imamura	FULL MAIDEN NAME	Kameyo Tanaka
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	Japanese	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated. (Born alive or stillborn)

1 Photostat copy 12/26/41

(Signature) M Lewis

I hereby certify that to the best of my knowledge this is correct

(Physician or midwife)

Address .....

Filed May 1 192 W B Lord
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report .....

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1941

941-131-022-315

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

RECEIVED JAN 2 ... BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 107760

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Shigeru Imamura
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 31 (Year) 192
Male		Yes	

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	S Imamura	FULL MAIDEN NAME	Kaney Tanaka
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Midwife

I hereby certify that to the best of my knowledge this is correct

(Physician or midwife)

Address .....

Filed May 1 1922 W B West
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANE

N. B.—In case of more than one child at birth a SEPARATE RETURN must and the number of each, in order of birth stated.

DEC 1947
JAN 25 1961

239-112-022-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 2 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99

File No. 107761

Hospital .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Thomas Frederick Klingler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 12 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Karl Klinger	FULL MAIDEN NAME	Genevieve Cardon
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Electrician	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed Oct 1 1922 W. B. West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-12A 935 619

Amended 3-13-62

(Be sure the information is complete and accurate)

State File No. 107762
Local Reg. No. 45
Reg. Dist. No. 99

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Egin

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Egin

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lowell b. (Middle): Cleone c. (Last): Palmer

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 12 - 20 - 1922

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): Willie c. (Last): Palmer

8. COLOR OR RACE: White

9. AGE (At time of this birth): 43 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Etna b. (Middle): May c. (Last): Wardle

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 7

b. How many OTHER children were born alive but are now dead? 3

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Lorin F. Rich, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Rexburg, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Jan. 3, 1923

20. REGISTRAR'S SIGNATURE: W. M. Hansen

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Prepared by DIVISION OF VITAL STATISTICS

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

Form DPH-4800I

Name prophylactic used to prevent Ophthalmia Neonatorum 2% Mercury Chrome

Approximate date

child. Address c

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107762

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Palmer (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 20, 1922 (Date of Event) in Egin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child & Sex	Unnamed and Female	Lowell Cleone Palmer & Male
Full Name of Father	John William Palmer	John Willie Palmer
Full Maiden Name of Mother	May E Wardel	Etna May Wardle

Subscribed and sworn to before me this 12 day of February, 1962

La Monte Bauer

~~Notary Public, residing at~~ Clerk of District Court

My commission expires .....

(Seal)

Signed Sarah Mason

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#2 Box 50

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Feb, 1962

La Monte Bauer

~~Notary Public, residing at~~ Clerk of District Court

My commission expires .....

(Seal)

Signed Max Tiffany Robertson

(Signature of Any Credible Person)

Rexburg, Ida. R. 2

(Street Address, City, State)

FORM DH 60-155

CL 1-19-62. one copy pd. rec. #5881.

Statement from LaMonte Bauer, Clerk of District Court concerning School Census Records in Fremont County, Idaho-states "This is to certify that the census records on file in Fremont County, Idaho for the school year 1934-35 show Lowell Cleone Palmer to be the son of William and Mae Palmer. And that said Lowell Cleone Palmer was 11 years of age at the time the census was taken, in September, 1934." statement was written and notarized Feb. 12, 1962. - viewed by V.S.

L.D.S. Church Certificate of Blessing, March 18, 1923 gives full name of child as Lowell Cleone Palmer, born Dec. 20, 1922 at Heman, Idaho to John W. Palmer and May Wardle - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #52-1676 gives full name as Etna May Wardle Palmer - Palmer is married name - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #57-333 gives full name as John Willie Palmer - viewed by V.S.

L.D.S. Church Certificate of Record of Membership, baptized Aug. 5, 1934 gives full name as Lowell Cleone Palmer, born Dec. 20, 1922 at Heman, Idaho to John Willie Palmer and Etna May Wardle - viewed by V.S.

L.D.S. Church Certificate of Record of Membership, baptized April 11, 1893 gives full name as John Willie Palmer, born Dec. 27, 1879 at West Jordan, Utah to Robert Palmer and Elizabeth Parr - viewed by V.S.

L.D.S. Church Certificate of Record of Membership, baptized May 15, 1890 gives full name as Etna May Wardle Palmer (Palmer is married name), born May 15, 1882 at West Jordan, Utah to Isaac J. Wardle and Martha Egbert - viewed by V.S.

1574

864-201-022-713

PLACE OF BIRTH

RECEIVED
JAN 8 1923
BUREAU OF VITAL
STATISTICS

ST[redacted]O
DEPAR[redacted]C WELFARE
BUREAU [redacted]TISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

No. ..... St. ..... Registration District No. 99 ..... File No. 107763

Hospital ..... Primary Registration District No. 2177 ..... Registered No. 44

FULL NAME OF CHILD Elma Hodgson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12-1-1922

What bactericidal solution was used in eyes? 2% mercurial chrome

Number of child of this mother, including present birth 2 ..... Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Leland Hodgson	FULL MAIDEN NAME	Hilda Mary Galloway
RESIDENCE	Newdale	RESIDENCE	Newdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed Jan 2nd 1923 W. M. Hansen
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 1 1923
BUREAU OF
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Lewiston

ST. _____

COUNTY Nezperce

FILE NO. 107763

DATE OF BIRTH Dec 1 1922

SEX OF CHILD Female

FATHER Charles Lester Hodgson

MOTHER Mary Galloway (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Miss Elma Hodgson

Mrs Elma Hodgson

Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

862-201-027-125

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 107768

Primary Registration District No. 2177 Registered No. 39

FULL NAME OF CHILD ELVA JEAN Hobbs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	3 (To be answered only in event of plural births)	yes	Jan 1 1922

What bactericidal solution was used in eyes? Silver nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ernest Wm Hobbs	FULL MAIDEN NAME	Mabel L. Abegglein
RESIDENCE	St Anthony Ido.	RESIDENCE	St Anthony Ido.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Watkins MD.
(Physician or midwife)

Address St. Anthony Idaho

Filed Jan 4 1923 W. M. Hansen
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 107768

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Hobbs (Name on Original Certificate) who Born (Was Born or Died) on January 1, 1923 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on May 15, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Hobbs	Elva Jean Hobbs

Subscribed and sworn to before me this 31
day of March, 1942

Notary Public, residing at St. Anthony, Idaho

My commission expires June 18 1945
(Seal)

Signed Mrs Mabel Hobbs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of April, 1942

Notary Public, residing at St. Anthony, Idaho

My commission expires
(Seal)

Signed Mrs Cecil Hansen
(Signature of Any Credible Person Other Than Previous Year)

St. Anthony Idaho
(Street Address, City, State)

APR 6 1942

MAR 31 1948

049-202-012-319

PLACE OF BIRTH

County of Fremont

City of Stanthony

No. ..... St.

Hospital .....

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107769

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. 40

FULL NAME OF CHILD [illegible] Meure VERLA

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Jan 2 1923

What bacterieidal solution was used in eyes? Silver Nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Henry Meure	FULL MAIDEN NAME	Millie Larson
RESIDENCE	Stanthony	RESIDENCE	Stanthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 50 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Hackins M.D.

(Physician or midwife)

Address St. Anthony Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 4th 1923 W.W. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 3 1972

DEC 3 1948

236-218c022 957

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 15 1923
BUREAU

CERTIFICATE OF BIRTH 107770

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Hospital ..... Primary Registration District No. 277 Registered No. 63

FULL NAME OF CHILD Marie Stoddard

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec 16 1922

What bactericidal solution was used in eyes? Arg. Nol Sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leslie M. Stoddard	FULL MAIDEN NAME	Lucile Ingram
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	home / wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Blust

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 10 1923 W M Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

K

497-227-023-515

PLACE OF BIRTH

STATE OF [illegible]
DEPARTMENT OF PU[illegible]
BUREAU OF VITAL [illegible]

County of Gem

City of Emmett

RECEIVED
[illegible]
BUREAU OF VITAL
STATISTICS

CERTIFICATE OF BIRTH

107773

No. ..... St. Registration District No. 6 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Verna Lee Dixon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Dec (Day) 27 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Silver Nit 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Franklin Dixon	FULL MAIDEN NAME	Ethel Vanlandingham
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	North Carolina	BIRTHPLACE	Mo
OCCUPATION	Chief Dragline Operator	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11.20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

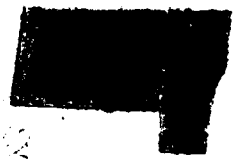
Registrar.

Address Emmett Ida

Filed 12/28 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS [illegible]MANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 27 1943
JAN 27 1943

299-118-023-985

PLACE OF BIRTH

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ____ St. Registration District No. 6 File No. 107774

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD William Birkett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12/18/1922

What bactericidal solution was used in eyes? Arg. Nit. 1% Sol.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Birkett	FULL MAIDEN NAME	Hilda Jane Rheese
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	New York State	BIRTHPLACE	Ogden Utah
OCCUPATION	Bridge Builder	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Ida

Filed 12/20/1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child ... SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 16 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Emmett

(ST. _____

(COUNTY Elmore

FILE NO. 107774

DATE OF BIRTH Dec. 18th 1923

SEX OF CHILD Male

FATHER William Birkett

MOTHER Hilda Jane Rhees
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

William Birkett

Mrs. William Birkett

Signature of Father or Mother.

Rc. 10-28-40 mp

244-124-023 -168

PLACE OF BIRTH

RECEIVED
JAN 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6

File No. 107775

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD JAMES EUGENE SUMPTER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	12	24	22

What bactericidal solution was used in eyes? Argyrol 30% sol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde Sumpter	Bessie Ellen Johnson
RESIDENCE	Emmett	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Idaho	New Mex
OCCUPATION	Common Labor	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett (Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 12/26 1922 J. L. Reynolds
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A LEGAL DOCUMENT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON }ss.
County of Deschutes }

Certificate No. 107775

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Eugene Sumpter (Name on Original Certificate) who Was Born (Was Born or Died) on Emmett Idaho Dec 24 1927 (Date of Event)
in Emmett Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	James Eugene Sumpter
JAME EUGENE Sumpter		
BORN EMMETT Idaho DEC 24 1927		

Subscribed and sworn to before me this 9 day of April, 1942

E M Olson
Notary Public, residing at Shevlin Ore
My commission expires 1/14/44
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bessie Sumpter
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }ss.
County of Deschutes }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 9 day of April, 1942

E M Olson
Notary Public, residing at Shevlin Ore
My commission expires 1/14/44
(Seal)

Signed Ethel Sumpter
(Signature of Any Credible Person Other Than Previous Year)
(Street Address, City, State)

MAR 5 1942

355-219-023-315

PLACE OF BIRTH

RECEIVED
JAN 2 . 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Registration District No. 9

File No. 107776

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12 19 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Fitzhue Lee	FULL MAIDEN NAME Ora Agnes Sanders
RESIDENCE Emmett	RESIDENCE Emmett
COLOR Wht	COLOR W
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Kent,	BIRTHPLACE Oregon
OCCUPATION Labor, Com.	OCCUPATION H. Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 12/27 1922 J. L. Reynolds
Registrar.

N. B.—In case of more than one child a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WHITE PLAINS WARE CO.

442-113-023-789

PLACE OF BIRTH

[redacted]HO
[redacted]IC WELFARE
[redacted]TATISTICS

County of Gem

City of Emmett

No. ..... St.

RECEIVED
JAN 2 1923
VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 107777

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Grant Fay Muranaga

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	12-13-22

What bacterieidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas Muranaga	FULL MAIDEN NAME	Willa [redacted] Phillips
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Japan	BIRTHPLACE	Idaho
OCCUPATION	Shoe cobbler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

(Signature) Burton O Clark M.D.

(Physician or midwife)

Address Emmett Ida

Filed 12/27 1922 J. A. Reynolds Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 10777
Date Filed [redacted]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Grant Fay Muruaga (Name on original certificate) who born (Was born or died) on Dec. 13, 1922 (Date of event)
in Emmett, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on Oct 29, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Mother's maiden name	Hulda Martin	Hulda Phillips

Subscribed and sworn to before me this 29th
day of October, 1941
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

Signed Willa Muruaga
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this OCT 29 1941
day of , 19
RECEIVED
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

753-22-023-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6 File No. 107778

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Joyce Peck

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	—	yes	12-21-1922

What bacterieidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Cecil M Peck	FULL MAIDEN NAME	Ellen E. McLuman
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11½ a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton A. Clark

Emmett
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 12/27 1922 J. A. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 107778

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Joyce Peck

Subscribed and sworn to before me this 27 day of Aug, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Lucy McLiman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 28

753-219; 023-133

PLACE OF BIRTH

RECEIVED JAN 2 1928 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107779

County of Gem

City of Emmett

No. ..... St. Registration District No. 6 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Jane Peterson
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of birth 12 (Month) 19 (Day) 27 (Year)

What bacteriedal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Thos. O Peterson	FULL MAIDEN NAME Lorena M. Allen
RESIDENCE Emmett	RESIDENCE Emmett Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Oreg.	BIRTHPLACE Iowa
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark MD
(Physician or midwife)

Address Emmett Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 12/27 1927 J. M. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1957

7

MAY 11 1948

MAY 10 1948

355-216-023-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107780

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 4

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD DOROTHY RAYE LEE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	12-6-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy Dixon Lee	FULL MAIDEN NAME	Bessie Hunt
RESIDENCE	Emmett	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark MD
(Physician or midwife)

Address Emmett

Filed 12/27 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

Certificate No. 107780

Date Filed April 15, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on Dec. 6, 1922 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Raye Lee

Subscribed and sworn to before me this 15th day of April, 1943

Notary Public, residing at Emmett, Ida.

My commission expires Oct. 7th 1946
(Seal)

Signed Bessie Lee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

603 N. Comm. Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gem } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 1943

Notary Public, residing at Emmett Ida.

My commission expires Oct. 7th 1946
(Seal)

Signed Mrs Leora Leibold
(Signature of Any Credible Person Other Than Previous Year)

311 E. 1st ST. Emmett, Idaho
(Street Address, City, State)

APR 19 1943

599-12-V-023-262

PLACE OF BIRTH

RECEIVED
JAN 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107781

County of Gem
City of Emmett
No. ____ St.
Hospital ____

Registration District No. 6
Primary Registration District No. 6
File No. ____
Registered No. ____

FULL NAME OF CHILD Edward Nathaniel Erickson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	12-24-192

(To be answered only in event of plural births)

What bacteriacidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	William O. Erickson	Anna A Foster
RESIDENCE	Emmett	Emmett
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Minn	Iowa
OCCUPATION	Laborer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark M D
(Physician or midwife)
Address Emmett

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12/27 1922 J. H. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE, 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth
CITY Emmett
ST. 10 th
COUNTY Gem
FATHER Wm Erickson

FILE NO. 107781
DATE OF BIRTH Dec 24
SEX OF CHILD Male
MOTHER Anna Koster
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Edward Nathaniel Erickson

Wm Erickson

Signature of Father or Mother.

MAR 3 1965

DEC 26 1941

853-24.023-993

PLACE OF BIRTH

RECEIVED
JAN 2 1923
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 107782

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Leudah Helmer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	12 24 1922

What bactericidal solution was used in eyes? 1% Ag No 3

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry Helmer	FULL MAIDEN NAME	Margaret Ritter
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Hastings Nebr.
OCCUPATION	Laboner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7-52 a M. on the date above stated.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Filed 12/30 1922 J. H. Rogerson Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S[illegible] IDAHO.

DE[illegible]MENT OF PUBLIC WELFARE.

Dear Madam:

Boise, Idaho JAN [illegible] 1923.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Emmett

ST. Idaho

COUNTY _____

FILE NO. 107782

DATE OF BIRTH 24 Dec. 1922

SEX OF CHILD Female

FATHER Henry Helmer

MOTHER Margaret Reiter (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Beulah Helmer

Mrs Henry Helmer

Signature of Father or Mother.

238-205-023 864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED 1928

County of Ada

City of Emmett

No. ..... St. Registration District No. 6 File No. 107783

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Ruth Scheonover

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12 5 1927

What bactericidal solution was used in eyes? 1% Argyro

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Ernest F Scheonover	FULL MAIDEN NAME Mary Hodge
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Towanda Penn	BIRTHPLACE Grenville Penn
OCCUPATION Draughtsman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 12/30 1927 J L Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

R 8 1942

NOV 20 1951

231 - 231-023 -466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107784

RECEIVED
JAN 2 1923
BUREAU OF VITAL STATISTICS

County of Canyon
City of Emmett
No. ..... Registration District No. 4 File No. .....
Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Arthur Wayne Stalker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	12 21 192-

What bactericidal solution was used in eyes? 1% Argno3

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Henry A Stalker	FULL MAIDEN NAME Stella Mearchouse
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Franklin Ida	BIRTHPLACE Loveland Iowa
OCCUPATION Asst. Postmaster	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 05 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett

Filed 12/31 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1923 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Emmett

ST. Idaho

COUNTY Gem

FILE NO. 107784

DATE OF BIRTH Dec 31, 1922

SEX OF CHILD ~~Female~~ Male

FATHER Henry G. Stalker

MOTHER Estella Monkouse
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Arthur Wayne Stalker

Mrs H. G. Stalker,

Signature of Father or Mother.

4 33-20/1023-219

Amended 8/16/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 107785
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Gem

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Emmett

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Gem

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Emmett

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Maxine b. (Middle): Opal c. (Last): McCowan

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Dec. 1, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Rufus b. (Middle): Harrison c. (Last): McCowan

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Arco, Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ollie b. (Middle): c. (Last): Bailey

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
20 YEARS	Idaho			

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. G. Byrd, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Emmett, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 1-2-23

22. REGISTRAR'S SIGNATURE:

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. | TIME: 11:30 PM

RACE OR COLOR OF FATHER: white

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107785

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ida Rose McCowan (Name on Original Certificate) who was born (Was Born or Died) on Dec. 1, 1922 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on March 10, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ida Rose McCowan	Maxine Opal McCowan

Subscribed and sworn to before me this 11 day of July, 1974

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Ollie Bailey McCowan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

921 22nd Ave. Clarkston, Wash. 99403
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Asotin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of July, 1974

Mary M. Cosenberg

Notary Public, residing at Clarkston, Wash
My commission expires May 22, 1976
(Seal)

Signed Vernon L. Hanson
(Signature of Any Credible Person)

910 Chestnut Clarkston, Wash.
(Street Address, City, State)

FORM DH 60-155 CL 6/13/74

Certificateof Blessing from LDS Church gives name as Maxine Opal McCowman.
dated Mar 11, 1923. xx veiwed by V. S.

Application for National Bankers Life Cancer Rxx Policy CGR-5M gives name as
Maxine O. Blankinship. born Dec. 1, 1922.
dated Feb. 3, 1966. viewed by V. S.

215-120-023-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 2 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St. Registration District No. 6 File No. 107786

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD John Truman Sanders
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	12/20 1922

What bactericidal solution was used in eyes? Ag. No. 3 1/2

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jay Walter Sanders	FULL MAIDEN NAME	Rose Mary Farmer
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at K 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Address Emmett

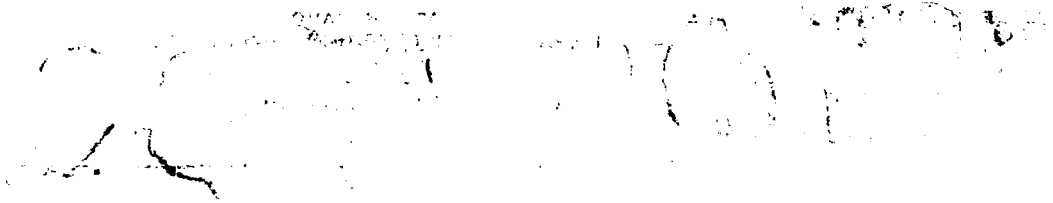
Filed 12/20 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Emmett ST. _____ COUNTY Gem

FILE NO. 107796

DATE OF BIRTH Dec 20-1922

SEX OF CHILD Male

FATHER Jay W Sanders

MOTHER Rose Mary Tarman (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

John Truman

Jay W Sanders

Signature of Father or Mother.

DEC 2 [illegible] 1941

959-231-023-613

PLACE OF BIRTH

County of Emmett

City of

No. St.

Hospital

STATE OF I[illegible]
DEPARTMENT OF PU[illegible]
BUREAU OF VITAL [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE [illegible]

Registration District No. 6 File No. 107787

Primary Registration District No. Registered No.

FULL NAME OF CHILD Marion Elizabeth Reimers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	12 31 1922

What bactericidal solution was used in eyes? 1% Agno

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Adolph R. Reimers	FULL MAIDEN NAME	Lora Ellen Walton
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Pomeroy Wash	BIRTHPLACE	Ritzville Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Emmett

Filed 12/30 1922 [illegible] Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1958

815-229-023-857

PLACE OF BIRTH

RECEIVED
JAN 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107788

County of Gem

City of Emmett

No. ..... St.

Registration District No. E

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Dorothy Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12/29 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph Hansen	FULL MAIDEN NAME	Dora Heath
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Emmett Ida	BIRTHPLACE	Grangeville Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 55 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Filed 12/30 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO FEB 21 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem

Certificate No. 107788

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Hansen (Name on Original Certificate) who Born (Was Born or Died) on Dec. 29, 1922 (Date of Event)
in Emmett, Gem Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ible (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dorothy Hansen	Dorothy Hansen *Hansen
name of father	Joseph Hansen	Joseph Hansen- Hansen

Subscribed and sworn to before me this 19th day of February, 19 42

Notary Public, residing at Emmett, Idaho

My commission expires Nov. 20, 1944
(Seal)

Signed Joseph Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 19 42

Notary Public, residing at Emmett, Idaho

My commission expires Nov. 20, 1944
(Seal)

Signed Joseph Hansen (Father)
(Signature of Any Credible Person Other Than Previous Year)

Box 281, Emmett, Idaho
(Street Address, City, State)

FEB 28

236-104-023-434

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107789

County of Gem

City of Emmett

No. Letha St. Registration District No. 6 File No.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD LESTER SCOTT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12 4 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Joseph Scott	FULL MAIDEN NAME	Esther McMurtrey
RESIDENCE	Letha Ida	RESIDENCE	Letha Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Franklin Co Ala	BIRTHPLACE	Florence Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 N P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett

Filed 12/30 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lemhi } ss.

Certificate No. ~~135000~~ 107789

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lester Scott (Name on Original Certificate) who was born (Was Born or Died) on Dec. 4, 1922 (Date of Event)
in Letha, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January, 1923. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lester Scott

Subscribed and sworn to before me this 8th
day of September, 1942
Maxine C. McBride
Notary Public, residing at Salmon, Idaho.
My commission expires 11/24/44
(Seal)

Signed Esther V Scott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Salmon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Lemhi } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of September, 1942
Maxine C. McBride
Notary Public, residing at Salmon, Idaho
My commission expires 11/24/44
(Seal)

Signed Oscar L Barnes
(Signature of Any Credible Person Other Than Previous Year)
Salmon, Idaho
(Street Address, City, State)

SEP 1 1 1942

236-104-023434

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 2 ... BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Letha

No. ..... St.

Registration District No. 6

File No. 107790

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD CHESTER SCOTT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12 4 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Joseph Scott	FULL MAIDEN NAME	Esther McMurtrey
RESIDENCE	Letha Ida	RESIDENCE	Letha Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Franklin Co Ala	BIRTHPLACE	~~Franklin~~ Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Filed 12/30 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of LEMHI }

Certificate No. 107790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for NOT NAMED (Name on Original Certificate) who WAS BORN (Was Born or Died) on DECEMBER 4, 1922 (Date of Event)
in LETHA, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by MY OWN KNOWLEDGE (Bible Record, Insurance Policy, Etc.) prepared on DECEMBER 2, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Chester Scott

Subscribed and sworn to before me this 2nd
day of DECEMBER, 1942
Maurine C. Nash
Notary Public, residing at SALMON, IDAHO
My commission expires 11/24/44
(Seal)

Signed Esther V. Scott Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
SALMON, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of LEMHI }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of DECEMBER, 19 42
Maurine C. Nash
Notary Public, residing at SALMON, IDAHO
My commission expires 11/24/44
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)
SALMON, IDAHO
(Street Address, City, State)

DEC 8 1942

165-106-024-363

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10779

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jones, Roger Warren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin C Jones	FULL MAIDEN NAME	Edith Collins
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Laurel per a.z.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Registrar

Filed 12-7-1922 F Campbell

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 107791
Date Filed 12-7-22

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for unnamed Jones (Name on original certificate) who born (Was born or died) on Oct 6, 1922 (Date of event)

in Hagerman Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true

facts as shown by aunt Zehild (Bible record, insurance policy, etc.) ~~prepared on~~ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	unnamed	Roger Warren Jones
birthplace	Gooding Idaho	Hagerman Idaho

Subscribed and sworn to before me this 15th day of July, 1941

Signed Miss Edna M Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

~~Notary Public, residing at~~ Otto F. Peterson Clerk Dist Court Ada Co. Idaho By Chloe B. Burnett Deputy

My commission expires

[SEAL]

406 Franklin St. Boise Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant)

Notary Public, residing at

My commission expires
[SEAL]

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7-16-41

8/6-210-024-653

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107792

County of Gooding

City of Gooding

Registration District No. 24 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Dorothy Hafer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Hafer	FULL MAIDEN NAME	Mina Welch
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z.

(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Ida

19

Filed 12-7-1922 F. J. Carey M.D.

Registrar

Registrar

MARGIN RESERVED FOR BIDDING.

WRITE PLAINLY WITH UNFADING INK—THE PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-B I 6 1945

551-111-024-815

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Gooding

City of Gooding

Registration District No. 24

File No. 107793

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Albert D. Evans —

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 11 1922

FATHER		MOTHER	
FULL NAME	Albert E. Evans	FULL MAIDEN NAME	Marie Hanselman
RESIDENCE	Baker, Ore	RESIDENCE	Baker, Ore —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho —	BIRTHPLACE	Kansas
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 12-7-1922 F. Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Gooding
ST. Idaho
COUNTY Gooding
FATHER Albert E Evans

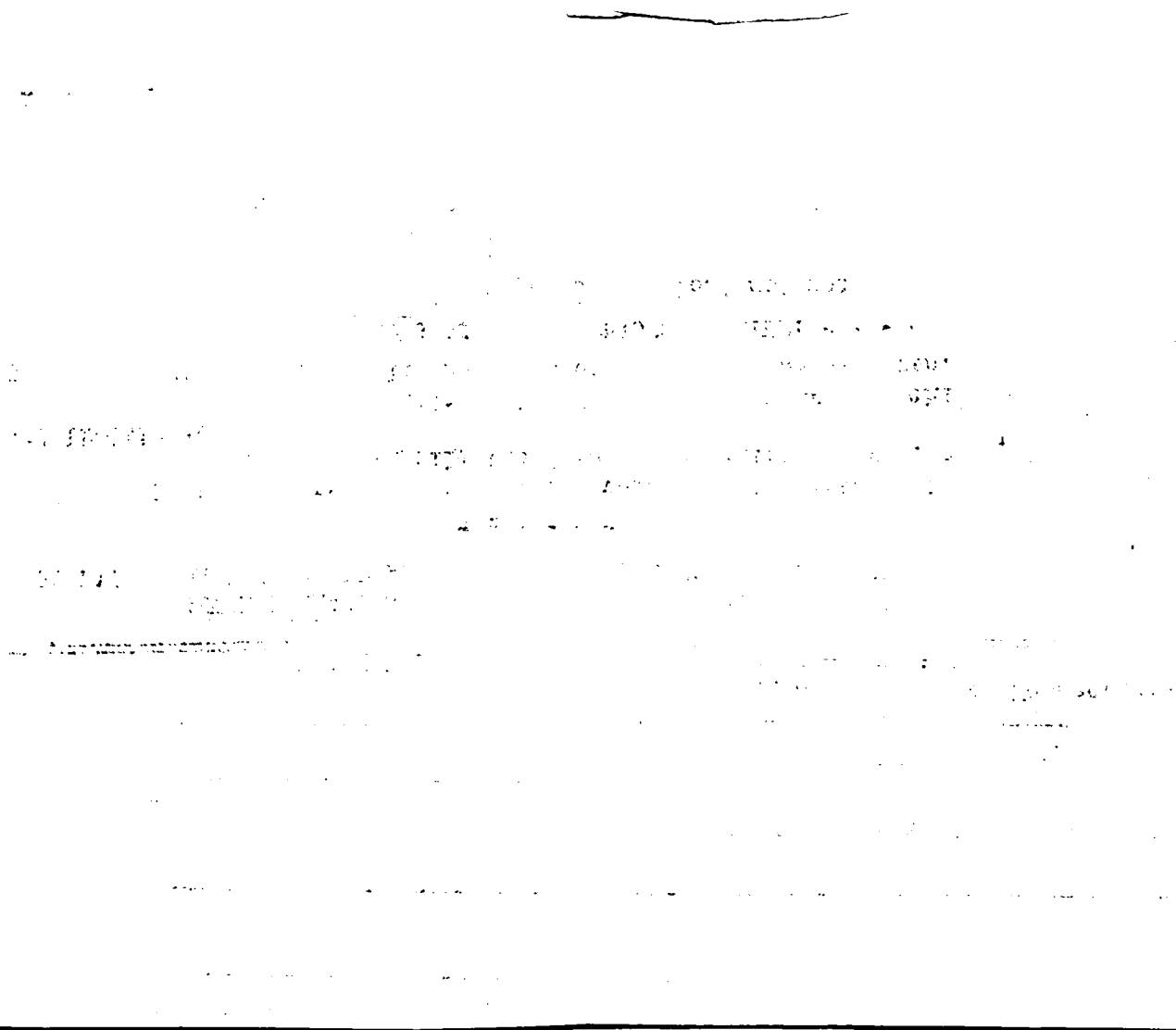
FILE NO. 107793
DATE OF BIRTH Oct 11. 1922
SEX OF CHILD Male
MOTHER Muriel Marie Hanselman.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named;

Albert D Evans Jr. (He is to have the right to change the D. to suit himself at 21 years.)

Mrs A E Evans

Signature of Father or Mother.



759-221-024-994

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Gooding

City of Gooding District No. 24 File No. 107794

No. ____ St.

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD EDITH ELNORA Perry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 21 1922

	FATHER	MOTHER
FULL NAME	George Perry	FULL MAIDEN NAME Elizabeth Riddle
RESIDENCE	Gooding	RESIDENCE Gooding
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years) 29
BIRTHPLACE	Illinois	BIRTHPLACE South Dakota
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) H E. Lamb per a. z

(Physician or midwife)

Address Gooding Idaho

Filed 12-7- 19 22

F Perry MD
Registrar

AUG 27 1952

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 107794

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Edith Elnora Perry (Name on Original Certificate) who Oct. 21, 1922 (Was Born or Died) on (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edith Elnora Perry

Subscribed and sworn to before me this 14 day of May, 1942

Bert Bowler, Clerk District Court

~~Notary Public~~, residing at Gooding, Idaho

~~My commission expires~~

(Seal)

Signed Mrs Elizabeth Perry

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 19 1942

27 1952

542-230-02 Y-749

V

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

107795

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 24

File No. .....

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Shirley Eubanks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 30 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Eubanks	Lyda Purdom
RESIDENCE	Gooding, Ida	Gooding, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Oklahoma	Missouri
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 A M. on the date above stated.

(Signature) H. E. Lamb per a. j.

(Physician or midwife)

Address Gooding Idaho

Filed 12-7- 1922 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

236-131-024-314

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Gooding

CERTIFICATE OF BIRTH

City of Gooding

Registration District No. 24 File No. 107796

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Doran Stone

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Stone	FULL MAIDEN NAME	Adeline Cramblett
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE		BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Laul per A. Z.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 12-7-1922 F T Carymo

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

CEIVED
2 1923
OF VITAL
TICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Dear Madam: Boise, Idaho Jan. 18, 1923.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

* * * * * * * * BUREAU OF VITAL STATISTICS.

Place of Birth (CITY Gooding
(ST. _____
(COUNTY Gooding

FILE NO. 107796

DATE OF BIRTH _____

SEX OF CHILD Male

FATHER Albert W. Stone

MOTHER Addie M. Cramblet (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Frank Doran Stone

Albert W. Stone

Signature of Father or Mother

FEB 10 1942

281-103-024-299

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

107797

County of Gooding — Registration District No. 24 — File No.

City of Gooding

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital

FULL NAME OF CHILD Carl Everett Doren Sharp —

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 3 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin Franklin Sharp	Adeline Kirkpatrick
RESIDENCE	Gooding, Ida	Gooding, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Nebraska	Iowa —
OCCUPATION	Laborer —	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 o'clock P. M. on the date above stated.

(Signature) H. E. Lamb per a. z —

(Physician or midwife)

Address Gooding Idaho

Filed 12-7- 1922

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Gooding
(ST. _____
(COUNTY Gooding

FILE NO. 107797

DATE OF BIRTH November 3, 1922

SEX OF CHILD Male

FATHER Benjamin Franklin Sharp

MOTHER Adeline Kirkpatrick
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Earl Everett Doren Sharp

Mrs. Adeline Sharp

Signature of Father or Mother.

619-241024-312

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 107798

No. R F D St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Ethel Lynette Warnock

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov 14 1922

FATHER		MOTHER	
FULL NAME	H S Warnock	FULL MAIDEN NAME	Ruby Case
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:50 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Cary MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding Idaho

Filed 11-17-1922 L W Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 1 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Gooding

ST. _____

COUNTY Gooding

FATHER H.S. Warnock

FILE NO. 107798

DATE OF BIRTH Nov 14 1922.

SEX OF CHILD Female

MOTHER Ruby L. Case
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ethel Lynette

Hamilton S. Warnock

Signature of Father or Mother.

MAY 2 2 1944

231-230-024-915

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Gooding

City of Gooding Registration District No. 24 File No. 107799

No. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Marie Gilberta St. John

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 30 19 22

FATHER		MOTHER	
FULL NAME	Lee St John	FULL MAIDEN NAME	Faye Ravenscroft
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	W is -	BIRTHPLACE	Kan
OCCUPATION	Ditch Rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

(Signature) F W Carey MD

(Physician or midwife)

Address Gooding Idaho

Filed 12-4-22 19 F W Carey MD Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

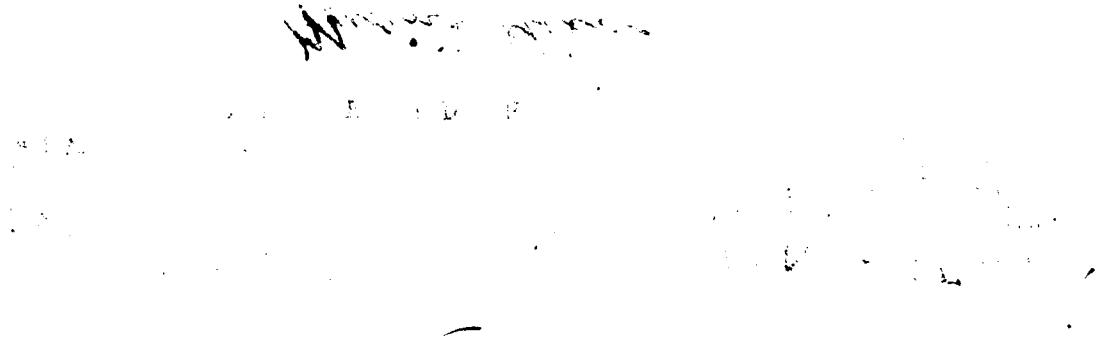
19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * *

Place of Birth (CITY Grooding Idaho.
(ST. Colorado.
(COUNTY Gooding

FILE NO. 107799

DATE OF BIRTH Nov. 30. 1922.

SEX OF CHILD Female

FATHER L. H. St. John

MOTHER Fay. Rowenscroft St.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Maxine. Gilberta.

L. H. St. John.

Signature of Father or Mother.

JUN 1 ? 1970

317-204-024-795

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 8 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 21

File No. 107800

No. ..... St.

Hospital

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Dorothy Phyllis Baptie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 4 1922

	FATHER	MOTHER
FULL NAME	John Baptie	Enid L Greene
RESIDENCE	Carey	Carey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Scotland	Idaho
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene M D

Physician

(Number or address)

Address Hagerman

Given names added from a supplemental report.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, the number of each, in order of birth stated.

28 1942

SEP 6

No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107801

City of Hagerman Registration District No. 21 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Ruth Hendrickson

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 31 1922

FATHER		MOTHER	
FULL NAME	John J Hendrickson	FULL MAIDEN NAME	Hattie E Schuldt
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 15 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Greene

Physician
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

19

Registrar

Filed Nov 7 1922 R W Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made, and the number of each, in order of birth stated.

STATE OF IDAHO
CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEX OF CHILD

NAME

799-208-214-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 107802

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Jane Gridley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 8 1922

	FATHER	MOTHER
FULL NAME	Frank E Gridley	FULL MAIDEN NAME Rhoda Warwick
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	37 (Years)
BIRTHPLACE	Idaho	Ohio
OCCUPATION	Labor & Stockman	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hagerman

Filed Aug 20 1922 R H Greene
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1968

433-211-024-339

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 21 File No. 107803

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Juanita Ruth McCorkle

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John S. McCorkle	FULL MAIDEN NAME	Elvira V. Clifford
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Hagerman

Filed Aug 20 1922 R H Greene Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1943

JUL 12 1951

666-220-024-893

RECE
JAN 8
BUREAU
STAT

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 21 File No. 107804

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Freda Woodhead

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leo O Woodhead	FULL MAIDEN NAME	Lucy Hillman
RESIDENCE	Bliss	RESIDENCE	Bliss
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Colo
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-20a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hagerman

Filed Sept 21 1922 R H Greene Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1945

212-202-024-757

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 19[illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107805

County of Gooding

City of Wagerman

Registration District No. 21 File No.

No. St.

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Ethel Kassens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 2 1922

FATHER		MOTHER	
FULL NAME	J A Kassens	FULL MAIDEN NAME	Bessie Pearson
RESIDENCE	Rythe	RESIDENCE	Rythe
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
		COLOR	White
		AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:50 A. M. on the date above stated.

(Signature) R W Greene

Physician (Physician or midwife)

Address Wagerman

Filed Nov 8 1922 R W Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MAY 2 4 1965

349-108-024-269

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 107806
Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Gooding
City of Hagerman
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD George J. Curtis

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth November 8, 1922 (Month, Day, Year)

FATHER

9. Full name: Leo B. Curtis
10. Residence (usual place of abode) (If non-resident, give place and State): Sugar City, Idaho
11. Color or race: White | 12. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Helena, Montana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Alma May Sortor
19. Residence (usual place of abode) (If non-resident, give place and State): Sugar City, Idaho
20. Color or race: Wh. | 21. Age at last birthday: 18 (years)
22. Birthplace (city or place) (State or Country): Soda Springs, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

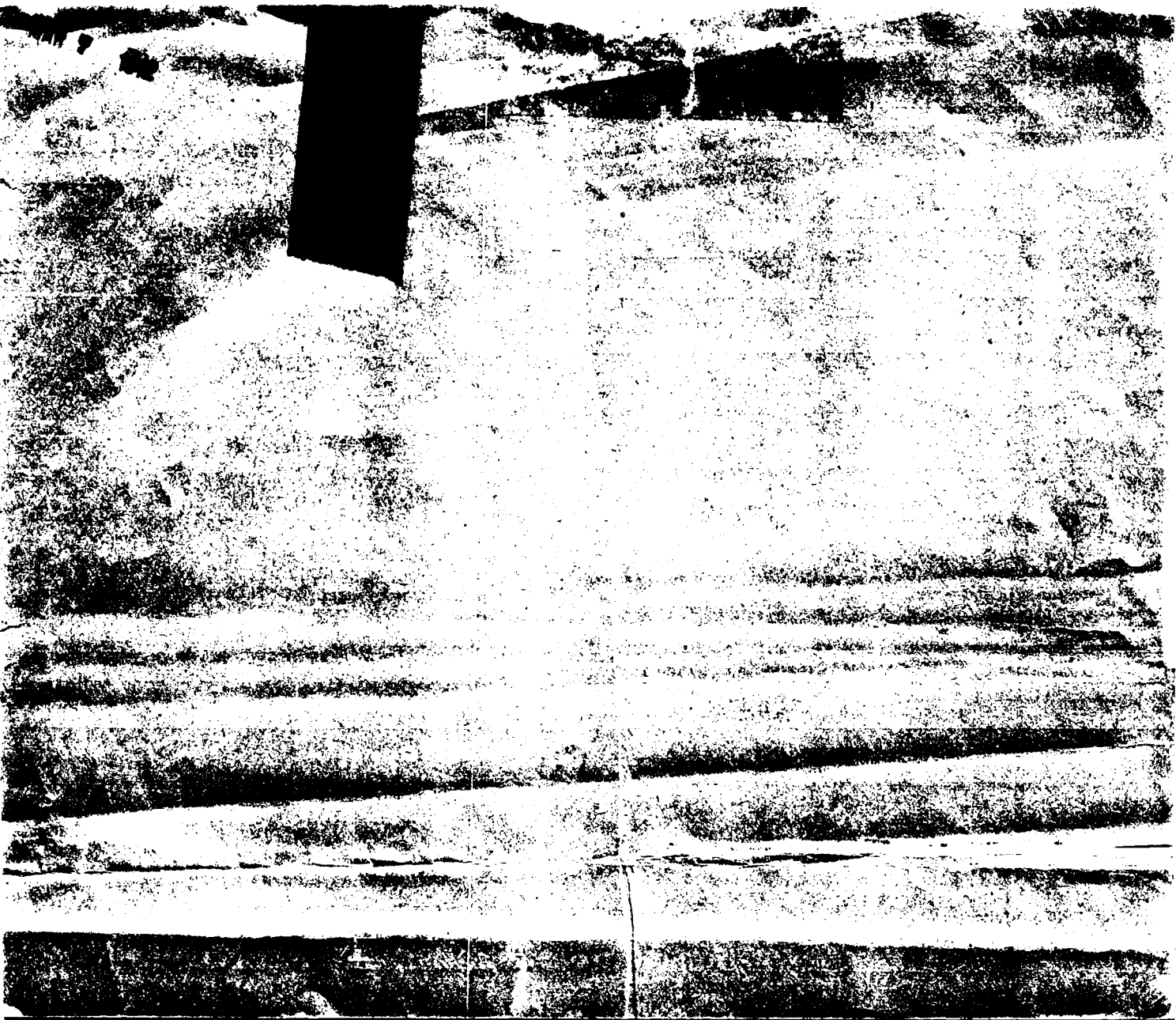
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 5:50 p. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) R. B. Greene, M. D.
or ____, Midwife
Address Hagerman, Idaho

Filed Nov. 12, 1922, 1922 R. B. Greene
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)
____
Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107807

County of Gooding

City of Hagerman

Registration District No. 21

File No.

No. ..... St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Vivian Marie Sant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 21 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Edgar Sant	FULL MAIDEN NAME	Helen L Stanwood
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alive

R H Greene
(Physician or midwife)

Physician

Registrar

JUL 31 1972

755-2 [illegible]

PLACE OF [illegible]

STATE [illegible]
BUREAU OF [illegible]

County of Gooding

City of Hagerman

Registration District No. 21

File No. 107808

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Edna Louise ~~Hulme~~ Penfold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley Penfold	FULL MAIDEN NAME	Grace W Hulme
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or midwife)

Given names added from a supplemental report.

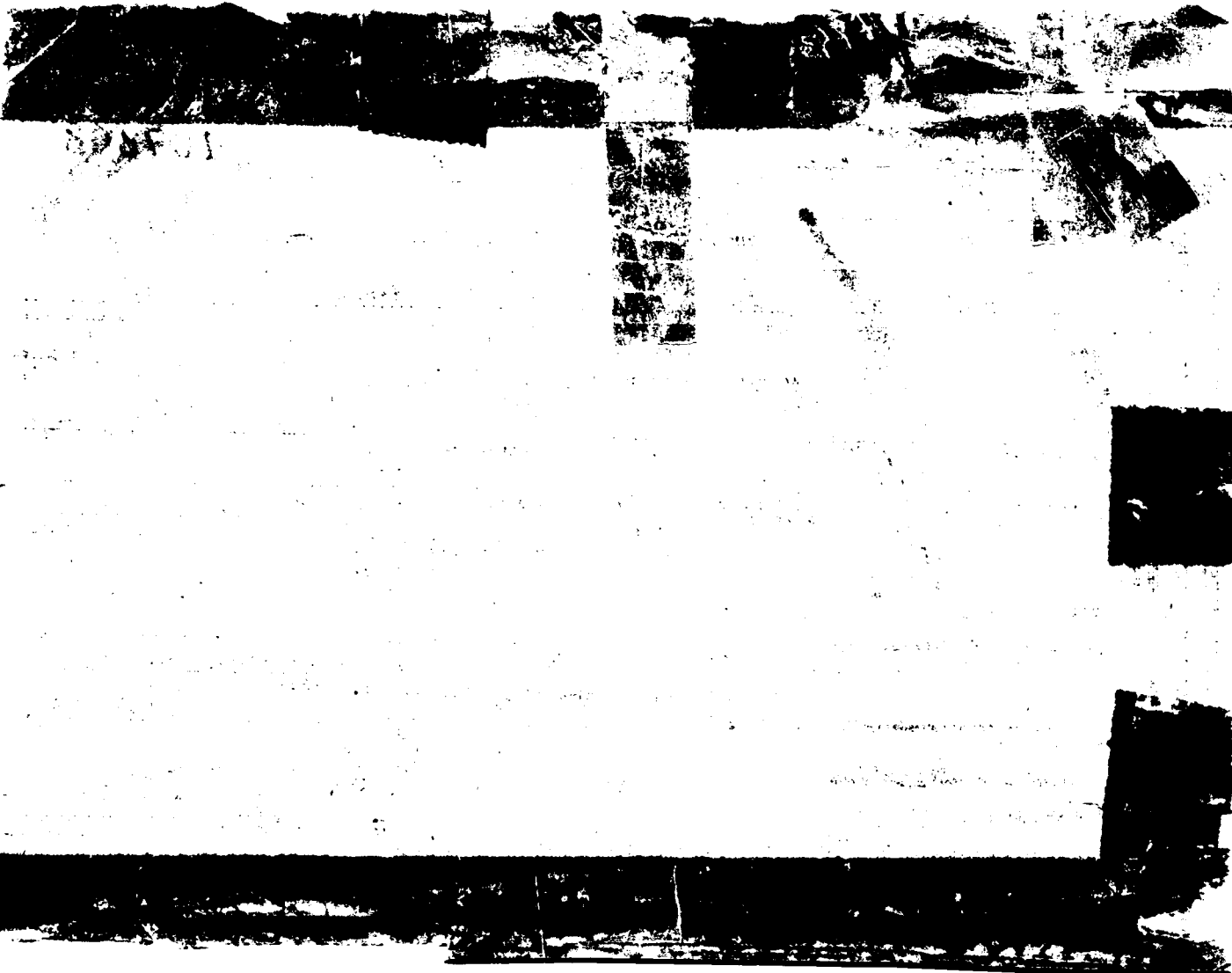
Hagerman

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE [illegible] WITH UNFADING [illegible] IS A PERMANENT RECORD

[illegible] than one child at birth [illegible] must be made for each and the number of each [illegible]



County of [redacted]

City of Hage

No. 117-22

22-231

DEP[redacted] PUBLIC WELFARE

[redacted] VITAL STAT[redacted]

CERTIFICATE OF BIRTH

[redacted] Ret No. 21 State File No. 107809

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Madison Joseph Pape

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	Yes	November 10 1922 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Louis Wm. Pape	
18. Full maiden name		Anna M. Black
10. Residence (usual place of abode) (If non-resident, give place and State)	Caldwell	
19. Residence (usual place of abode) (If non-resident, give place and State)		Caldwell
11. Color or race	Wh	
12. Age at last birthday	53 (years)	
20. Color or race		Wh
21. Age at last birthday		44 (years)
13. Birthplace (city or place) (State or Country)	Bremer Iowa	
22. Birthplace (city or place) (State or Country)		Turay Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Agent Westcott Oil Company	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		
OCCUPATION 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		Housewife
OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
OCCUPATION 16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work	
OCCUPATION 25. Date (month and year) last engaged in this work ....., 19....		26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 4:A.M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R. H. Greene R. H. Greene, M. D.

or ....., Midwife

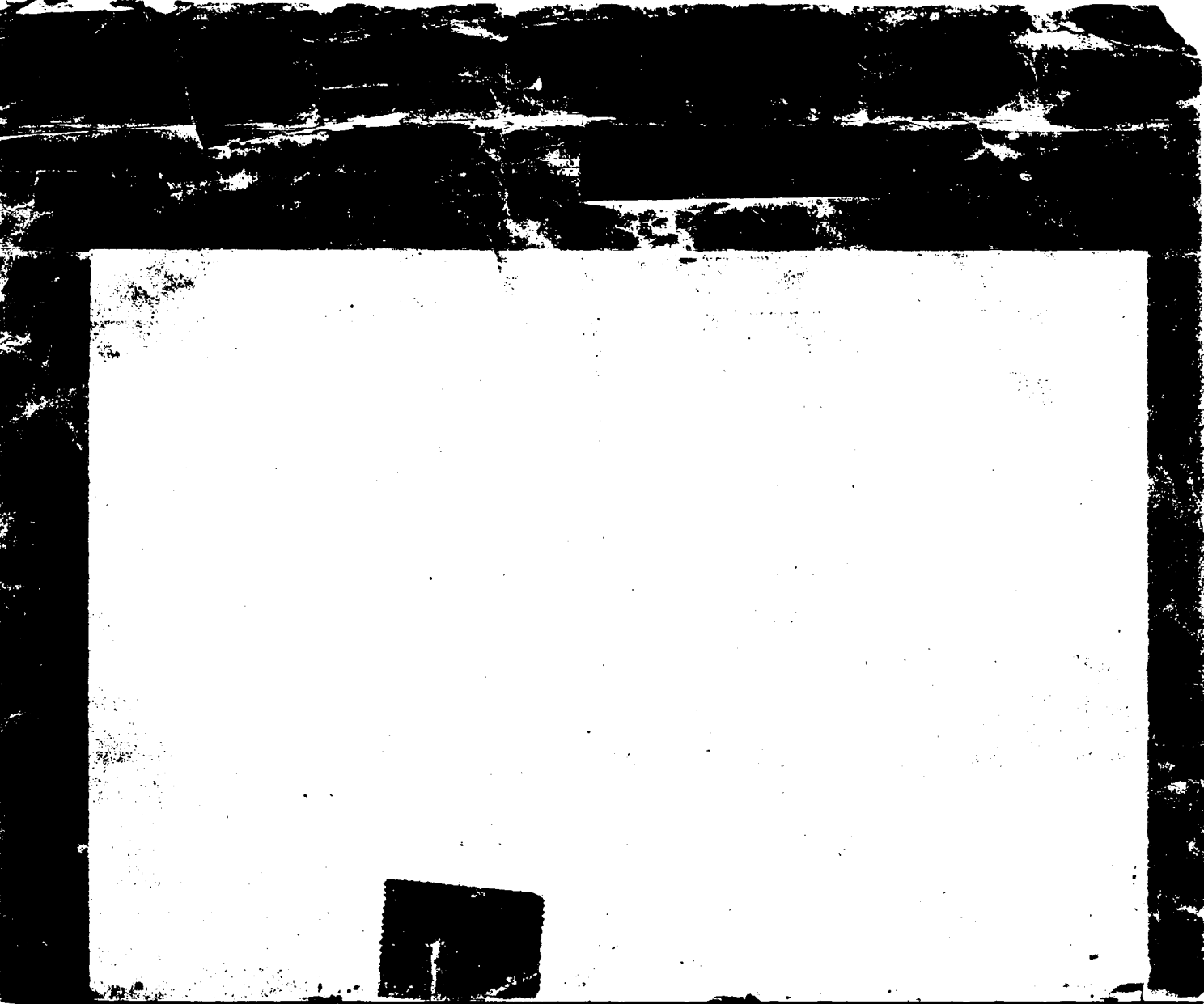
Address Hagerman

Give name added from a supplemental report .....

(Date of)

Filed Nov 16, 1922 R. H. Greene Registrar.

..... Registrar.



493-214-004-793

Form V. S. No. 11-C-Idaho-1-1-18

PLACE OF BIRTH

RECEIVED JAN 8 BU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 21

File No. 107810

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Iris Augusta Dickenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 14 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Dickenson	Augusta Gilmore
RESIDENCE	Bliss	Bliss
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Ill.	Ark
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M on the date above stated.

(Signature) R. V. Greene, Physician

(Physician or midwife)

Address Hagerman

Filed Nov 20 1922 R. V. Greene Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

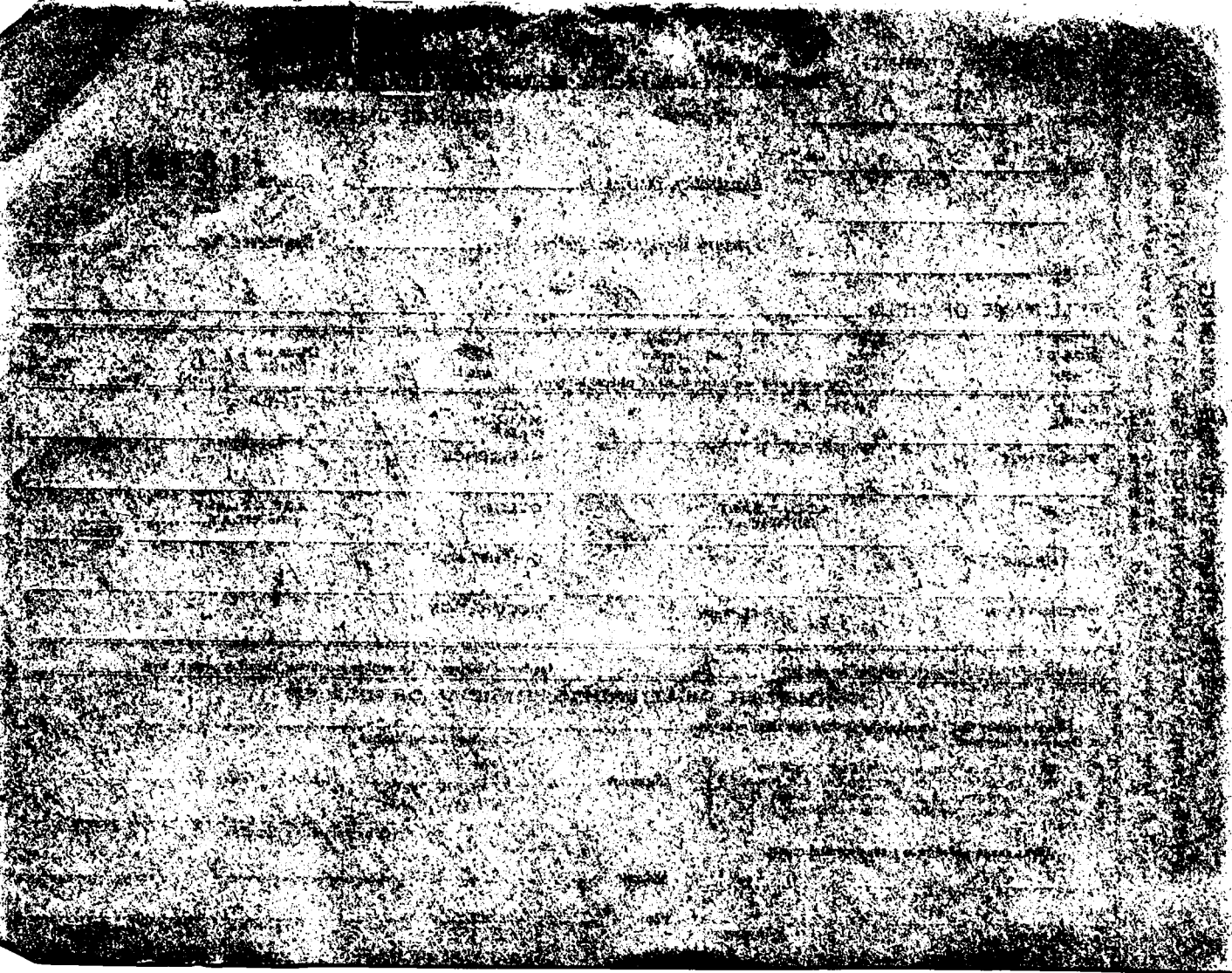
_____ Registrar

S-Y CO. 84683

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



413224-024-389

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Gooding

City of Wagenman

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 6 1923
REGISTRATION DISTRICT

CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. _____

File No. 107811

Registered No. _____

FULL NAME OF CHILD Mary Zula Masters

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 24 1922

	FATHER	MOTHER
FULL NAME	R. D. Masters	FULL MAIDEN NAME Eugenia Christie
RESIDENCE	Wagerman	RESIDENCE Wagerman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Colo.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Greene

Physician (Physician or midwife)

Address Wagerman

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov 26 1923 R. N. Greene Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3.49-112.026819

RECEIVED
JAN 8
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107812

County of Gooding

City of Hagerman

Registration District No. 21

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Raymond Orel Turner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		jes	Dec 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E O Turner	FULL MAIDEN NAME	Maralda Hardman
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Greene
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Hagerman

Filed Dec 11 1922 R H Greene
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

695-127.024-864

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 107813

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD George Houghton Winn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	X	yes.	12/27/22 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	George W. Winn	FULL MAIDEN NAME	Evelyn Houghton
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Verlvyck
Rwa. Z
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Registrar

Address Gooding Ida.

Filed 1-10-1923 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Gooding

ST. Idaho

COUNTY Gooding

FILE NO. 10780

DATE OF BIRTH Dec 27th 1922

SEX OF CHILD ~~Female~~ Male

FATHER Geo W. Winn

MOTHER Evelyn Houghton (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Penge Houghton Winn

Mrs Geo W Winn

Signature of Father or Mother.

FEB 28 1942

MAY 23 1942

298-22-024-682

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH V107815

RECEIVED JAN 11 1923

County of Gooding
City of Gooding
No. ..... St.
Registration District No. 24
File No. .....
Hospital .....
Primary Registration District No. .....
Registered No. .....

FULL NAME OF CHILD Ella Marie Bryant
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	12-12-1922

What bactericidal solution was used in eyes? 0% Sol. Nit. Silver

Number of child of this mother, including present birth 8 — Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Oscar D. Bryant	FULL MAIDEN NAME	Belle Oyster
RESIDENCE	Gooding	RESIDENCE	Gooding Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Penn.	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 4 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Cromwell M.D.
(Physician or midwife)

Address Gooding Ida

Filed 1-10-1923 Raymond
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1948

343-104-024-169

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of

Registration District No. 24

File No. 107816

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Wilbur Cutright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 4 1922 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Jay Cutright	FULL MAIDEN NAME	Lennie Jorgensen
RESIDENCE	Bliss	RESIDENCE	Bliss
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Virginia	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 1-10- 1923

J F Carey M D

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-201-024-493

PLACE OF BIRTH

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107817

County of Gooding

City of Gooding

No. ..... St. Registration District No. 24 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Adrainne Mayme Seagrave
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		Yes	Nov. 1 1922

What bactericidal solution was used in eyes? 10 o/o Sol. Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence Seagrave	FULL MAIDEN NAME	Ruby Miller
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mass	BIRTHPLACE	Kansas
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Registrar.

Address Gooding, Ida.

Filed 12-15-1922 F Cary M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho Jan 1 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Gooding
(ST. _____
(COUNTY Gooding

FILE NO. 107817

DATE OF BIRTH Nov. 1st 1922

SEX OF CHILD Female

FATHER Clarence Deagrave.

MOTHER Ruby Mae Miller
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Adrienne Marjorie Deagrave.

Mrs. C.N. Deagrave.

Signature of Father or Mother.

JUL 2 0 1942

265-104:024-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 1923
VITAL

CERTIFICATE OF BIRTH

County of Gooding

City of " Ida.

No. ..... St. ..... Registration District No. 24 File No. 107818

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Keith Robert Swenson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy.		yes.	Nov. 4. 1922

What bactericidal solution was used in eyes? 10 o/o Sol. Argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ralph Swenson	FULL MAIDEN NAME	Rachel Lannstrom
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Music Teacher.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Gooding, Ida.

Filed 12-15 1922 F. Craymo
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1941

259-264-274-253

PLACE OF BIRTH

RECEIVED JAN 11 1928 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. R.F.D. St.

Registration District No. 24

File No. 107819

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Phyllis Grace Keith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Nov 4 1922

What prophylactic solution was used in eyes? 10% Sol Arg. Nitrat

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME James R. Keith	FULL MAIDEN NAME J. Myrtle Babb
RESIDENCE Gooding Ida	RESIDENCE Gooding Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12-15-1927 F. Campbell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 29 1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ ST. _____ COUNTY Gooding

FILE NO. 107819

DATE OF BIRTH Nov 4 - 22

SEX OF CHILD Female

FATHER Jas. R. Keitle

MOTHER J. Myrtle Belk (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Phyllis Grace Keith

Mrs Jas R. Keitle.

Signature of Father or Moth

613-202-24-539

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 1 19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107820

County of Gooding

City of Gooding,

Registration District No. 24

File No.

No. ..... St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Eckberx. Ella Mae Fallin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 2 19 22

FATHER		MOTHER	
FULL NAME	Ralph Eckberx Fallin	FULL MAIDEN NAME	Nora Elieson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

(Signature) J. N. Cromwell per a.z

(Physician or midwife)

Address

Filed 1-10-19 23

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding. } ss.

Certificate No. 107820

MAY 19 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ella Mae Fallin (Name on Original Certificate) who was born (Was Born or Died) on Dec 2nd - 1922 (Date of Event)
in Hagerman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Fallern	Fallin
Name	Unnamed	Ella Mae

Subscribed and sworn to before me this 17th
day of May, 1943.

Notary Public, residing at Hagerman, Idaho

My commission expires Mch. 23rd - 1944
(Seal)

Signed Nora Elisaon Fallin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of May, 1943.

Notary Public, residing at Hagerman, Idaho

My commission expires Mch. 23rd. 1944
(Seal)

Signed T E Thompson
(Signature of Any Credible Person Other Than Previous Year)

Hagerman, Idaho
(Street Address, City, State)

MAY 2 6 1943

692-201-024-455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 11 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24

File No. 107821

No. R 72 St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Myrtle Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Dec 1 19 21

FATHER		MOTHER	
FULL NAME	Earl Fisher	FULL MAIDEN NAME	Rosella Jenkins
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kan —	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 A M. on the date above stated.

(Signature) J W Campbell MD

(Physician or midwife)

Address Gooding Idaho

Filed 12-4-21 19

J W Campbell MD
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

123-204-024-465

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 11 BUREAU OF STATE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 107822

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ascuena

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Claudio Ascuena	FULL MAIDEN NAME	Gregoria Monestiro
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Rancher & Hotel man	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Cary MD

(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Idaho

K ..... 19.....

Registrar

Filed 12-5- 1922

L W Cary MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (
CITY Gooding
ST. Washington
COUNTY Gooding
FATHER Ayers

FILE NO. 107822
DATE OF BIRTH 4th December 192
SEX OF CHILD Female 8 lb
MOTHER Ayers
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

Claudia Ayers
Signature of Father or Mother.

SEP 12 1967

253-116-025-666

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Near Kamiah

No. ..... St.

Hospital .....

Registration District No. 49 File No. 107823

Primary Registration District No. 2428 Registered No. .....

FULL NAME OF CHILD Raymond J. Kellum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	12 16th 1922

FATHER		MOTHER	
FULL NAME	William Kellum	FULL MAIDEN NAME	Ethel Mood
RESIDENCE	Canada	RESIDENCE	Canada
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Kamiah, Id

Filed 12/29 1922 C J Johnson
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-12/1031-799

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 3 1923
VITAL

County of Lewis

City of Kamiah

Registration District No. 49 File No. 107824

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Harry Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	12 (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harling Brown	FULL MAIDEN NAME	Bulah Price
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ang.	BIRTHPLACE	Minn.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Bryan M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah, Ind

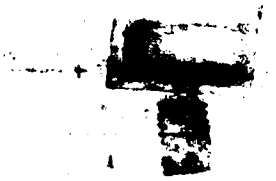
Filed 12/28 1922 C. J. Johnson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 194



OCT 20 1950

FEB 1

6 89-2/3-025 [redacted]

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BI[redacted]

RECEIVED JAN 2 1923 [illegible] OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kamiah

Registration District No. 49 File No. 107825

No. ..... St.

Primary Registration District No. 2424 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby Whitis~~ Ruby Delores Whitis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4.		yes	12 (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Whitis	FULL MAIDEN NAME	Dora C. Haskins
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kamiah

Registrar

Filed 12/28 19.... C. J. Johnson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Family Bible Record, old, gives name as Ruby Delores Whitis; and Coppenish, Washington High School Diploma, May 28, 1941 gives name as Ruby Delores Whitis - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oklahoma
County of McCurtian } ss.

Certificate No. 107825

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Whitis (Name on Original Certificate) who born (Was Born or Died) on 12 - 13 - 1922 (Date of Event)
in Kamiah, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Early 1930's (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruby Delores Whitis

Subscribed and sworn to before me this 22 day of December, 19 58

Notary Public, residing at Smithville Okla
My commission expires July 11, 1960
(Seal)

Signed Dora E. Whitis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Smithville Okla
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma
County of McCURTIAN } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of December, 19 58

Notary Public, residing at Smithville
My commission expires July 11, 1960
(Seal)

Signed W. J. Whitis
(Signature of Any Credible Person)

Smithville Okla
(Street Address, City, State)

FORM DPH 55.155 NNCL 12-19-58. one copy pd.

JAN 8 1959

449-218-025-449

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kannah

Registration District No. 49 File No. 107826

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Marie Murphy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4		yes	11 (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ray Murphy	FULL MAIDEN NAME	Hazel Laurent
RESIDENCE	Kannah	RESIDENCE	Kannah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Bryan M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kannah

Filed 12/10 1922

J. J. Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

995-117-031-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47

File No. 107827

Primary Registration District No. 2428

Registered No. .....

FULL NAME OF CHILD Rinhardt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	11 (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ray Rinhardt	FULL MAIDEN NAME	Edith Smith
RESIDENCE	Nezperce Id	RESIDENCE	Nezperce, Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah

Filed 12/14 1922

C. J. Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUPEL 1922-339187

86-222-025-275

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 2 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Caribel

Registration District No. 49 File No. 107828

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Velma Jane York

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
4		yes	11 22 1922

FATHER		MOTHER	
FULL NAME	L. L. York	FULL MAIDEN NAME	Sarah Kennedy
RESIDENCE	Caribel	RESIDENCE	Caribel
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lamiah

Filed 12/14 1922 C. J. Johnson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 06 1922-3 10 9 3 6

133-16-025-815

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

107829

County of Idaho

City of Stites

Registration District No. 106

File No.

No.

Primary Registration District No. 2184

Registered No. 42

Hospital

FULL NAME OF CHILD Monte Hammaford Allard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 16 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. Irving Allard	Maud G. Hammaford
RESIDENCE	Stites	Stites
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Montana	Nebraska
OCCUPATION	General work	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.

(Physician or midwife)

Address Stites Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec 1 1922

J. M. Verbeckmoes
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1953
APR 10 1947

695-216-025-235

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 107830

Primary Registration District No. 2134 Registered No. 40

FULL NAME OF CHILD Glendolia Marie Finnell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov 16 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Benjamin Franklin Finnell	FULL MAIDEN NAME	Maude Evelena Stephens
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Lincoln - Mo.	BIRTHPLACE	Gleneoe. Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 7:30 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. D. E. Nicholson
(Physician or midwife)

Address Kooskia - Idaho.

Give names added from a supplemental report.

....., 19.....

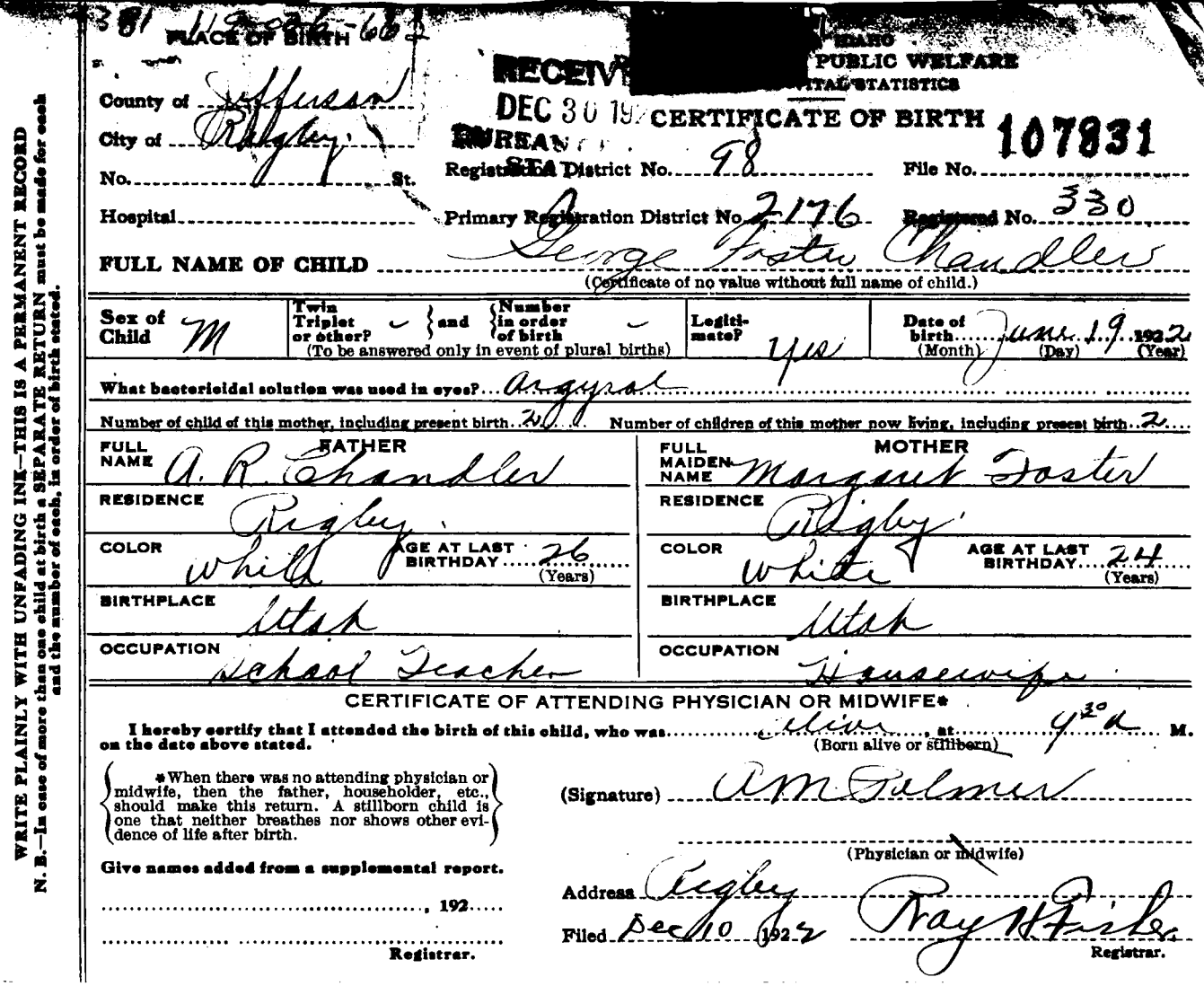
.....
Registrar.

Filed Dec 1 1922 J. M. Verbeck
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1968

381 119-026-662



PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

RECEIVED DEC 30 192 BUREAU OF STA

[redacted] IDAHO PUBLIC WELFARE [redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

107831

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 330

FULL NAME OF CHILD George Foster Chandler

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	June 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. R. Chandler	FULL MAIDEN NAME	Margaret Foster
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	School Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

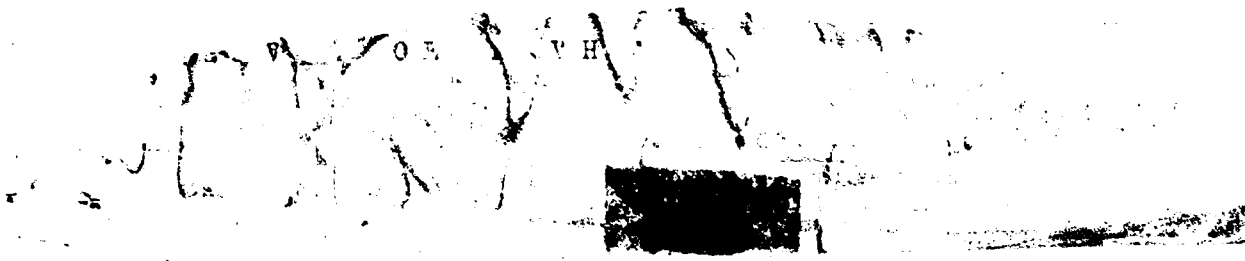
Address Rigby

Filed Dec 10 1922 Ray H Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
FEB 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho Feb 7 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

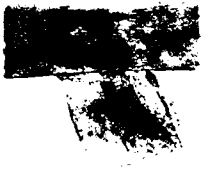
Place of Birth (CITY Rigby
(ST. Idaho
(COUNTY Jefferson
FATHER G R Chandler

FILE NO. 107831
DATE OF BIRTH June 19, 1922
SEX OF CHILD Male
MOTHER Margaret Foster
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

George Foster Chandler

Mrs Margaret F. Chandler.
Signature of Father or Mother.



MAY 25 1949

168-22-026-719

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St. ____

Registration District No. 98 File No. 107832

Hospital ____ Primary Registration District No. 276 Registered No. 331

FULL NAME OF CHILD Hola Fay Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	June 21 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Chas. Ezra Johnson	FULL MAIDEN NAME Flora Clarke
RESIDENCE Rigby	RESIDENCE Rigby
COLOR white AGE AT LAST BIRTHDAY 25 (Years)	COLOR white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Idaho.
OCCUPATION Clerk in Grocery Store	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M M Coleman

(Physician or midwife)

Address Rigby

Filed Dec 10 1922 Ray H. Fields

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 2

STATE OF IDAHO,

~~DEPARTMENT OF PUBLIC~~ WELFARE,

Boise, Idaho 1 8 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of ~~Birth~~ (CITY Rigby

(ST.

(COUNTY Jefferson

FILE NO. 107832

DATE OF BIRTH June 21 1922

SEX OF CHILD Female

FATHER Leo E. Johnson

MOTHER Tina Valentine Parks Johnson
(Maiden Name)

I ~~HEREBY~~ CERTIFY that the child herein described has been named:

Viola Ray Johnson

Mrs. Leo E. Johnson

Signature of ~~Father~~ or Mother.

MAR 26 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

293-122-026-819

County of Jefferson

City of Rigby

No. 1 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 107833

Primary Registration District No. 2176 Registered No. 332

FULL NAME OF CHILD Harvey Elmer Killian, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	✓		✓	yes	June 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	H. E. Killian	FULL MAIDEN NAME	Alverta L. Hardcastle
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	14
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Address Rigby

Filed Dec 10th 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 107833
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Harvey Elmer Killian Jr. (Name on original certificate) who Born (Was born or died) on June 22, 1922 (Date of event) in Annis Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on June 22, 1938 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Killian	Harvey Elmer Killian Jr.

Subscribed and sworn to before me this 27 day of Sept, 1941
Marion C Tusman
Notary Public, residing at Hamm Idaho
My commission expires Oct 23-1941
[SEAL]

Signed La Von Killian, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Camas Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

213 - 226 - 276 - 213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

County of Jefferson
City of Rigby
No. ..... Registration District No. 98 File No. 107834
Hospital ..... Primary Registration District No. 2176 Registered No. 333

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	yes	June 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	David Bates	FULL MAIDEN NAME	Myrtle Bates
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby

Filed Dec 1st 1922 Ray H. Sinks
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-279-026-295

Amended 11-4-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 107835
Local Reg. No. 334
Reg. Dist. No. 98

1. PLACE OF BIRTH

a. COUNTY: Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rigby

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Jefferson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rigby

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Phyllis b. (Middle): Kaye c. (Last): Eckersell

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) July (Day) 29, (Year) 1922

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): c. (Last): Eckersell

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Operator (moving picture)

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Alavon b. (Middle): c. (Last): Kinghorn

13. AGE (At time of this birth): 17 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. M. Palmer

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rigby, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.:

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

OCT 10 1966

Bureau of Vital Statistics

State of Idaho } ss.

County of Bonneville

Certificate No. 107835

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Phyllis Kinghorn Eckersell (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1922 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible at Birth - Diploma May 27, 1936 (Bible Record, Insurance Policy, Etc.) prepared on Bible prepared in 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Phyllis Kinghorn Eckersell	Phyllis Kaye Eckersell

Subscribed and sworn to before me this 5th day of October 1966

Notary Public, residing at Idaho Falls

My commission expires November 28, 1966

(Seal)

Signed Alavon Eckersell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

974 I St - Idaho Falls Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October 1966

Notary Public, residing at Idaho Falls

My commission expires November 28, 1966

(Seal)

Signed Jennie Walker

(Signature of Any Credible Person)

1790 So. Higbee

(Street Address, City, State)

Idaho Falls

FORM DH 60-155

CL 9-28-66. nm

State of Idaho, Elementary Public School Diploma, given at Rexburg, Idaho on May 27, 1936 gives full name as Phyllis Kaye Eckersell - viewed by V.S.

Photo Copy of Pages from Family Record concerning births and marriages - gives full name of one child as Phyllis Kaye Eckersell, born July 29, 1922 - also states that a Phyllis Kaye Eckersell was married to Leslie Simon Cutler on July 14, 1945 - viewed by V.S.

533-015-026-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. 8 St. Registration District No. 98 File No. 107836

Hospital Primary Registration District No. 2176 Registered No. 335

FULL NAME OF CHILD Osman Viola Ellis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	July 15 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer Ellis	FULL MAIDEN NAME	Lola Chase
RESIDENCE	Rigby Rt.	RESIDENCE	Rigby Rt.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), on the date above stated. 12 05 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby

Filed Dec 30 1922 Ray H. Fisher
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1947
APR 10 1947
APR 10 194

255-216-026-912

PLACE OF BIRTH [redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Jefferson

City of Rigby

No.

Hospital

RECEIVED DEC 30 1922 BUREAU

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 107837

Primary Registration District No. 2176 Registered No. 336

FULL NAME OF CHILD Nina Hortense Severson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
2	✓		—	yes	July 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 16 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Oscar Severson	FULL MAIDEN NAME	Agnes Rasmussen
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	49
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Address Rigby

Filed Dec 16 192 Ray H. Fisher

Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Teglu Route 4 / FILE NO. 107837

(ST. _____

(COUNTY Idaho

DATE OF BIRTH July 16, 1922

SEX OF CHILD Female

FATHER Severson

MOTHER Rasmussen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Nina Hortense Severson

Oscar Severson

259-220.026-855

PLACE OF BIRTH

RECEIVED DEC 30 192

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Rigby
No. ..... St.
Registration District No. 98
File No. 107838
Hospital .....
Primary Registration District No. 2176
Registered No. 337

FULL NAME OF CHILD Mary Josephine Ker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	July 29 192 7

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wayne Ker	FULL MAIDEN NAME	Dora Henrich
RESIDENCE	Rigby Rt. 3	RESIDENCE	Rigby Rt. 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	South Dakota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** 3 45 a M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer
(Physician or midwife)

Address Rigby

Filed Dec 6 192 Ray M. Fisher
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Photo Copy of Own Child's Birth Cert., State of Oregon, gives full name of child as Pamela Jean Wagner, born Nov. 5, 1949 at Ontario, Oregon to Adolph Rudolph Wagner and Mary Josephine Ker - viewed by V.S. Cert. of Baptism, Church of Mary Immaculate Parish, St. Anthony, Idaho - baptized Sept 18, 1922 gives full name as Mary Josephine Ker, born July 29, 1922 at Rigby, Idaho to Wayne W. Ker and Dora Henrich - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 18 1964
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 107838

Date Filed Dec. 10, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1922 (Date of Event)
in Rigby, Jefferson Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record & Childs Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on Feb 3 1964 & Nov-1, 1969 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unnamed	Mary Josephine Ker

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Wayne W. Ker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant, if correcting a death record; or other credible person.)
Box 435 Lucinda Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Baker } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of April, 1964

Notary Public, residing at Baker, Oregon
My commission expires March 22, 1968
(Seal)

Signed Adolph Wagner
(Signature of Any Credible Person)
1050 Aldwood drive Baker Ore.
(Street Address, City, State)

FORM DH 60. 155

APR 1 1974

693-208-026-253

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107830

County of Jefferson

City of Rigby

No. ____ St.

Registration District No. 98 File No. ____

Hospital ____ Primary Registration District No. 2176 Registered No. 335

FULL NAME OF CHILD Dorothy Leona Wilburn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Aug. 8 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	B. F. Wilburn	FULL MAIDEN NAME	Estella Kelly
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Salmon
(Physician or midwife)

Address Rigby

Filed Dec 16 1922 Ray V. Fisher
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS APR 21 7 21 PM '75

State of ..... Certificate No. 107839

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Wilburn (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 8, 1922 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Dorothy Leona Wilburn

Subscribed and sworn to before me this 16th day of April, 1975

[signature]

Notary Public, residing at Kearns, Ut.

My commission expires 5-3-1975

(Seal)

Signed X Dorothy Leona Behrendt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah

County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of April, 1975

[signature]

Notary Public, residing at Kearns, Ut.

My commission expires 5-3-75

(Seal)

Signed Wilford G. Str

(Signature of Any Credible Person)

4574 W. 4805 So

(Street Address, City, State)

FORM DH 60-155

CL 4/8/75 Rush!

Family record gives name as Dorothy Leona Wilburn born Aug. 8, 1922. Blessed Nov. 5, 1922 and Baptized Aug. 17, 1930. viewed by V. S.

Report card from Salt Lake City, Utah gives name as Dorothy Wilburn. for 1940. viewed by V. S.

319-163:026-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Rigby
No. 1 St.
Registration District No. 98
File No. 107840
Hospital
Primary Registration District No. 2176
Registered No. 339

FULL NAME OF CHILD Ralph Fredrick Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 13 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred J. Carlson	FULL MAIDEN NAME	Loretta Jones
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	School Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby

Filed Dec 30 1922 Ray Hatch
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1972

693-118-026-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St. ..... District No. 98 File No. 107841

Hospital ..... Primary Registration District No. 2176 Registered No. 340

FULL NAME OF CHILD Billy Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓		✓	yes	Aug 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Adrian Wilson	FULL MAIDEN NAME	Gladys Davis
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Rigby

Filed Dec 16 1922 Ray Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 22-163938

165-229-026-295

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted]F PUBLIC WELFARE
[redacted] VITAL STATISTICS

RECEIVE[redacted]
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

107842

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 341

FULL NAME OF CHILD Doris Ethel Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	✓		✓	Yes	May 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Karl Jones	FULL MAIDEN NAME	Ethel Kinghorn
RESIDENCE	Rigby, R.D.	RESIDENCE	Rigby, R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

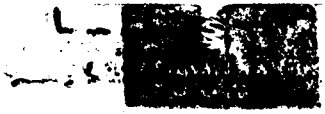
.....
Registrar.

Address Rigby

Filed Dec 10 1922 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



NOV 2 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 23 11 35 AM '75

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 107842

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Jones (female) (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1922 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Doris Ethel Jones

Subscribed and sworn to before me this 17th day of December, 19 75

Notary Public, residing at Rigby, Idaho

My commission expires 5-30-78

(Seal)

Signed Ethel B. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 11/20/75

JAN 15 1976

Own child's birth certif on file in Idaho (#316364) gives child's name as Lynn Deloy McLing born June 27, 1941 at Rigby, Idaho. father's nameas Joseph Leland McLing and the mother's nameas Dorris Ethel Jones. viewed by V. S. JAN 6 1976

Certif of Marriage gives name as Doris Ethel Jones as thebride and Leland McLing as the groom. dated Nov 26, 1946. viewed by V. S.

269-225-025-964

PLACE OF BIRTH

STATE DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107843

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. [redacted] File No. .....

Hospital ..... Primary Registration District No. [redacted] Registered No. 63

FULL NAME OF CHILD Irene Ruth Korthuis

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	12-25-1922

What bactericidal solution was used in eyes? 2% Sol. Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry Korthuis	FULL MAIDEN NAME	Dena Rodenhouse
RESIDENCE	Grangeville Ida.	RESIDENCE	Grangeville Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Spyk Holland	BIRTHPLACE	Grand Rapids Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Chipman
Physician
(Physician or midwife)

Address Grangeville Ida.

Give names added from a supplemental report.

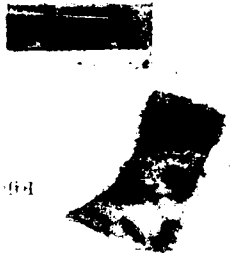
....., 19.....

Registrar.

Filed Jan 1 1923 G. B. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN I 5 1943

314-208-025-34-

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

107844

County of Idaho
City of Grangeville
No. ____ St.
Hospital ____
Registration District No. 103
Primary Registration District No. 1001
File No. ____
Registered No. 62

FULL NAME OF CHILD Wilma Louise Lamb
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 8 1922

What bactericidal solution was used in eyes? 2 % Sol. Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John L. Lamb	FULL MAIDEN NAME	Nanny Lanebaker
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Shipman M.D.
Physicians
(Physician or midwife)

Address Grangeville Ida.

Filed Jan 1 1923 G. B. Stockton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25 1959

344-103-025 313

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. 107845

Hospital ..... Primary Registration District No. 2181 Registered No. 61

FULL NAME OF CHILD Burton Bee Cummings
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 3 1922

What bactericidal solution was used in eyes? 2% Sol Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank George Cummings	FULL MAIDEN NAME	Rose Sadie Callan
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Helena Mont.	BIRTHPLACE	Elk White S.D.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Grangeville Ida

Filed Jan 1 1923 G S Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1949

791-131-825-819

PLACE OF BIRTH

RECEIVED JAN 6 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Registration District No. 103 File No. 107846

Hospital ____ Primary Registration District No. 2181 Registered No. 60

FULL NAME OF CHILD Ernest Ludwig Grabaki
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Dec 31 1922

What bactericidal solution was used in eyes? 1% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Emil A Grabaki	FULL MAIDEN NAME	Marie Hartel
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	BIRTHPLACE	Luxemberg
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton
(Physician or midwife)

Address Grangeville Ida

Filed Jan 6 1923 G S Stockton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 196

559-170-225-719

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Registration District No. 103 File No. 107847

Hospital ____ Primary Registration District No. 1004 Registered No. 37

FULL NAME OF CHILD Donald Allen Herring

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec 30 1922

What bactericidal solution was used in eyes? 1% Sol Arg Nit

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Guy W. Herring	FULL MAIDEN NAME Edith Garvin
RESIDENCE Grangeville	RESIDENCE Grangeville
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Wisconsin
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 8. a. **M. on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stucklen

(Physician or midwife)

Address Grangeville Ida

Filed Jan 1 1923 G S Stucklen

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/27/41 [illegible]

RECEIVED
FEB 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Grangeville
ST. _____
COUNTY Idaho

FATHER Vivo

FILE NO. 197847

DATE OF BIRTH Dec 30 - 1922

SEX OF CHILD Male

MOTHER Edith Garvin
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Donald Elvin Harvin

Guy H Harvin

Signature of Father or Mother.

OCT 2 1972

249-127-025-284

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

RECEIVED JAN 6 BUREAU STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 107848

Primary Registration District No. 2181 Registered No. 58

FULL NAME OF CHILD ~~George~~ Robt Geo ~~Robert~~ Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Dec 27 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George W Smith	FULL MAIDEN NAME	Bertha M Squibbs
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G B Stockton
(Physician ~~or midwife~~)

Address Grangeville Ida

Filed Jan 1 1923 G B Stockton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 - 1969
JAN 18 1971

793-227-025-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 0 1923
BUREAU

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 107849

Primary Registration District No. 2181 Registered No. 57

FULL NAME OF CHILD Beulah May Gill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Nov 27th 1922

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John F Gill	FULL MAIDEN NAME	Dora E Browning
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John G Gill
Father
(Physician or midwife)

Address Grangeville Idaho

Filed Jan 1 1923 G. B. Stricklin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho

Certificate No. 107849

JUN 3 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Beulah May Gill (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1922 (Date of Event)
in Winona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on 4-17-43 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Beulah May Gill
Date	Nov. 29th	Nov. 27, 1922

Subscribed and sworn to before me this 17
day of April, 19 43
M. Bothwell
Notary Public, residing at Grangeville,
My commission expires 8-8-45
(Seal)

Signed Dora Ella Gill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of April, 19 43
M. Bothwell
Notary Public, residing at Grangeville
My commission expires 8-8-45
(Seal)

Signed John G Gill
(Signature of Any Credible Person Other Than Previous Year)
Grangeville, Idaho
(Street Address, City, State)

APR 1 9 1943

JUN 9 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

296-219-026-618

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[redacted]
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 107850

Primary Registration District No. 2176

Registered No. 329

FULL NAME OF CHILD Virginia May Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
2	✓		✓	yes	May 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joe L. Brown	FULL MAIDEN NAME	Nellie Fay
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Rigby

Filed Dec 19 1922

Ray H. Fisher
Registrar.

4/5/41 L. B.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Rigby
(ST. _____
(COUNTY Jefferson
FATHER Joe L. Brown

FILE NO. 107850

DATE OF BIRTH May 19, 1922

SEX OF CHILD Female

MOTHER Nellie Jay
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Virginia May

J. L. or Joe L. Brown
Signature of Father or Mother.

RECEIVED
FEB 29 1924

4154-168-026-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107851

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. 1 St.

Registration District No. 98

File No.

Hospital

Primary Registration District No. 2176

Registered No. 328

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	(To be answered only in event of plural births)		Yes	May 18 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence Dearden	FULL MAIDEN NAME	Nola Goff
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed Dec 30 1922 Ray H. Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1969

249-130-026-867

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107852

County of Jefferson
City of Ririe
No. ..... St. ..... Registration District No. 98 File No. 32
Hospital ..... Primary Registration District No. 2176 Registered No. 327

FULL NAME OF CHILD Kenneth Lester Burt.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		and 1	yes	May 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lester Burt	FULL MAIDEN NAME	Ivie Hoggan
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk in Clothing Store	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M M Robinson
(Physician or midwife)

Address Ririe

Filed Dec 11 1922 Ray H. Fisher
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1965

365-201-026-366 not named

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Jefferson

City of

No. St.

Hospital

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107854

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 326

FULL NAME OF CHILD Ardeth Rose Connell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	No	1	Yes	Sept 1st 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Edward H Connell	FULL MAIDEN NAME	Leverna Cook
RESIDENCE	Lorenzo Idaho	RESIDENCE	Lorenzo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Ririe Idaho

Filed 12-16 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

TO WHEREAS,

RECEIVED
JUN 4 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 3 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Jerome FILE NO. 107854
(ST. Idaho DATE OF BIRTH Sept 1 1922
(COUNTY Jefferson SEX OF CHILD Female Yes
FATHER E H Connell MOTHER Ellen Levira Cook
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ardeth Rose Connell

Edward H Connell
Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED DEC 30 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

412-104-026-794

County of

City of

No. St.

Hospital

STATE OF IDAHO 107855

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Sept. 9

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 325

FULL NAME OF CHILD ~~Henry Darin~~ STERLING LANE Mason

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
1 Boy	No		✓	Yes	Sept. 4th 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 1 Sept. 4th

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Joe H. Mason	FULL MAIDEN NAME	Eleanor Armstrong
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address Ririe Idaho

Filed 12-10 1922 Ray H. Fisher

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 107855

Birth Date Filed Sept 4 - 1922

The undersigned does solemnly swear that certain facts on the certificate of (Birth or ~~Death~~) for Henry Darin Mason (Name on Original Certificate) who Born (Was Born ~~or Died~~) on Sept 4 - 1922 (Date of Event) in Ririe Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 18 - 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Henry Darin	Sterling Lane Mason

Subscribed and sworn to before me this 29 day of July 1942

Signed Eleanor Arms Strong Mason
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Ririe Idaho

My commission expires Oct. 23 - 1944.
(Seal)

Ririe Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of July 1942

Signed Joseph Henry Mason
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Ririe Idaho

My commission expires Oct 23 - 1944
(Seal)

Ririe Idaho
(Street Address, City, State)

JUL 30 1942

AUG 1 1942

443-229-026-651

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of

No.

Hospital

Registration District No. 98 File No. 107856

Primary Registration District No. 2176 Registered No. 324

FULL NAME OF CHILD Mercela Dutson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	No		1	Yes	6-29-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joe W Dutson	FULL MAIDEN NAME	Lula Weaverling
RESIDENCE	Rice Idaho	RESIDENCE	Rice Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rice Idaho

Filed 12-10 1922 Ray K Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1892

249-109-024-844

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 8 1922

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 107857

Primary Registration District No. 2176 Registered No. 323

FULL NAME OF CHILD Mary K Burkenshaw

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	No	2	Yes	Aug 9 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Francis Burkenshaw	Alice Humphrey
RESIDENCE	R. 2 Rigby Idaho	Rigby Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Idaho	Neb
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

Physician

(Physician or midwife)

Address Rigby Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12-10 1922 Ray H Fisher
Registrar.

NAME
CHANGE

462-17-026-652

PLACE OF BIRTH

RECEIVED DEC 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107858

County of Jefferson

City of

No. St.

Hospital

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 322

FULL NAME OF CHILD John Joel Moss
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	No		1	Yes	Aug 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John W Moss	FULL MAIDEN NAME	Selma West
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Ririe Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 28 1959

Amended 2-4-71

PLACE OF BIRTH

685-231-926-462

RECEIVED DEC 30 1922 VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

Registration District No. 98 File No. 107859

Primary Registration District No. 2176 Registered No. 321

FULL NAME OF CHILD Adelia Jane Wheeler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	No		Yes	August 31, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Oscar L Wheeler	FULL MAIDEN NAME	Ida J Moss
RESIDENCE	Antelope Idaho	RESIDENCE	Antelope Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rexburg Idaho

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-27-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

FEB 4 - 1971

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of [illegible] } ss.
County of [illegible]

Certificate No. 107859

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Adelia Jane Wheeler (Name on Original Certificate) who was born (Was Born or Died) on Sept. 7, 1922 (Date of Event)

in Antelope, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Sept. 7, 1922	Aug. 31, 1922

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

X Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1849 Michael St. Idaho Falls

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

441 E. 7th St. Idaho Falls

(Street Address, City, State)

FORM DH 60-155 Correction Corresp (W)

Old West Insurance Policy issued January 25, 1960 , Policy # 17049 gives date of Birth as August 31, 1922.
Viewed by V.S.

FEB 5 1971

Family Record issued April 16, 1944 gives date of birth for Adelia Jane Wheeler as August 31, 1922. Born Antelope, Bonneville, Idaho.
Viewed by V.S.

244222-026 [redacted]

PLACE OF BIRTH [redacted] E OF IDAHO

[redacted] F PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DEC 5 1922

County of Jefferson

City of

No. St.

Hospital

CERTIFICATE OF BIRTH 107860

Registration District No. 98 File No.

Primary Registration District No. 2846 Registered No. 320

FULL NAME OF CHILD Alice Summers

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	L		L	Yes	Sep 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Geo W Summers	FULL MAIDEN NAME	Iva M Siebert
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 6 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

Physician

(Physician or midwife)

Address Ririe Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 12-10 1922 Ray H Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1972

DECEASED

768-205-026-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107861

RECEIVED DEC 2, 1922 VITAL STATISTICS

County of Ada
City of
No. St.
Hospital

Registration District No. 16
Primary Registration District No. 2176

File No.
Registered No. 319

FULL NAME OF CHILD Florence Pohl
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	(To be answered only in event of plural births)		Yes	Oct 5 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Ted. Pohl	Lucy Karle
RESIDENCE	Kuna Idaho	Kuna Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	17
BIRTHPLACE	Neb	Mo
OCCUPATION	Mechanic	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ? M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price
Physician
(Physician or midwife)

Address Kuna Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1953

113-206-226-319 Not Named

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Jefferson

City of

No. St.

Hospital

CERTIFICATE OF BIRTH 107862

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 318

FULL NAME OF CHILD Hilma Rose Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—		—	Yes	Oct 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Robt W Jackson	FULL MAIDEN NAME	Elva M. Larson
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel Price
Physician
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1942

259-116-026-266

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 107863

Primary Registration District No. 217½ Registered No. 317

FULL NAME OF CHILD Keith M. Ker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	✓		✓	Yes	Oct 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Max E. Ker	FULL MAIDEN NAME	Evalyn Bowen
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saint Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Ririe Idaho

Filed 12-10 1922 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1974

JUL 24

259-118-026-419

PLACE OF BIRTH

RECEIVED DEC 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107864

County of

City of

No. St.

Registration District No. 98 File No.

Hospital

Primary Registration District No. 2176 Registered No. 316

FULL NAME OF CHILD Marder Berlenshaw
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—		—	—	Sep 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ben Burlenshaw Jr	FULL MAIDEN NAME	Eva A Martin
RESIDENCE	R. Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saint Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rigby Idaho

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-131-026-363

PLACE OF BIRTH

RECEIVED DEC 1 0 192 BU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107865

County of Fremont

City of

No. St.

Hospital

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 315

FULL NAME OF CHILD Irvin Morgan Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	04 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Irvin Morgan Sr	FULL MAIDEN NAME	Lillie Coles
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1:00 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saint Price
Physician
(Physician or midwife)

Address Ririe Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1953

243-206-026-668

PLACE OF BIRTH

RECEIVED
DEC 30 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

Registration District No. 98 File No. 107866

Primary Registration District No. 2176 Registered No. 314

FULL NAME OF CHILD Delia Buller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—		—	yes	Nov 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Oliver Buller	FULL MAIDEN NAME	Lillie Toylesong
RESIDENCE	Lone Pine Idaho	RESIDENCE	Lone Pine Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price
Physician
(Physician or midwife)

Address Kirk Idaho

Filed 12-10 1922 Ray H. Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]B 18 195[illegible]

635-206-026-685 not named

PLACE OF BIRTH

RECEIVED DEC 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107867

County of Jefferson

City of

No. St.

Hospital

Registration District No. 98

File No.

Primary Registration District No. 2176

Registered No. 313

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—		—	2/28	Nov 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Alvin Olney	FULL MAIDEN NAME	Mary Wheeler
RESIDENCE	Poplar Idaho	RESIDENCE	Poplar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Housewife Utah
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at Nov 6 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T. Price

Physician

(Physician or midwife)

Address Ririe Idaho

Filed 12-19 1922 Ray H Fisher

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 19, 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 107867

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD Female

FATHER _____ MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

435-115-026-345

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107868

County of Jefferson

City of

No. St.

Hospital

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 3012

FULL NAME OF CHILD Donald McNeil

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	Nov 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Robt McNeil	Lucy Lundquist
RESIDENCE	La Belle Idaho	La Belle Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	45
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

Physician

(Physician or midwife)

Give names added from a supplemental report.

....., 19...

Registrar.

Address Rice Idaho

Filed 12-10 1922 Ray H Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CK

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 107868

Date Filed Nov. 15th 1922

The undersigned does solemnly swear that certain facts on the certificate of Birth or Death for Donald Omar McNeil (Name on Original Certificate) who (Was Born or Died) on Nov. 15th 1922 (Date of Event) in Labell (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	McNiel	McNeil
Name	Donald	Donald Omar McNeil

Subscribed and sworn to before me this 29th day of August, 1942

C. P. Smith

Notary Public, residing at Rigby, Idaho

My commission expires Feb. 3, 1943

(Seal)

Signed Inez L. McNeil Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 31 1942

SEP 1 1942

751-214-026-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
[illegible] 0 1922
VITAL

CERTIFICATE OF BIRTH

County of Jefferson

City of LaBelle

No. ..... St.

Hospital .....

Registration District No. 98 File No. 107869

Primary Registration District No. [illegible] Registered No. 311

FULL NAME OF CHILD Aldyth L. Pearson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—		—	—	Nov 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Carl Pearson	FULL MAIDEN NAME	Lace Nesgan
RESIDENCE	La Belle Idaho	RESIDENCE	La Belle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Kirtle Idaho

Filed 12-10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

K ....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1976

238-120-026-163 not named

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922

CERTIFICATE OF BIRTH

County of Jefferson

City of

No. St.

Registration District No. 98 File No. 107870

Hospital

Primary Registration District No. 82176 Registered No. 310

FULL NAME OF CHILD Gilbert Schwartz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	✓		—	Yes	Oct 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Tony Schwartz	FULL MAIDEN NAME	Myrtle Jolley
RESIDENCE	Antelope Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Kirk Idaho

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

552-127-026 212 Not named

PLACE OF BIRTH

RECEIVED DEC 9 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of

City of Antelope

No. St.

Hospital

CERTIFICATE OF BIRTH 107871

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 309

FULL NAME OF CHILD Joseph Smith Nebel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—		—	Yes	Nov 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	John Nebel	FULL MAIDEN NAME	Elizabeth Bassett
RESIDENCE	Antelope Idaho	RESIDENCE	Antelope Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saint Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rivera Idaho

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Antelope

(ST. Idaho

(COUNTY Bonneville

FILE NO. 107871

DATE OF BIRTH November 27

SEX OF CHILD Male

FATHER John Riehel

MOTHER Elizabeth Riehel
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named

Joseph Smith Riehel

John Riehel Elizabeth

Signature of Father or Mother.

JAN 10 1945

331-118:026-244 not named

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

Registration District No. 98 File No. 107872

Primary Registration District No. 2176 Registered No. 304

FULL NAME OF CHILD Peter Blain Clark
(Certificate of no value without full name of child.)

Sex of Child Boy | Twin Triplet or other? C and Number in order of birth C (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Nov 18 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm B Clark	FULL MAIDEN NAME	Gina O Summers
RESIDENCE	Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Ririe Idaho

Filed 12-10 1922 Ray A Fisher
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Ririe FILE NO. 107872

(ST. Idaho DATE OF BIRTH Nov. 15 1922

(COUNTY Jefferson SEX OF CHILD Male

FATHER Wm B Clark MOTHER Zina A. Summers
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Peter Blair Clark.

Mrs. Zina A. Clark

Signature of Father or Mother.

251-106-026-259

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 107874

Primary Registration District No. 2176 Registered No. 302

FULL NAME OF CHILD Betty Alice Seaquist
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		Yes	Oct 6 1922

What bactericidal solution was used in eyes? [illegible]

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Daniel E. Seaquist	FULL MAIDEN NAME	Alice [illegible]
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Manhado Mino.	BIRTHPLACE	Aurora Ill
OCCUPATION	farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 PM M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.

Rigby Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 192...

.....
Registrar.

Address

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

316-224-010-789

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

[redacted]

RECEIVED
DEC 30 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bonneville

City of Swan Valley

No. ..... St.

Registration District No. 98

File No. 107875

Hospital Home

Primary Registration District No. 2176

Registered No. 301

FULL NAME OF CHILD Florence BLANCHE Lawrence
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	10-24 1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Furnace Colmore	Lawrence	Mettie Phillips	Genevieve
RESIDENCE	Swan Valley	RESIDENCE	Swan Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida Falls Ida.
OCCUPATION	Rancher	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Call M.D.

Rigby Ida.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address

Filed 12-10 1922 Ray H. Fished
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Swan Valley FILE NO. 107875

(ST. _____ DATE OF BIRTH Oct 24 1922

(COUNTY Bonneville SEX OF CHILD Female

FATHER Furnace Colmore Lawrence MOTHER Mettie Geneva Phillips (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Florence Blanche Lawrence

Mettie G. Lawrence

Signature of Father or Mother

JUNE 9 1941

962-223-026-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
Registrar of Vital Statistics

CERTIFICATE OF BIRTH

County of Jefferson
City of Rigby
No. ..... St. ..... 98 File No. 107876
Hospital home Primary Registration District No. 2176 Registered No. 300

FULL NAME OF CHILD Helen Zobell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		Yes	Sept 23 1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Delos Zobell	FULL MAIDEN NAME	Amy Scholes
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Provo Utah	BIRTHPLACE	Salt Lake City, Ut
OCCUPATION	School teacher	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Rigby Idaho.

Filed 12-10 1922 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho May 26 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { CITY Rigby
ST. _____
COUNTY Jefferson

FILE NO. 107876

DATE OF BIRTH April 23, 1922

SEX OF CHILD Female

FATHER H. D. Zobell

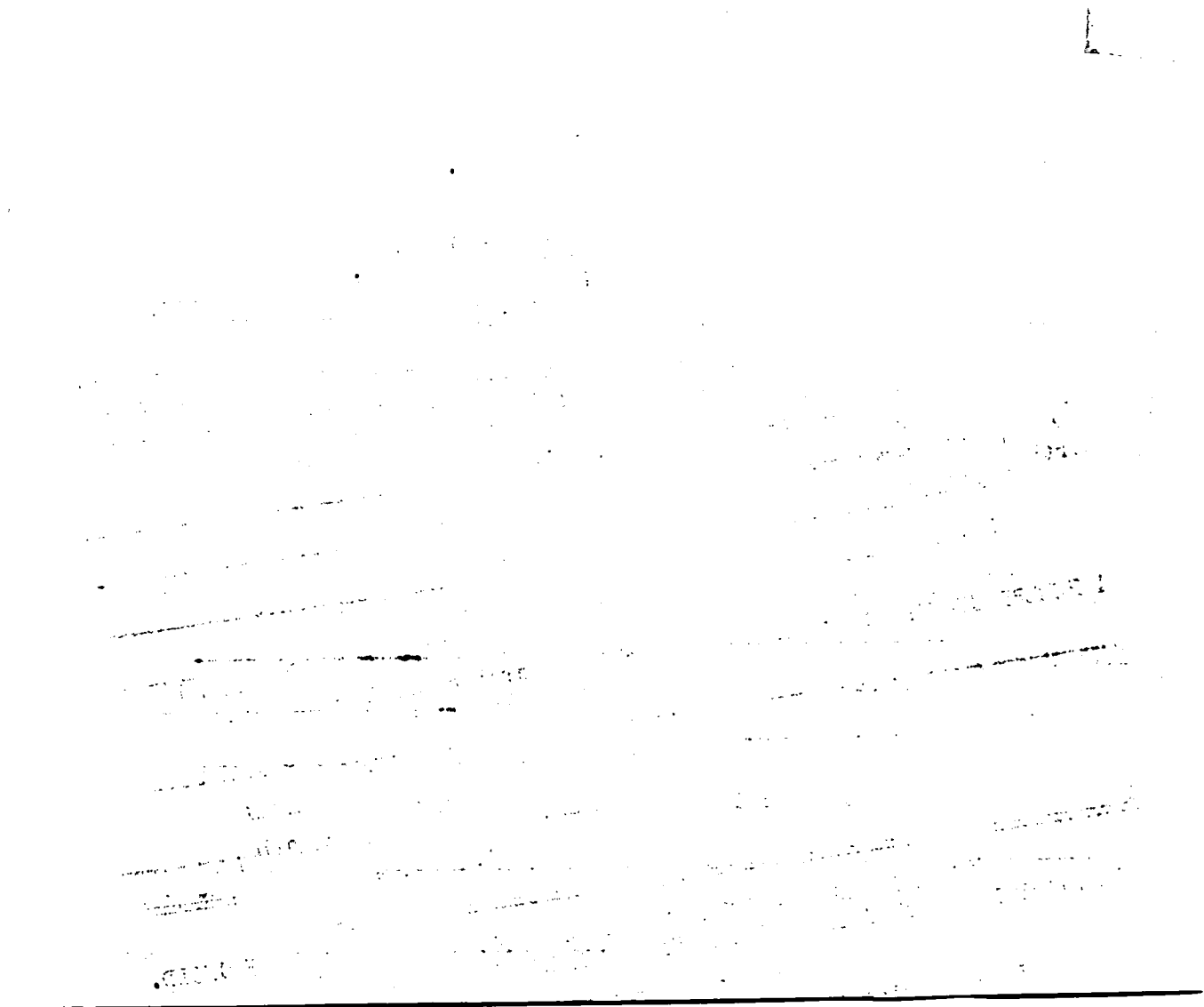
MOTHER Amy Scholes
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Helen Zobell

H Zobell

Signature of Father or Mother.



466-101-026-141

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ripley

No. ..... St.

Registration District No. 98 File No. 107877

Hospital home

Primary Registration District No. 2176 Registered No. 298

FULL NAME OF CHILD Louis Eugene Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	10/1 1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clerine E Moore	FULL MAIDEN NAME	Leula Adams
RESIDENCE	Ripley Ida.	RESIDENCE	Ripley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Onesport Ill	BIRTHPLACE	Salt Lake City, Ut
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Ripley Idaho

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN [illegible] 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 16 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Rupert
(ST. R 2 E # 3
(COUNTY Jefferson Co
FATHER C. E. Moore

FILE NO. 107877
DATE OF BIRTH Oct 1 1922
SEX OF CHILD Male
MOTHER Luella Adams
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Darus Eugene

C E Moore

Signature of Father or Mother.

FEB 4 1960

PLACE OF BIRTH 369-129.0210-619

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF [illegible]
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107878

County of Jefferson

City of Ripley

No. ..... St.

Registration District No. 98 File No. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 299

FULL NAME OF CHILD Vernon Wilson Cornell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept 29 1922

What bactericidal solution was used in eyes? 25% sol. Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Cornell	FULL MAIDEN NAME	Vernessa Ponsworth
RESIDENCE	Ripley Ida	RESIDENCE	Ripley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	DeSalu Mo	BIRTHPLACE	Beaver Mt
OCCUPATION	R.R. Engineer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Call M.D.
(Physician or midwife)

Address Ripley Ida

Filed 12-10 1922 Ray H. Fisher
Registrar.

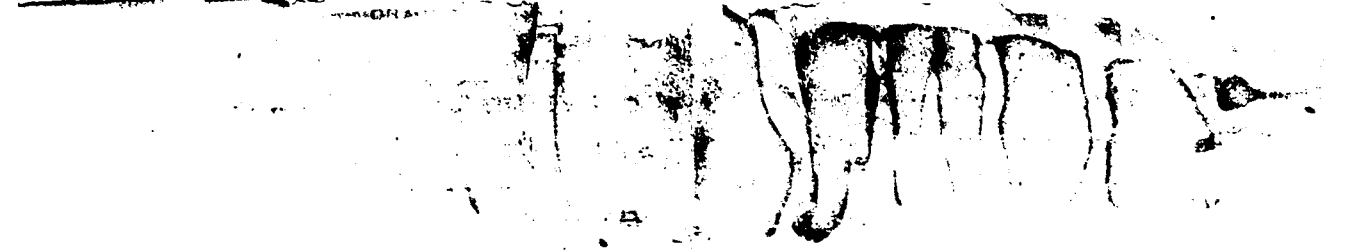
Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Rigby

ST. _____

COUNTY Jefferson

FILE NO. 107878

DATE OF BIRTH Sept 29, 1922

SEX OF CHILD Male

FATHER John W Cornell

MOTHER Vernessa Farnsworth
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Vernon Wilson Cornell

Mrs. Vernessa Cornell

Signature of Father or Mother.

231-[illegible]026-174

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

No. ..... St. Registration District No. 98 File No. 107879

Hospital ..... Primary Registration District No. 2176 Registered No. 306

FULL NAME OF CHILD William Lixlo Blake
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	✓		✓	✓	Nov. 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Aaron Blake	FULL MAIDEN NAME	Eliza Aguilar
RESIDENCE	Byrne Idaho	RESIDENCE	Byrne Idaho
COLOR	Mexican	COLOR	Wh Mexican
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	76
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Rail Road Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Registrar.

Address Ririe Idaho

Filed 12-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392 225 026 713 not named

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of

No. St.

Registration District No. 98 File No. 107880

Hospital

Primary Registration District No. 2176 Registered No. 305

FULL NAME OF CHILD Della Tibbitts
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—		—	Yes	Nov 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Emmit Tibbitt	FULL MAIDEN NAME	Mary Galbraith
RESIDENCE	Lorenza Idaho	RESIDENCE	Lorenzo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Ririe Idaho

Filed 12-10-1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

1923

VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 16 1923 1923.

Dear Madam:

The name of your baby was not filled in on the Birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { CITY Lorenzo FILE NO. 107880
ST. DATE OF BIRTH Nov 24 5
COUNTY SEX OF CHILD Female
FATHER B. Emmett Tibbitts MOTHER Mary Galbreath (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Della Tibbitts

Mary Tibbitts

Signature of Father or Mother.

814-12-Yc 26-443

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922

County of Jefferson
City of
No. St.
Hospital
Registration District No. 98
Primary Registration District No. 2176
File No. 107881
Registered No. 307

FULL NAME OF CHILD Richard Wendell Harris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	C	C	C	Sept 24 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Edwin R. Harris	Dorothy Dixson
RESIDENCE	Rigby Idaho	Rigby Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) Sam T. Price
Physician
(Physician or midwife)
Address Rigby Idaho

Filed 12-10 1922 Ray H. Baker
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

RECEIVED FEB 26 1923 BUREAU OF VITAL STATISTICS

Place of Birth (CITY Boise

(ST. _____

(COUNTY Ada

FILE NO. 107881

DATE OF BIRTH Sept 28, 1922

SEX OF CHILD Male

FATHER Edwin Harris

MOTHER Dorothy Ann [redacted] (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Richard Wendell Harris

Dorothy Harris.

Signature of Father or Mother.

APR 2 1985

465-219-026-795 Not named

PLACE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of

No. St.

Registration District No. 98 File No. 107882

Hospital

Primary Registration District No. 2176 Registered No. 308

FULL NAME OF CHILD Helena Felma Monte
(Certificate of no value without full name of child.)

Sex of Child Girl | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Oct 19 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ferdinand Monte	FULL MAIDEN NAME	Amelia Fredruka
RESIDENCE	Swan Valley Idaho	RESIDENCE	Swan Valley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	78
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Kirie Idaho

Filed 12-16 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Sun Valley FILE NO. 107882

(ST. _____ DATE OF BIRTH Oct 19th 1922

(COUNTY Bonner Ville SEX OF CHILD Female

FATHER _____ MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Helena Helena

Ferdinand Martin

Signature of Father or Mother.

MAR 30 1972

944-16:027-143 child's name added 3-22-88 lh

[redacted] OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Registration District No. 23

File No. 107883

Hospital .....

Primary Registration District No. 1017 2017

Registered No. .....

FULL NAME OF CHILD Donald A. Zumwalt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12/16 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	C. S. Zumwalt	FULL MAIDEN NAME	Martha Autery
RESIDENCE	Hazelton, Ida	RESIDENCE	Hazelton, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Ilsuf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scruggs M.D.

Edens, Ida (Physician or midwife)

Address .....

Give names added from a supplemental report.

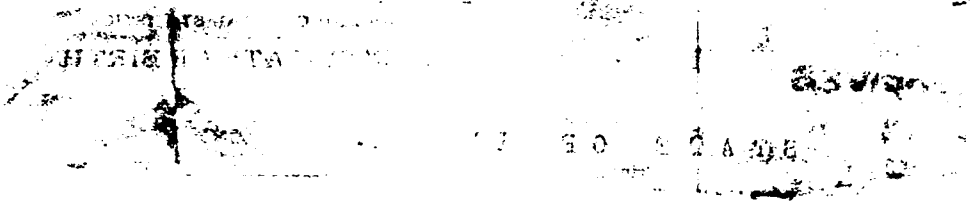
....., 19....

..... Registrar.

Filed Dec 20 1922 E. D. Piper M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
FEB 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Hazelton FILE NO. 107883 Donald Gunnvalt
(ST. _____ DATE OF BIRTH Dec. 16. 1922
(COUNTY Gooding SEX OF CHILD Male
FATHER C. F. Gunnvalt MOTHER Martha Gantz
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

Mrs. Martha Gunnvalt.
Signature of Father or Mother

12-21-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIFORNIA
County of LOS ANGELES } ss.

FEB 26 4 37 AM '88

Certificate No. 107883
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 16, 1922 (Date of Event)

in Hazelton, Jerome Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
full name of child	unnamed	Donald A. Zumwalt
surname of father	Zumwald	~~Zumwalt~~ original add

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Donald A. Zumwalt
Signature of Applicant

1946 GLENOAKS, SAN FERNANDO CA.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of LOS ANGELES } ss.

(Must be completed __)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of Feb, 19 88.

Notary Public, [signature]

Residing at Sylmar Ca

My commission expires Oct 25, 1989

(Seal)

Supporting Signature

Street Address, City, State

MAURO [illegible]
Notary [illegible]
LOS ANGELES [illegible]
My Comm. Exp. Oct. [illegible]

MAR 2 2 1988

Marriage Certificate from Los Angeles Co., CA gives name of groom as Donald A Zumwalt married to Jeannie M Van Dem Ham on Jan. 10, 1981 in Chatsworth, Los Angeles Co., CA by Ronald Leon Cooper - Elder.
Viewed by V.S.

Santa Monica Congregation - Jehovah's Witnesses ministry affidavit for David Nichols dated March 16, 1958 gives name of the Presiding Minister as Donald A. Zumwalt.
Viewed by V.S.

Surname of father corrected 3-22-88 per original affidavit received in Feb. 1923. lh

395-108 1027-593

PLACE OF BIRTH

RECEIVED
JAN 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107884

County of Jerome

City of Eden

No. ..... St.

Registration District No. 23

File No. .....

Hospital .....

Primary Registration District No. 1017 2017

Registered No. .....

FULL NAME OF CHILD Charles William Lintz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12/4 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Erwin E. Lintz	FULL MAIDEN NAME	Coyla R. Nitches
RESIDENCE	Eden, Ida.	RESIDENCE	Eden Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mich.	BIRTHPLACE	Mich
OCCUPATION	Mechanic	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M. D.
(Physician or midwife)

Address Eden, Ida.

Filed Dec 20 1922 E D Piper M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/6/41 L. B.

437-217-027-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107885

RECEIVED
JAN 6
BUREAU OF VITAL STATISTICS

County of Jerome
City of Eden
No. ..... St.
Registration District No. 23
Primary Registration District No. 1017
File No. .....
Hospital ..... Registered No. .....

FULL NAME OF CHILD Frances May
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov. 17 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Mc Gee	FULL MAIDEN NAME	Winnie Thompson
RESIDENCE	Eden, Ida.	RESIDENCE	Eden, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Tenn.	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	Keeps House

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.
(Physician or midwife)
Address Eden Ida

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed Dec 20 1922 E. D. Pope M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-113-227-291

Form V. S. No. 11-[illegible] 25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

RECEIVED JAN 6 [illegible] BUREAU [illegible]

Registration District No. 23 File No. 107886

No. St.

Primary Registration District No. 1017 2017 Registered No.

Hospital

FULL NAME OF CHILD THOMAS DARLINGTON TRUDE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	Yes	Mar 13 1922

FATHER		MOTHER	
FULL NAME	William C. Trude	FULL MAIDEN NAME	Esther Kratz
RESIDENCE	Ashton - Idaho	RESIDENCE	Ashton - Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	S. Dakota	BIRTHPLACE	Pennsylvania
OCCUPATION	Overseer Trude Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 29. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

Jerome Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mar 21 1922

E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont

JUL 15 1941

Certificate No. 107886
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Thomas R. Trude (Name on original certificate) who was born (Was born or died) on May 13th 1922 (Date of event)
in Jerome, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by baby record & Christmas record (Bible record, insurance policy, etc.) prepared on May 8-1923- (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Thomas R. Trude	Thomas Darlington Trude
Birth date	May 15. 1922	March 13th 1922
age of mother at this birth	36	37

Subscribed and sworn to before me this 8th day of July, 1941

J. Paul Stone
Notary Public, residing at Ashton Idaho
My commission expires July 16-1945
[SEAL]

Signed Esther Kratz Trude
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Ashton, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Fremont

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of July, 1941

J. Paul Stone
Notary Public, residing at Ashton Idaho
My commission expires July 16-1945
[SEAL]

Signed Elizabeth Krotzer
(Signature of any credible person other than the previous affiant)
Ashton, Idaho
(Street Address. City, State)

Received for filing on ..... by .....
(Registrar's signature)

230-113-027-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 6 1923

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

Registration District No. 23

Primary Registration District No. 2017 (1017)

File No. 107887

Registered No. ____

FULL NAME OF CHILD Oliver Russel Stoddard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Nov 13 1922

FATHER		MOTHER	
FULL NAME	William Henry Stoddard	FULL MAIDEN NAME	Catherine Coffin
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5a. M. on the date above stated.

(Signature) E. D. Piper M.D.

Jerome Idaho (Physician or midwife)

Address ____

Filed Dec 19 1922 E. D. Piper M. D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

FILE NO. 107887

Place of Birth (CITY Jerome

(ST. Idaho

(COUNTY Jerome

DATE OF BIRTH Dec Nov 13 1922

SEX OF CHILD Male

FATHER Wm Henry Hoddard MOTHER Catherine Coffin (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Alvera Russel

Mrs Catherine Hoddard

Signature of Father or Mother.

JAN 11 1943

FEB 21 1955

319-108-027-453

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
JAN 6

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 107889

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Virgil Peter Larsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
na	—		—	yes	Nov 8 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Larsen	FULL MAIDEN NAME	Theresa Mellon Larson
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

Jerome Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Dec 16 1922 E. D. Piper M.D.
Registrar

Argyrol 10% in Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: CITY Jerome

ST. R F D # 1

COUNTY Jerome

FATHER Martin Larsen

FILE NO. 107889

DATE OF BIRTH 8 November

SEX OF CHILD Male

MOTHER Theresa Mellen Larsen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Virgil Petter Larsen

Martin J Larsen

Signature of Father or Mother.

DEC 18 1941

947-125-027-255

RECEIVED
JAN 6. 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23

File No. 107890

Primary Registration District No. 1017 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Virgil Monroe Rupert

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Nov 25 1922

FATHER		MOTHER	
FULL NAME	Virgil Ambrose Rupert	FULL MAIDEN NAME	Lula Minne Bennett
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D Pike M. D.

Jerome (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 16 1922

E. D. Pike M.D. Registrar

Original 10¢ in Envs

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 107890

Date Filed APR 22 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for _____ (Name on Original Certificate) who was born (Was Born or Died) on Nov. 25, 1922 (Date of Event)
in Irene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Common knowledge (Bible Record, Insurance Policy, Etc.) prepared on April 20, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Virgil Monroe Ruppert	Virgil Monroe Rupert
name of father	Virgil Ambrose Ruppert	Virgil Ambrose Rupert
mother's name	Luella May Bennett	Lula Minne Bennett

Subscribed and sworn to before me this 20th
day of April, 1942.
Frances Davis
Notary Public, residing at Seattle, Wash
My commission expires June 3, 1945
(Seal)

Signed x Mrs Lula M Mahoney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
229 Denny Way, Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of April, 1942.
Frances Davis
Notary Public, residing at Seattle, Wash.
My commission expires June 3, 1945
(Seal)

Signed x Mrs. Margaret L Mahoney
(Signature of Any Credible Person Other Than Previous Year)
227 Denny Way Seattle, Wash
(Street Address, City, State)

APR 24 1942

268-129027-275 RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jerome

City of Jerome Registration District No. 23 File No. 107891

No. ____ St. 1017

Primary Registration District No. 2017 Registered No. ____

Hospital ____

FULL NAME OF CHILD Laurence David Boyd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	Yes	Oct 29 1922

FATHER		MOTHER	
FULL NAME	David E. Boyd	FULL MAIDEN NAME	Pearl Spencer
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ark.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 a. M. on the date above stated.

(Signature) E D Piper MD

Jerome Ida (Physician or midwife)

Address ____

Filed Dec 16 19 22 E. D. Piper M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1945

433-212-027-386

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 6 [illegible] BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107892

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23 File No. .....

Primary Registration District No. 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD ERMA Rhea McClellan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	—	Yes	Dec 12 1922

FATHER		MOTHER	
FULL NAME	Earnest Raymond McClellan	FULL MAIDEN NAME	Luetta Thomason
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wash.	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive (Born alive or stillborn), at 4a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D Pierson M.D.

(Physician or midwife)

Address Jerome

Given names added from a supplemental report.

..... 19.....

Filed Dec 16 1922 E. D. Pierson M.D. Registrar

..... Registrar

Injured 10% in Eye

FEB 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 107892

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edna Rhea McClellan (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1922 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on soon after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edna	Erma Rhea McClellan

Subscribed and sworn to before me this 2nd
day of May, 1942
Katheen H. Pierce
Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1946
(Seal)

Signed Ernest R. McClellan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Father
Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of May, 19 42
Katheen H. Pierce
Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1946
(Seal)

Signed Mrs Mabel Fulton Hannan
(Signature of Any Credible Person Other Than Previous Year)
Jerome, Idaho
(Street Address, City, State)

MAY 4 1942

MAY 8

613-107-027-386

PLACE OF BIRTH

RECEIVED DEC 30 192 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St. Registration District No. ..... File No. 107895

Hospital Home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD James Eldon Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Ches		1	yes	July 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John T. Walker Jr.	FULL MAIDEN NAME	Anne Thompson
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Louisiana
OCCUPATION	Farming	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

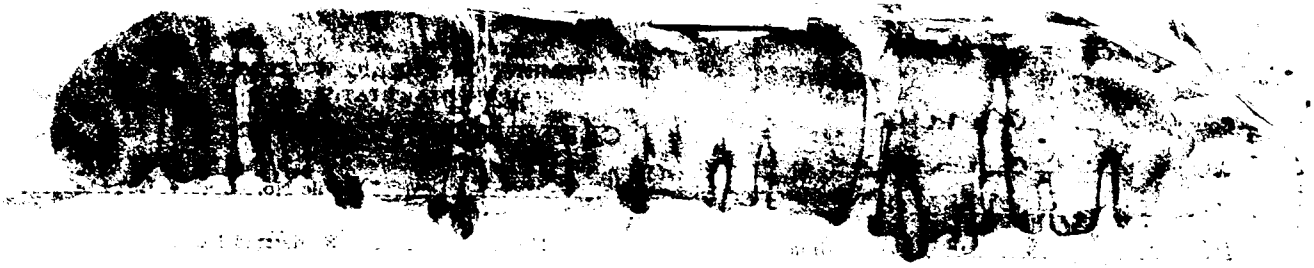
Address Jerome, Ida.

Filed DEC 14 1922 E. D. Piper M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
FEB 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Jerome
(ST. [redacted]
(COUNTY Jerome

FILE NO. 107895

DATE OF BIRTH July 1 1922

SEX OF CHILD Male

FATHER J. L. Walker Jr.

MOTHER Amy Thompson (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

James Eldon Walker

John Lorin Walker Jr.

Signature of Father or Mother.

540-212-027-412

PLACE OF BIRTH

RECEIVED
DEC 30 192
BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St. ..... District No. 23 File No. 107896

Hospital Home Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Raymond Edwards
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	Ches		2	yes	July 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Haynes A. Edwards	FULL MAIDEN NAME	Rosella Mason
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Teller

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

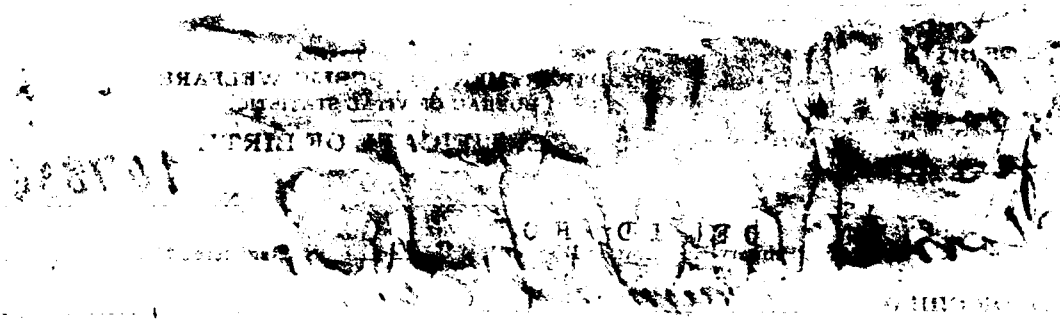
.....
Registrar.

Address Jerome Ida

Filed DEC 14 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

D
923 VITAL
TICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Jerome

(ST. _____

(COUNTY Jerome

FATHER ~~H.A. Edwards~~

FILE NO. 107896

DATE OF BIRTH 12 July 1922

SEX OF CHILD Male

MOTHER Rosella Mason
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Raymond Edwards.

(Mrs) Haynes Edwards.

Signature of Father or Mother.

FEB 6 195

JUN

397-112-027-418

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... Registration District No. 23 ..... File No. 107897

Hospital Home RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS Primary Registration District No. 2017 Registered No. 1017

FULL NAME OF CHILD Harrison May Tippetts
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	Twin	2	yes	July 12 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Heber C. Tippetts	FULL MAIDEN NAME Lucy M. May
RESIDENCE	Jerome Ida	RESIDENCE Jerome, Ida.
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	43	28
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farming	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Keller M.D.
(Physician or midwife)

Address Jerome Ida.

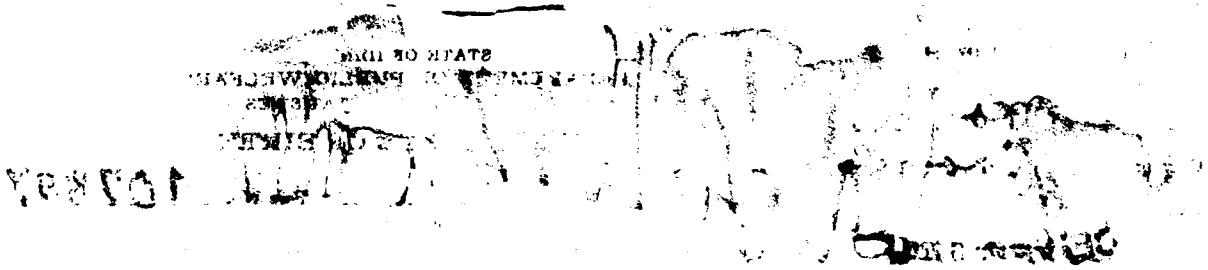
Filed DEC 14 1922 E. D. Pfost M.D.
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Oop of 22-317488

NOT

RE[illegible] STATE OF IDAHO.

FEB 3 1923 DEPARTMENT OF PUBLIC WELFARE,

BUREAU OF VITAL STATISTICS

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Jerome

ST. _____

COUNTY Jerome

FATHER H.C. Tippetts

FILE NO. 107897

DATE OF BIRTH July 12 - 1922

SEX OF CHILD Male

MOTHER Lucy May
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Harrison May Tippetts

Heber Chase Tippetts
Signature of Father or Mother.

259-227-027-893

PLACE OF BIRTH

RECEIVED DEC 3 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107898

County of Jerome

City of Jerome

No. ____ St.

Hospital Home

Registration District No. 23

Primary Registration District No. 1017 2017

File No. ____

Registered No. ____

FULL NAME OF CHILD Ruby Maxine Keith

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	(To be answered only in event of plural births)	2	yes	July 23 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John W. Keith	FULL MAIDEN NAME	Mary T. Hite
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. E. Tolbert M.D.

(Physician or midwife)

Address Jerome, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Dec 14 1922 E. D. Piper M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

639-227-027-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St. Registration District No. 23 File No. 107899

Hospital Home Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Jeanette Addie Otis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth
7	other	3	yes	July 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Walter M. Otis	FULL MAIDEN NAME	Emma White
RESIDENCE	Jerome, Ida	RESIDENCE	Jerome Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Va.
OCCUPATION	Stone mason	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192...

.....
Registrar.

Address Jerome, Idaho

Filed Dec 14 1922 E D Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 30 1968
Bureau of Vital Statistics

State of WASHINGTON } ss.
County of KING

Certificate No. 107899

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Otis (Name on Original Certificate) who born (Was Born or Died) on July 27, 1922 (Date of Event)
in Jerome (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Jeanette Addie Otis

Subscribed and sworn to before me this 23RD day of AUGUST, 19 68
Notary Public, residing at Kirkland
My commission expires Dec 11, 1971
(Seal)

Signed Bertha A. Chenault
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
10816 109th pl. So. E. Renton, Wa.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of KING

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23RD day of AUGUST, 19 68
Notary Public, residing at Kirkland
My commission expires Dec 11, 1971
(Seal)

Signed Howard A. Hanson
(Signature of Any Credible Person)
10821-109 PLSE Renton Wash
(Street Address, City, State)

FORM DPH 55. 155

NNCL 4-24-58 1 copy paid

Social Security Card, # 519-16-3633 gives name as Jeanette Addie Otis. Card reissued in 1956 in name of Hanson.
Viewed by V.S.

AUG 30 1968

Certificate of Marriage gives name as Jeanette Addie Otis. Married to Howard Albert Hanson at Seattle, Washington on Oct. 17, 1941.
Viewed by V.S.

[redacted] 342-304-032-464

BIRTH

RECEIVED DEC 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107902

County of Lincoln

City of Shoshone

No. ..... St.

Registration District No. 13

File No. .....

Hospital Home

Primary Registration District No. 1017

Registered No. 2047

FULL NAME OF CHILD Margaret Luke

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Tw	3	Yes	Aug 24 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joseph P. Luke	FULL MAIDEN NAME	Clara D. Dugan
RESIDENCE	Shoshone Idaho	RESIDENCE	Shoshone Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Car repairer Ry.	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Keller M.D.
(Physician or midwife)

Address Jerome Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Dec 14 1922 E. D. Fisher M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1966

[redacted]

JAN 25 1966

512-115-027 [redacted]

PLACE OF [redacted]

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23

File No. 107903

Hospital Home

Primary Registration District No. 1047 2017

Registered No. .....

FULL NAME OF CHILD Kiyoshi Nakagawa
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	other	4	Yes	Aug 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Tomitaro Nakagawa	FULL MAIDEN NAME	Mitayo Suta
RESIDENCE	Jerome, Ida	RESIDENCE	Jerome, Ida
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a. M. on the date above stated,
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
M.D.
(Physician or midwife)

Address Jerome, Ida

Filed Dec 14 1922 E. D. Piper M.D.
Registrar.

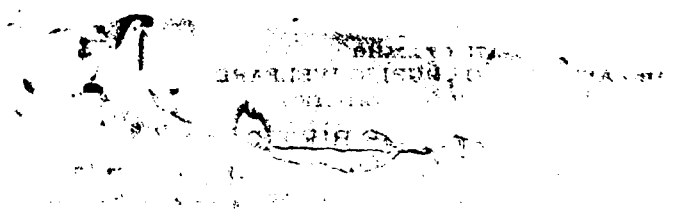
Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEPARTMENT OF PUBLIC WELFARE.

JAN [illegible] 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 107903

(ST. _____ DATE OF BIRTH August 15, 1922, 10 A.M.

(COUNTY Jerome SEX OF CHILD Male

FATHER Tomitalo Nakagawa MOTHER Mitoyo Idemoto

(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Kiyoshi Nakagawa

Tomitaro Nakagawa

Signature of Father or Mother.

386-119-27-1845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107904

County of Jerome

City of Jerome

No. ..... St. ..... Registration District No. 23 File No. .....

Hospital Home Primary Registration District No. 2-0-17 1017 Registered No. .....

FULL NAME OF CHILD Orvel Bernard Thompson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	twin		4	yes	Aug 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Parley D. Thompson	FULL MAIDEN NAME	Elizabeth Hunsaker
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. D. Zeller M.D.
(Physician or midwife)

Address Jerome, Idaho

Filed Dec 14 1922 E. D. Pipes M.D.
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Jerome

ST. _____

COUNTY Jerome

FILE NO. 107904

DATE OF BIRTH Aug. 19, 1922

SEX OF CHILD Male

FATHER [illegible] Thompson

MOTHER Elizabeth Hunsaker
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Orval Bernard Thompson

Darley G. Thompson

Signature of Father or Mother.

DEC 1 1 1944

168-227-026391

PLACE OF BIRTH [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107905

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 126 File No. 7

Hospital Lakeview

Primary Registration District No. 2204 Registered No. 17

FULL NAME OF CHILD Mary Ann Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 27 1922

What bactericidal solution was used in eyes? ac Boric

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Halmer Johnson	FULL MAIDEN NAME	Edith Crabtree
RESIDENCE	Springston	RESIDENCE	Springston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Norway	BIRTHPLACE	Neb
OCCUPATION	grader	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Harrison Ida

Filed 1-1 1922 J M Finney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-104-028-689

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107906

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 15

FULL NAME OF CHILD Orville Charles Day
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12-4-1922

What bactericidal solution was used in eyes? Ac Boric

Number of child of this mother, including present birth 8 ..... Number of children of this mother now living, including present birth 3 ....

FATHER		MOTHER	
FULL NAME	Harvey Day	FULL MAIDEN NAME	Anna White
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ind	BIRTHPLACE	Ky
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

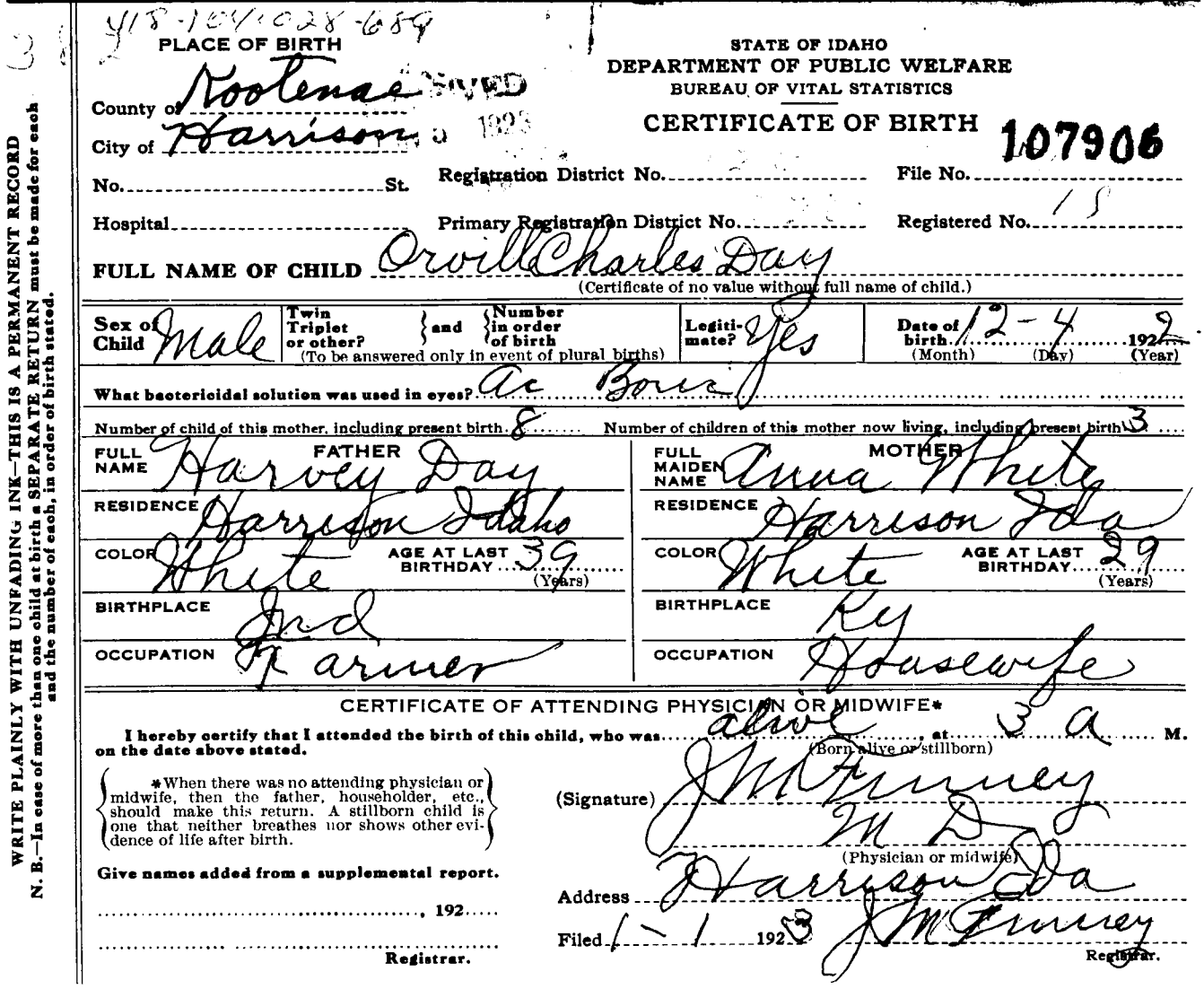
Address Harrison Ida

Filed 1-1 1923 J M Finney
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1942

MAY 6 1942

296-216-028-719

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107907

Registration District No. 126 File No. 7

Primary Registration District No. 2204 Registered No. 19

FULL NAME OF CHILD Eileen Janett Browne
(Certificate of no value without full name of child.)

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	12-6-192

What bactericidal solution was used in eyes? ac Boric

Number of children of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	John S Browne	Alice Harels
RESIDENCE	Harrison Ida	Harrison Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	40
BIRTHPLACE	Iland	Idaho
OCCUPATION	Com Labor	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 P. M. on the date above stated.
(born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kenney

M D
(Physician or midwife)

Address Harrison Ida

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 1-1 192 3 J M Kenney
Registrar.

236-218-028-463

3 25

PLACE OF BIRTH

RECEIVED JAN 5 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107908

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 126 File No. 7

Hospital ..... Primary Registration District No. 2204 Registered No. 20

FULL NAME OF CHILD Madaline Christine Stone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12 - 18 192 2

What bactericidal solution was used in eyes? ac Bor

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	A B Stone	FULL MAIDEN NAME	Bessie Dolen
RESIDENCE	Conklin Park Ida	RESIDENCE	Conklin Park
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ky	BIRTHPLACE	Colo
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Address Harrison Ida

Filed 1 - 1 1923 J M Finney
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-23-41

251-108-028-792

Form V. S. No. 11-C—26m-1-1-13

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of C. D. A.

No. 315 Garden St.

Hospital C. D. A.

Registration District No. 30

File No. 107909

Primary Registration District No. 1051

Registered No. 1455

FULL NAME OF CHILD Jack Hubert Knaggs

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy		1st	yes	9 (Month) 8 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Harvey Knaggs	FULL MAIDEN NAME	Eva Gibbins
RESIDENCE	Delkena	RESIDENCE	Delkena
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Warsaw Wis	BIRTHPLACE	Wallingford England
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Sep. 8-22 11 A.M. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Alex Barclay

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Idaho

Filed 1-5 1922 D. D. Drennan
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

JAN 1 8 1923

Boise, Idaho _____ 1923.

Dear M[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Coeur d'Alene FILE NO. 107909

ST. Garden Ave DATE OF BIRTH Sept. 8 1922

COUNTY Kootenai SEX OF CHILD Male

FATHER Jack Knaggs MOTHER Eva Gibbons
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Jack Hubert Knaggs

Mrs J. H. Knaggs
Signature of Father or Mother.

JAN 15 1964

MAY 27 1942

263-108-028-265

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107911

County of Kootenai

City of Coeur d'Alene, Ida Registration District No. 30 File No.

No. St.

Primary Registration District No. 151 Registered No. 1457

Hospital

FULL NAME OF CHILD Keith Thomas Boyington

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes.	Mar.	8	1922

	FATHER	MOTHER
FULL NAME	Chas. B. Boyington	FULL MAIDEN NAME Rosine Kucan
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE Coeur d'Alene, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	47. (Years)	AGE AT LAST BIRTHDAY 26. (Years)
BIRTHPLACE	Wisconsin.	BIRTHPLACE N. Dakota.
OCCUPATION	Dentist	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bom alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

(Signature) Dr John D. Coad

(Physician or midwife)

Address Coeur d'Alene

Filed 1-5 1923 D D Donovan Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-113-028-259

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

RECEIVED
JAN 11 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

File No. 107912

No. 952 5th St.

Primary Registration District No. 1051

Registered No. 1458

Hospital C. D. A.

FULL NAME OF CHILD Thomas Charles Devine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	11 (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thomas J. Devine	FULL MAIDEN NAME	Hilda Bertha Bernoth
RESIDENCE	~~Groton Mass~~ C. D. A. Ida.	RESIDENCE	Coeur d'Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Groton Mass	BIRTHPLACE	Fairbault Minn
OCCUPATION	Scaler	OCCUPATION	Nurse

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Alex Barclay

(Physician or midwife)

Given names added from a supplemental report

Address Coeur d'Alene, Ida.

Filed 1-6 1923 D D Dinnan

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-118-028-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 1 1 192

CERTIFICATE OF BIRTH

107913

County of Kootenai

City of

No. St.

Hospital

Registration District No. 30

File No.

Primary Registration District No. 1051

Registered No. 1459

FULL NAME OF CHILD James Leroy Bailey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Nov. 18. 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Reuben B. Bailey	FULL MAIDEN NAME	Edna J. Free
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mont.	BIRTHPLACE	Mont.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7.15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Address Rathdrum, Ida.

Filed 1-6 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup CD 1992-17495)

252-218-028-693 Amended 12-11-56

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. ____ St.

Registration District No. 30 File No. 107914

Hospital

Primary Registration District No. 1051 Registered No.

FULL NAME OF CHILD Norma Noriene Kessinger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	November 18 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Marion F. Kessinger	FULL MAIDEN NAME: Ella E. Willey
RESIDENCE: Rathdrum, Idaho	RESIDENCE: Rathdrum, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Washington
OCCUPATION: Saw Mill Worker	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:10 ; M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

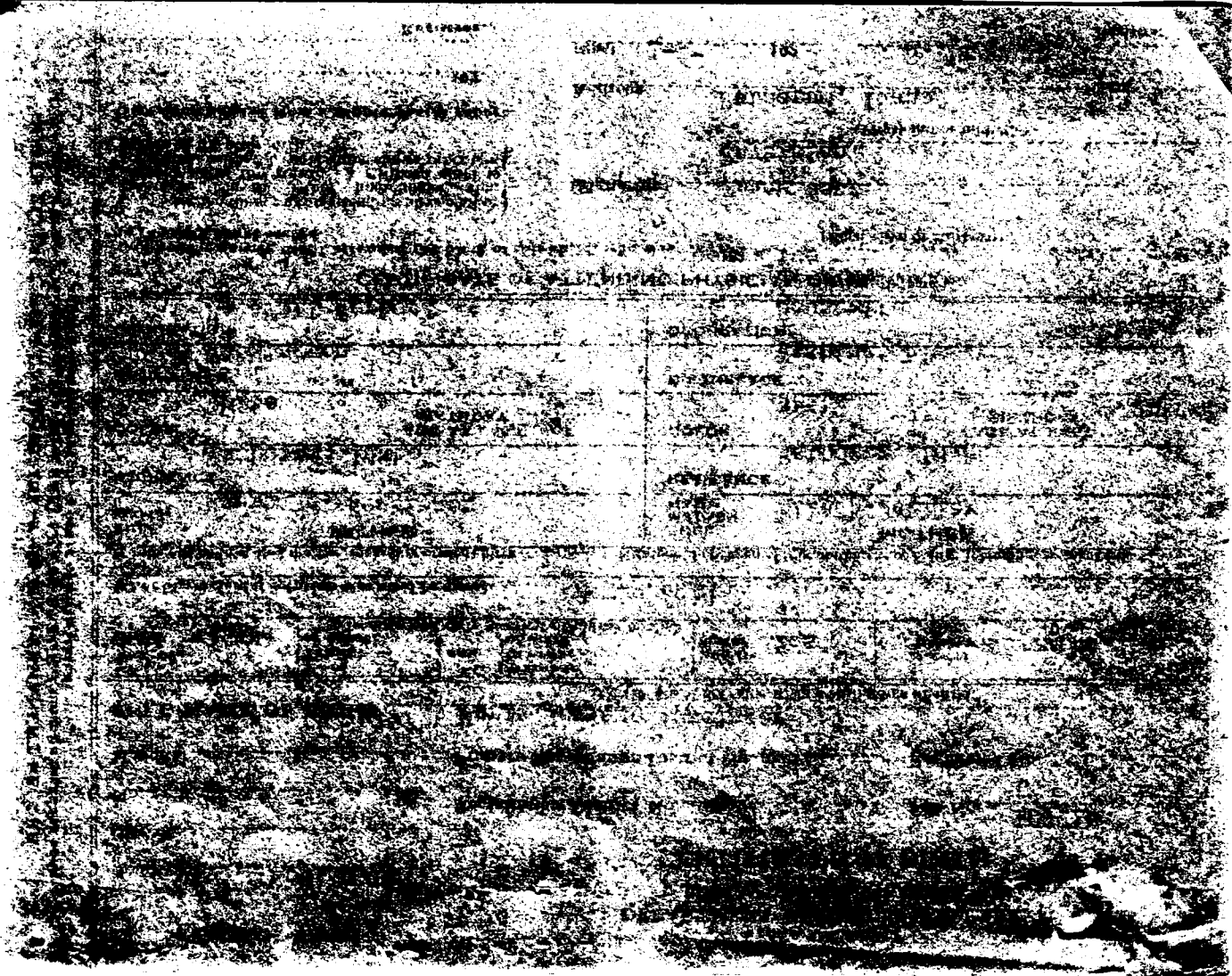
(Signature) Frank Wenz

Physician
(Physician or midwife)

Address Rathdrum, Idaho

Filed 1-6- 1923 D. D. Drennar
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 107914

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Norma Norine Kessinger (Name on Original Certificate) who Was born (Was Born or Died) on Nov 18 1899 (Date of Event)
in Kootney Co. Kellogg Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on 8-29-55 in Washington (Give Date), are:
High School Diploma June 2, 1939 Viewed by V. S.

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Norma Norine	Norma Noriene
Surname	Kesinger	Kessinger

Subscribed and sworn to before me this 14th
day of August 1943

Signed Mrs Ella Kessinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Otis Orchards, Wash.

My commission expires Sept 1, 1945
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

418-221-028-613

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 12th & Harrison St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30 File No. 107915

Primary Registration District No. 1051 Registered No. 1461

FULL NAME OF CHILD Ruth Millicent Dahl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George J. Dahl	FULL MAIDEN NAME	Grace Watts
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Rhode Island
OCCUPATION	Millhand	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1210 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis H Most
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, Idaho

19

Filed 1-6 1923 D. D. Drennan
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296729-028855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of .....

No. ..... St.

Registration District No. 30

File No. 107817

Hospital ..... Primary Registration District No. 1051

Registered No. 1463

FULL NAME OF CHILD Gail Lloyd Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Nov. 29 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME William A Brown	FULL MAIDEN NAME Norma P. Hanson
RESIDENCE Yakima, Wash	RESIDENCE Athol, Idaho. temporarily
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Mich.	BIRTHPLACE Mo
OCCUPATION farmer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wang
Physician
(Physician or midwife)

Address Rathdrum, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1-6 1923 D.D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-20-028-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 1 [illegible]
BUR.

CERTIFICATE OF BIRTH

County of Kootenai
City of
No. St.
Hospital
Registration District No. 30
Primary Registration District No. 1051
File No. 107918
Registered No. 1461

FULL NAME OF CHILD Laura Faye Kisler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Dec 1. 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	John Edward Kisler	Mary E. Murray
RESIDENCE	Hayden Lake, Idaho	Hayden Lake
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	36
BIRTHPLACE	Ind.	Mich.
OCCUPATION	farmer	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wray M.D.
Physician
(Physician or midwife)

Address Rathdrum Idaho

Give names added from a supplemental report.

....., 19.....

Filed 1-6 1923 Dd Brennan
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1943

792-203-028-343

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 192
BUREAU

CERTIFICATE OF BIRTH

107919

County of Kootenai

City of _____

No. _____ St.

Hospital _____

Registration District No. 30

Primary Registration District No. 1051

File No. _____

Registered No. 1465

FULL NAME OF CHILD Viola Sylvia Pistorius
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Dec. 3, 1922

What bactericidal solution was used in eyes? Burnie Credé

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chester W. Pistorius	FULL MAIDEN NAME	Sylvia A. Tuckan
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wang
Physician
(Physician or midwife)

Address Rathdrum, Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1-5 1923 H. D. Brennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1943

1 386-204-028 -793

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 107920

Primary Registration District No. 1051 Registered No. 1466

FULL NAME OF CHILD Coeur d'Alene Thomas

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 192 (Year)
Female			yes	Dec 4, 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Joyce Hayden Thomas	FULL MAIDEN NAME Mary Esther Gilbert
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE Coeur d'Alene, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Kansas	Canada
OCCUPATION	Minister	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.

Physician

(Physician or midwife)

Address Coeur d'Alene, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 1-5 1923 A. D. Greenwood

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5 JAN 1 6 1949

453-106-028-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107921

County of Kootenai

City of

No. St.

Registration District No. 30 File No.

Hospital

Primary Registration District No. 1051 Registered No. 1467

FULL NAME OF CHILD George Edsel Melder
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Dec. 6. 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Gustav E. Melder	FULL MAIDEN NAME	Belle McCarney
RESIDENCE	Rathdrum, Ida R 2	RESIDENCE	Rathdrum, Ida. R 2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Calif.	BIRTHPLACE	N. J.
OCCUPATION	Carpenter	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Stenz
Physician
(Physician or midwife)

Address Rathdrum, Idaho

Filed 1-6 1923 D.D. Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45-3-106-028-331

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 1 1923

CERTIFICATE OF BIRTH

107922

County of Kootenai

City of Coeur d'Alene or Spokan Bridge

Registration District No. 30 File No.

No. St.

Primary Registration District No. 1057 Registered No. 1168

Hospital

FULL NAME OF CHILD Charles Orville Dilp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 6 1922

FATHER		MOTHER	
FULL NAME	Jim Dilp	FULL MAIDEN NAME	Cyrus Clark
RESIDENCE	Spokan Bridge	RESIDENCE	Spokan Bridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Trent, Wn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) D D Drennan

(Physician or midwife)

Address Coeur d Alene Ida

Filed 1-6 1923 D D Drennan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

JUN 9 1952

433-213-028-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

County of Kootenai

City of

No. St.

Hospital

Registration District No. 30 File No. 107923

Primary Registration District No. 1061 Registered No. 1469

FULL NAME OF CHILD Harriet McCamey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec 13 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Homer D. McCamey	FULL MAIDEN NAME	Edith M. Burdeen
RESIDENCE	Rathdrum, Ida. R/2	RESIDENCE	Rathdrum Ida R. 2.
COLOR	wh. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	white AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	N. Dak.	BIRTHPLACE	Me.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Stenz
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rathdrum Idaho.

Filed 1-6 1923 D D Drennen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

959-218-028-649

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 11 [illegible] BUREAU OF VITAL STATISTICS

County of Kootenai

City of

No. St.

Registration District No. 30 File No. 107925

Hospital

Primary Registration District No. 1051 Registered No. 1471

FULL NAME OF CHILD Mary Irene Reinhart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Dec. 18 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy Reinhart	FULL MAIDEN NAME	Irene Howell
RESIDENCE	Rathdrum, Idaho	RESIDENCE	Rathdrum, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Haug M.D.

Physician
(Physician or midwife)

Address Rathdrum, Idaho

Give names added from a supplemental report.

....., 19.....

Filed 1-6 1923 D. D. Drennan
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1942

249-120-028

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107926

County of Kootenai — RECEIVED JAN

City of Coeur d'Alene — Registration District No. 30 — File No.

No. ____ St. — Primary Registration District No. 105 — Registered No. 1472

Hospital Hospital

FULL NAME OF CHILD Swayn Jr. Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	yes	12 20 1922

FATHER

FULL NAME Swayn Smith

RESIDENCE Coeur d'Alene

COLOR White — AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Fond-du-Lac - Wis.

OCCUPATION Banker

MOTHER

FULL MAIDEN NAME Mary Christina Kiefer

RESIDENCE Coeur d'Alene - Idaho

COLOR White — AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Coeur d'Alene - Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7.46 P.M on the date above stated.

(Signature) John T. Ward

(Physician or midwife)

Address Coeur d'Alene, Idaho

Filed 1-6-1923 — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

744-120 228-794

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 11 1923 VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30

File No. 107927

Hospital .....

Primary Registration District No. 1051

Registered No. 1473

FULL NAME OF CHILD William Gustave Gunnip
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec. 20 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Patrick Frances Gunnip	FULL MAIDEN NAME	Addie Mary Gmeiner
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wash	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Jr.

Physician
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed 1-6 1923 D. D. Lennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-123-02-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 11 19

County of Kootenai

City of Coeur d'Alene

No. ..... St. Registration District No. 30 State File No. 107928

Hospital ..... Primary Registration District No. 1057 Local Registrar's No. 11/74

FULL NAME OF CHILD Trenton THELBERT Tucker

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12 23, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Trenton T. Tucker	FULL MAIDEN NAME	Florence A. Barton Florna Barton
RESIDENCE	Hayden Lake	RESIDENCE	Hayden Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Brooks, Iowa	BIRTHPLACE	Portland, Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 2 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

(Physician or midwife)

Address Coeur d'Alene

Filed 1-6 1923 D D Drennan

Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of JACKSON }

Certificate No. 107928

Date Filed 1/6/23

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Trenton T. Tucker, Jr. (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 23, 1922 (DATE OF EVENT) in Hayden Lake, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Trenton T. Tucker, Jr.	Trenton Thelbert Tucker
Father's birthplace	Iowa	Brooks, Iowa
Mother's name	Bolton	Florence A. Barton
Mother's place of birth	Oregon	Portland, Oregon

Subscribed and sworn to before me this 22nd day of January 1942

Frank J. VanDyke

Notary Public, residing at Ashland, Oregon

My commission expires Oct 30, 1945

(SEAL)

Signed Florence A. Tucker

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Grandview Drive, Ashland, Oregon

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 19 42

Hadie F. Ferguson

Notary Public, residing at Portland, Ore.

My commission expires July 4, 1946

(SEAL)

Signed Dolores C. Brandon

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1984-N N. Overton, Portland Ore

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 25 1942 By .....

(REGISTRAR'S SIGNATURE)

434-125-028-31.4

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE
JAN
BUREAU
STATIS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 713 Riverside St.

Registration District No. 30

File No. 107929

Hospital —

Primary Registration District No. 1051

Registered No. 1475

FULL NAME OF CHILD Robert Lee McMurray
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		one	yes	Dec 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James B. McMurray	FULL MAIDEN NAME	Frances Cady
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Mill man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden
Physician
(Physician or midwife)

Address

Filed 1-6 1923 D D Drenna
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1948

168-229-028-966

PLACE OF BIRTH

RECEIVED JAN 11 192 BUREAU OF V STATISTI

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107930

County of Kootenai

City of

No. St.

Hospital

Registration District No. 30 File No.

Primary Registration District No. 1005 Registered No. 1476

FULL NAME OF CHILD Lela Orvilla Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec. 29, 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Henry Johnson	FULL MAIDEN NAME Orpha L. Rooks
RESIDENCE Post Falls, Idaho R. 1.	RESIDENCE Post Falls, Ida - R. 1,
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Wis	BIRTHPLACE Mo.
OCCUPATION farmer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.15 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) Frank Young

Physician

(Physician or midwife)

Address Rathdrum Idaho

Filed 1-6 1923 O. D. Freeman

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1943

258-208-028-000

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107931

County of Kootenai

City of Post Falls

Registration District No. 30 File No.

No. St.

Primary Registration District No. 1051 Registered No. 1477

Hospital

FULL NAME OF CHILD Helen Marie Seyforth

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Seyforth	FULL MAIDEN NAME	Cora L.
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Arcadia Wis	BIRTHPLACE	Wilson Wis
OCCUPATION	Merchant	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Post Falls Ida

Filed Jan 12 1923 D D Drennan Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1 1943

255-224-028-215

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107933

County of Kootenai

City of Post Falls — Registration District No. 30 — File No.

No. ____ St. — Primary Registration District No. 1031 — Registered No. 1479

Hospital [redacted]

FULL NAME OF CHILD Edith Maude Marie Benge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	Nov. 24 1922

FATHER		MOTHER	
FULL NAME	Fred Benge	FULL MAIDEN NAME	Josephine Sanford
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar.

(Signature) F L McCauley (Physician or midwife)

Address Post Falls

Filed Jan 12 1923 D W Brenna Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-127028573

PLACE OF BIRTH

Form V. S. No. 11—30m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

107934

RECEIVED
JAN 15 1923
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Kootenai

City of Post Falls Registration District No. 30 File No.

No. St.

Primary Registration District No. 105 Registered No. 1480

Hospital

FULL NAME OF CHILD Russell Duane Hite

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —		Yes	Nov 27 1922

FATHER

FULL NAME Arthur P. Hite

RESIDENCE Post Falls

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Edith G. Epling

RESIDENCE Post Falls

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Iowa

OCCUPATION Home-Keeper

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley
(Physician or midwife)

Address Post Falls, Idaho

Given names added from a supplemental report. 19

Registrar.

Filed Jan 12 1923 D. O'Brennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

231-225-028-916

PLACE OF BIRTH

RECEIVED
JAN 1 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

107935

County of Kootenai

City of Post Falls Registration District No. 30 File No.

No. St.

Primary Registration District No. 105 Registered No. 1481

Hospital

FULL NAME OF CHILD Betty Viola Blakesley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) Dec (Day) 25 (Year) 1922
F					

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lou Blakesley	Minnie Rafferty
RESIDENCE	Post Falls,	Post Falls
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	31	18
BIRTHPLACE	Wyo.	Wyo.
OCCUPATION	Rancher	House-Keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 29 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

(Signature) J. L. McCauley
(Physician or midwife)

Address Post Falls Ida

Filed Jan 12 1923 D W Greene
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1942

552-109-028-314

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 16 1923 BUREAU VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls Registration District No. 30 File No. 107936

No. ..... St.

Primary Registration District No. 1057 Registered No. 1482

Hospital .....

FULL NAME OF CHILD Alexander James Ness

Sex of Child male | Twin, Triplet or other? — | and Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 9 (Month) (Day) 1922 (Year)

FATHER

FULL NAME William Ness

RESIDENCE Post Falls

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Scotland

OCCUPATION

MOTHER

FULL MAIDEN NAME Charlotte Campbell

RESIDENCE Post Falls

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Scotland

OCCUPATION House-Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) F. L. McCauley
(Physician or midwife)

Address Post Falls Idaho

Filed Jan 12 1923 D D Green
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-107029-466

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107937

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Donald Hugh Mendenhall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Dec 7 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis Mendenhall	FULL MAIDEN NAME	Jeanne Moore
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	N. Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 05 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J.W. Thompson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch

Filed Dec. 12th 1922

Dr J.W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

[redacted]

366-226-079-253

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Pottatch

No. 840 Larch

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

Registration District No. 65 File No. 107938

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Lorene Ellen Coffman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Nov 22 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. E. Coffman	FULL MAIDEN NAME	Ruth Beckham
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pottatch Idaho

Filed Dec. 11th 1922

Dr. J. W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1942

695-106-029-954

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah. RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Potlatch R.D. Registration District No. 65 File No. 107940

No. ..... St. .....

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Peter Henry Orein.

Sex of Child	Twin or Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	✓	✓	yes.	Nov 6 1922

FATHER

FULL NAME Peter Orein.

RESIDENCE Potlatch.

COLOR white. AGE AT LAST BIRTHDAY 34. (Years)

BIRTHPLACE Norway.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Emetta Ramsey.

RESIDENCE Potlatch.

COLOR white. AGE AT LAST BIRTHDAY 34. (Years)

BIRTHPLACE Norway.

OCCUPATION Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Jr. Thompson

M D. (Physician or midwife)

Address Potlatch Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov 15th 1922

Dr. J. Jr. Thompson Registrar

231-207029-213

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Potlatch

Registration District No. 65 File No. 107941

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marjorie Constance Stapleton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Nov 7th 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Felix L. Stapleton	FULL MAIDEN NAME	Marjorie Balch
RESIDENCE	Potlatch 615 Spruce	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Automobile Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch

Filed Nov. 14 1922

Dr. J. W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

APR 28 1955

MAY 23 1955

269-213-029-293

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED DEC 30 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch Ido

Registration District No. 65 File No. 107942

No. 875 Cedar St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Alice Elisabeth Forweide

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	?		?	yes	Nov 13 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John M Forweide	FULL MAIDEN NAME	Ethel Clair Kitzmiller
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Oregon
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 15 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heini MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Potlatch Ido.

Filed Nov 18th 1922

Dr J.W. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513-110-029-712

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. 950 Fir St.

Registration District No. 65 File No. 107943

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Pete Valentine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	twin		first	yes	Nov (Month) 10 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Valentine	FULL MAIDEN NAME	Romilda Vassibo
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Lumberpiler	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (6½ Mk Fetus) 3 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Hein MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Palouse Wash.

Filed Nov 15th 1922 Dr J.W. Thompson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513-110-029-712

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Potlatch

Registration District No. 65

File No. 107944

No. 950. Fir St.

Primary Registration District No. 2145

Registered No.

Hospital

FULL NAME OF CHILD Domenic Valentine

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	from	3rd	yes	Nov 10 1922

FATHER		MOTHER	
FULL NAME	John Valentine	FULL MAIDEN NAME	Romilda Vascotto
RESIDENCE	Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Lumber filer.	OCCUPATION	Housemaid

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (6½ Mth. Fetus) at 3 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest J Hess MD
(Physician or midwife)

Address Palouse Wash.

Given names added from a supplemental report.

19

Registrar

Filed Nov 15 1922

J. W. Thompson
Registrar

862-128-029-396

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Latah

City of Potlatch

No. 645 Elm St.

Registration District No. 65 File No. 107945

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD John Paul Hoskins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	Oct	28	1922

FATHER		MOTHER	
FULL NAME	Henry Marland Hoskins	FULL MAIDEN NAME	Jenny Elisabeth Crosby
RESIDENCE	Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Mgr Grocery Dept	OCCUPATION	at Home

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ernest Henri MD

(Physician or midwife)

Address Potlatch Ida

Filed Nov 3rd 1922

Dr. Jos. Thompson

Registrar

4/11/41 L. B.

363-204-029-245

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 22

CERTIFICATE OF BIRTH

County of Latah

City of Princeton

Registration District No. 65 File No. 107946

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leila Elaine Cochrane

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	✓		✓	yes.	Dec. (Month) 4th (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene Cochrane	FULL MAIDEN NAME	Edna Bunney
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Princeton	BIRTHPLACE	Marcot Nebraska
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pottack

Filed Dec. 6th 1922

Dr J. W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

741-125-
029-749

PLACE OF [redacted]

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107947

RECEIVED
JAN 3 . 1923
BUREAU OF VITAL STATISTICS

County of Latah

City of Bovill

Registration District No. _____ File No. 35

No. # St.

Primary Registration District No. _____ Registered No. _____

Hospital #

FULL NAME OF CHILD Gordon E. Grannis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12-25-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl E. Grannis	FULL MAIDEN NAME	Kate M. Price
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Book-keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson, Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Bovill Idaho

Filed Dec 30 1922 Mrs F C Gibson Registrar

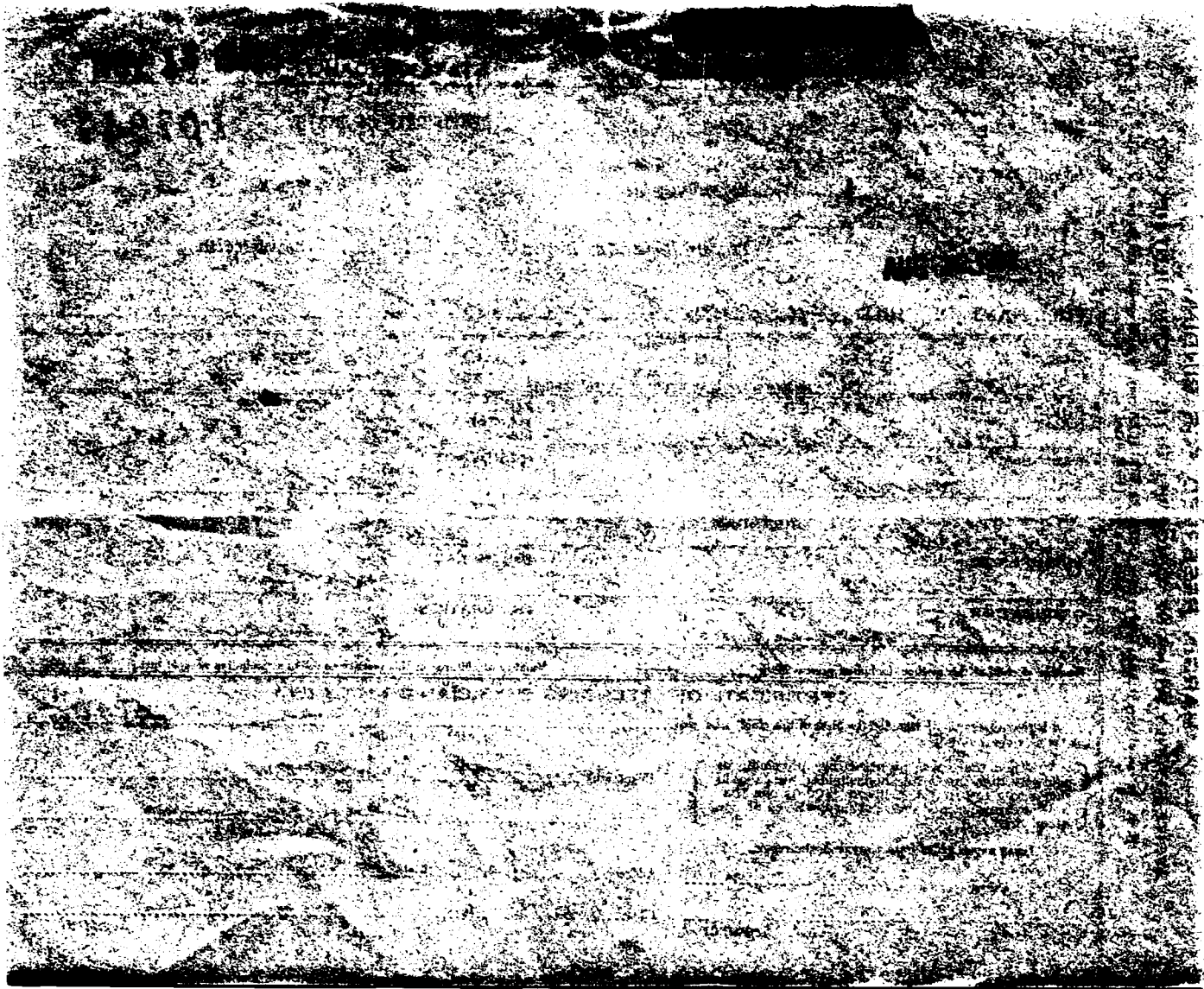
_____ Registrar

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



962-220-029-619

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

RECEIVED JAN 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

No. # St.

Hospital #

Registration District No. 66

Primary Registration District No. 2146

File No. 107948 / 307918

Registered No.

FULL NAME OF CHILD Marjorie Almira Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) - 20 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	Clayton John Robinson	FULL MAIDEN NAME	Minnie Elsie Warner
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Kansas
OCCUPATION	Steam Engineer	OCCUPATION	Housewife

Number of child of this mother including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Bovill Idaho

Filed 12/25 1922 Mrs. F. C. Gibson Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1942

763-216-029-765

Form V. S. No. 11-C—25m-[illegible]21-19

PLACE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107949

County of Latah

City of Bovill

Registration District No. 66 File No. 33

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Katherine Pollock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Breckinridge Pollock	FULL MAIDEN NAME	Jessie Margaret Gonderman
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	North Dakota
OCCUPATION	Garage Proprietor	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bovill Idaho

Filed 12/20 1922 Mrs F. C. Gibson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-115-029-434

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107950

County of Latah

City of Bovill

No. ..... St.

Hospital Bovill Hosp.

Registration District No. 66 File No. 32

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD John Joseph Conley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 15th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Sylvester Conley	FULL MAIDEN NAME	Ellen McDonald
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bovill Idaho

Filed Dec. 20 1922 Mrs. F. C. Gibson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

568-237-029-48

PLACE OF BIRTH

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107951

County of Latah

City of Moscow

No. R.F.D. St.

Registration District No. 61 File No.

Hospital Primary Registration District No. 2141 Registered No. 168

FULL NAME OF CHILD Laverne Mary Normington

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	Aug 27 1922

What bactericidal solution was used in eyes? Argnol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ernest Normington	FULL MAIDEN NAME	Lena Wahlberg
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10¼ a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 18 1922 W. H. Carruthers

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 19[illegible]

DECLASSIFIED

394-112-829-519

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107952

County of Latah

City of Potlatch No. 960 First St.

Registration District No. 101 State File No.

Hospital

Primary Registration District No. 2141 Local Registrar's No. 178

FULL NAME OF CHILD Melvin Glen Gruger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Dec. 19, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth one. Number of child of this mother now living, including present birth one.

FATHER		MOTHER	
FULL NAME	Herbert Glen Gruger	FULL MAIDEN NAME	Mary E. Early
RESIDENCE	Potlatch, Idaho	RESIDENCE	Potlatch, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	18	COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Stevensville, Mont	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 9 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

Registrar.

(Signature) H. Glen Gruger
(Father)
(Physician or Midwife)

Address Potlatch, Ida.

Filed 12-28 1922 WH Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1971

219-123-029-641

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of

No.

Hospital

RECEIVED JAN 8 19.. BUREAU STATE

Registration District No. 61 File No. 107953

Primary Registration District No. 1011 Registered No. 169

FULL NAME OF CHILD Alvin Frankland Borockman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 23 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John P. Borockman	FULL MAIDEN NAME	Alberta Frankland
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ohio	BIRTHPLACE	Ind.
OCCUPATION	School Teacher	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair
Moscow Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address

Filed 12/18 1922 W. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1968

693-228-029-893

PLACE OF BIRTH

RECEIV
JAN 8
BUREAU
STAT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 107954

Primary Registration District No. 1011 Registered No. 171

FULL NAME OF CHILD Pauline Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		yes	Aug. 28 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Haraland Wilson	FULL MAIDEN NAME	Ollie Hill
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Mo.	BIRTHPLACE	Wash.
OCCUPATION	Carpenter	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair
Moscow Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed 12/18 1922 W. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

639-128029-238

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

RECEIVED
JAN 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107955

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 172

FULL NAME OF CHILD Walter Oliver
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Nov 28 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Bert Oliver	FULL MAIDEN NAME	Edith Scheminske
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Penn	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Magee
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Moscow

Filed 12/10 1922 M H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-210-029-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107956

RECEIVED JAN 5 1923

County of Latah

City of Moscow

No. 825 E. 8th St. Registration District No. 61 File No.

Hospital Primary Registration District No. 1011 Registered No. 173

FULL NAME OF CHILD Marie Jane Havens
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Dec. 10 1922

What bactericidal solution was used in eyes? 2 % Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Ira William Havens	FULL MAIDEN NAME: Elsie Jane Keene
RESIDENCE: Kendrick, Ida	RESIDENCE: Kendrick, Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Manchester, Iowa	BIRTHPLACE: Saybrook, Ill.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. Harry Eichorn

Physician
(Physician or midwife)

Address Moscow, Ida.

Filed 12/13 1922 W. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1942

SEP 12 1950
APR 21 1952

JUL 9 1968

MAY 17 1971

363-21-029-154

PLACE OF BIRTH

County of Latah

City of Moscow

No. Asbury St.

Hospital

RECEIVED JAN 8 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 101 File No. 107957

Primary Registration District No. 1011 Registered No. 174

FULL NAME OF CHILD Pauline Ruth Cole

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Dec. 11 1922

What bactericidal solution was used in eyes? arg. nit.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Paul A. Cole	FULL MAIDEN NAME Sophie A. Anderson
RESIDENCE Moscow Ida.	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Big Lake Michigan	COLOR White
OCCUPATION R.R. Mail Carrier	AGE AT LAST BIRTHDAY 21 (Years)
	BIRTHPLACE Dawson Minnesota
	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) F. M. Leitch M. D.

(Physician or midwife)

Address 120 S. Jackson St Moscow Ida

Filed 12/15 1922 W. H. Carothers Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1953

JUL 29 1974

5/20/41 L. B.

705-112 1029-965

PLACE OF BIRTH

County of Latah

City of Moscow

No. 120 So. Main St.

Hospital The Gritman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923
BUREAU

CERTIFICATE OF BIRTH

107958

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 175

FULL NAME OF CHILD Donald Fredrick Goetz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12-12 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Fredrick Goetz	Selma Magilla Bonholt
RESIDENCE	Viola, Idaho	Viola, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Viola, Idaho.	Cottonwood, Minn.
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho.

Filed 12-30-1922 W. H. Carothers
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-117-029643

PLACE OF BIRTH

RECEIVED JAN 5 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah Bo

City of Moscow

No. 908 So. Jefferson St. Registration District No. 61 File No. 107959

Hospital Primary Registration District No. 1011 Registered No. 176

FULL NAME OF CHILD Robert Marvin Cunningham
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec. 17, 1921

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth... one Number of child of this mother now living, including present birth... one

FATHER	MOTHER
FULL NAME: Clarence Cunningham	FULL MAIDEN NAME: Daisy Nina Fuits
RESIDENCE: Moscow, Ida.	RESIDENCE: Moscow, Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Orleans, Neb.	BIRTHPLACE: San Dimas, Cal.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Harry Cochran M.D.
(Physician or midwife)

Address Moscow, Ida.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 12/20 1922 W. H. Carithers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1974

553-118-029-245

PLACE OF BIRTH

County of Latah

City of Moscow

No. 710 So. Main St.

Hospital The Gritman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 107960

Primary Registration District No. 1011 Registered No. 177

FULL NAME OF CHILD Kenneth Theodore Nelson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 18, 1922

What bactericidal solution was used in eyes? Argyrol Solution 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Theodore Leander Nelson	Emma Cecelia Crandall
RESIDENCE	Moscow, Idaho	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Minnesota	Moscow, Idaho
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19.....

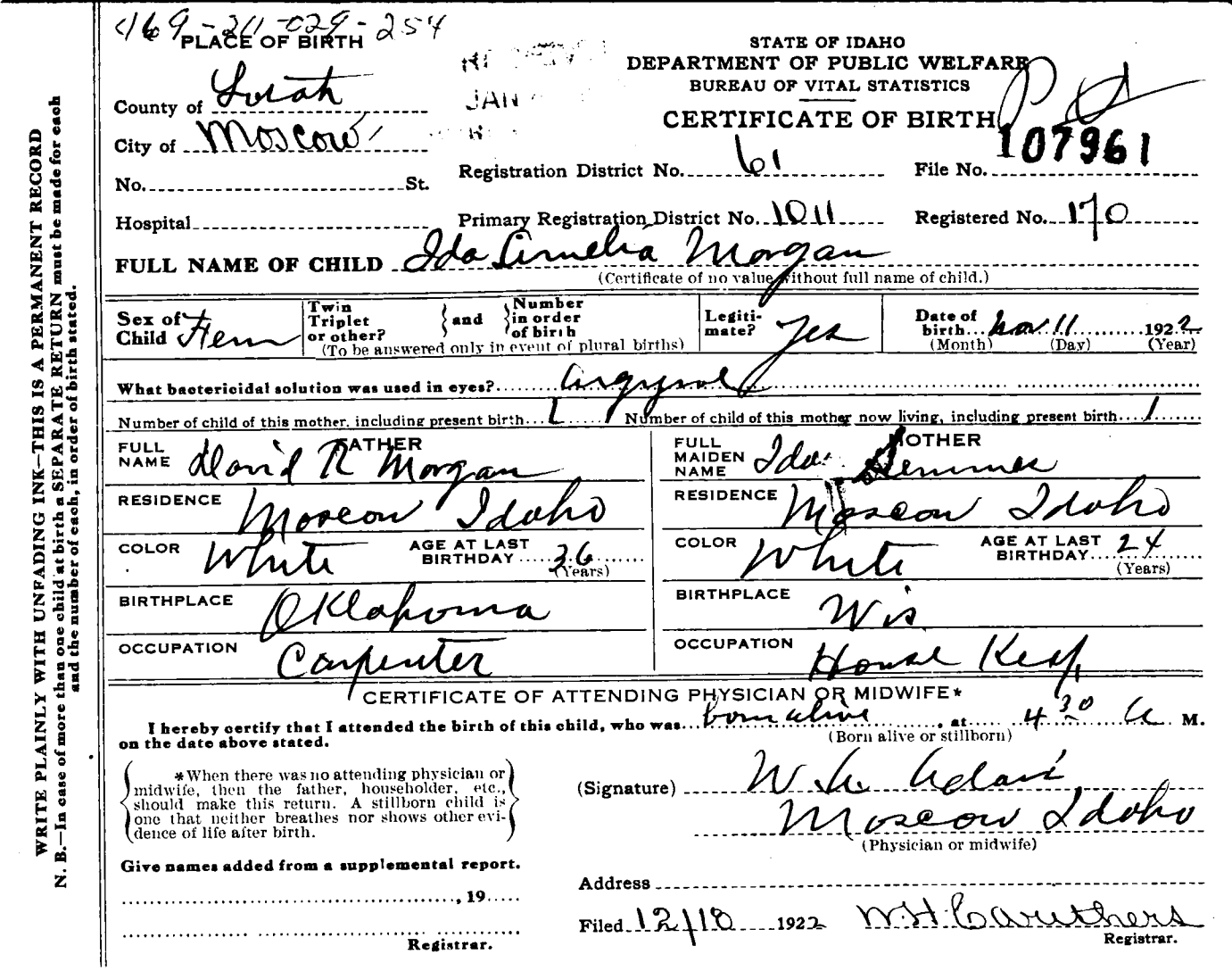
.....
Registrar.

Filed 12/30 1922 W. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 0 1942



469-211-029-254

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 107961

Primary Registration District No. 1011 Registered No. 170

FULL NAME OF CHILD Ida Amelia Morgan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	Nov 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David R Morgan	FULL MAIDEN NAME	Ida Lemmer
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oklahoma	BIRTHPLACE	Wis
OCCUPATION	Carpenter	OCCUPATION	House Keep

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair
Moscow Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 12/18 1922 W. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1944

275-123-029-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 19[illegible]
BUREAU

CERTIFICATE OF BIRTH 107962

County of Latah
City of Moscow
No. 239 N. Washington St.
Registration District No. 61
File No.
Hospital
Primary Registration District No. 1011
Registered No. 179

FULL NAME OF CHILD William Albert Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Dec 23rd 1922

What bactericidal solution was used in eyes? Argent Nit.

Number of child of this mother, including present birth: One
Number of child of this mother now living, including present birth: One

FATHER	MOTHER
FULL NAME: Hyrus Mason Stewart	FULL MAIDEN NAME: Goldie Nelson
RESIDENCE: 239 N. Washington	RESIDENCE: 239 N. Washington
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Pegtown Grove Lincoln Co. Kansas	BIRTHPLACE: Bright Washington
OCCUPATION: Shoemaker	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 11 A.M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F. M. Leitch M.D.
(Physician or midwife)
Address Main St Moscow Idaho

Filed 12/26 1922 W. H. Carothers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1942

219-221-029-813

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61

File No. 107963

Hospital .....

Primary Registration District No. 1011

Registered No. 180

FULL NAME OF CHILD Olive Janet Bartholomew
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec 21 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	E. M. Bartholomew	FULL MAIDEN NAME	Clara O. Halverson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ind	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 - a - M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed 12-30 1922 W. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1943

468-22-9:029-363

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

RECEIVED JAN 8 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 107964

Primary Registration District No. 1011 Registered No. 181

FULL NAME OF CHILD Rita Carol Doyle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 29 1922

What bactericidal solution was used in eyes? Argyrol Solution 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Percy Richard Doyle	FULL MAIDEN NAME	Nellie May Collins
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	N. Carolina	BIRTHPLACE	Washington
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:22 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. E. Gritman.
Physician
(Physician or midwife)

Address Moscow, Idaho

Filed 12/30 1922 W.H. Carithers
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 9 1954

731-24-29-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy Ida Registration District No. 64 File No. 107965

No. ..... St. Primary Registration District No. 2144 Registered No. [redacted]

Hospital .....

FULL NAME OF CHILD Baby Glaser

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 14

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Glaser	Millie Chadek
RESIDENCE	Troy Ida	Troy
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Neb-	Wis-
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

Dec 31 1922 Address Troy Idaho

Lucy M. Pickerd Filed Dec 31 1922 Lucy M. Pickerd

Registrar Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

279-104-029-219

PLACE OF BIRTH

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Registration District No. 64 File No. 107966

Hospital ..... Primary Registration District No. 2144 Registered No. 1

FULL NAME OF CHILD Joyce William Sprouse
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 4 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alex Sprouse	FULL MAIDEN NAME	Willie Mary Bartle
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Nelson M. D.

Troy Ida
(Physician or midwife)

Address Troy Ida.

Filed Dec 31 1922 Lucy M Pickerd
Registrar.

Give names added from a supplemental report.

Dec 31 1922
Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 0 1941

319-118-029-945

PLACE OF BIRTH

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ____ St. ____

Registration District No. 64 File No. 107967

Hospital ____ Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD Delmont Leroy Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 18 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Clarence D. Carlson	FULL MAIDEN NAME Edith May Runyan
RESIDENCE Troy	RESIDENCE Troy
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Mail Carrier	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Nelson M.D.
(Physician or midwife)

Address Troy Ida

Give names added from a supplemental report.

Dec 31 1922
Lucy M. Puckett
Registrar.

Filed Dec 31 1922 Lucy M. Puckett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-H8-029-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107968

County of Latah RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

City of Troy No. District No. 64 File No.

Hospital Primary Registration District No. 2144 Registered No.

FULL NAME OF CHILD Carl Pearson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 18 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Peter G. Pearson	FULL MAIDEN NAME	Helma Anderson
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Burden	BIRTHPLACE	Burden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Nelson, M. D.
(Physician or midwife)

Address Troy Ida

Filed Dec 31 1922 Lucy M. Pickard
Registrar.

Give names added from a supplemental report.

Dec 31 1922
Lucy M. Pickard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1995

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367108.029-238

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107969

County of Latah

City of Helmer

Registration District No. 2147

File No.

No. St.

Primary Registration District No. 67

Registered No. 13

Hospital

FULL NAME OF CHILD Orland Jesse Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	Yes	Dec. 8 1922

FATHER		MOTHER	
FULL NAME	Jesse C. Cox	FULL MAIDEN NAME	Dottie Scott
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Wash.
OCCUPATION	Log Loader	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust M.D. Physician
(Physician or midwife)

Given names added from a supplemental report.

12/20 1922 Address Deary Ida

R. C. Faust. Registrar

Filed 12/20 1922 R. C. Faust Registrar

c.c. 5/13/41. w.h.

345-127-029-849

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Avon P.O.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JAN [illegible] 1923
BUREAU OF VITAL STATISTICS

Registration District No. 2147

File No. 107970

Primary Registration District No. 67

Registered No. 16

FULL NAME OF CHILD Harley Clifford Lundgren

Sex of Child M. | Twin, Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 12 (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charley A Lundgren	FULL MAIDEN NAME	Julia Faust
RESIDENCE	Avon P.O.	RESIDENCE	Avon P.O.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charley A. Lundgren
Father
(Physician or midwife)

Given names added from a supplemental report, 12/28 1922

P. C. Faust
Registrar

Address Avon R.F.D.

Filed 12/28 1922. P. C. Faust
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~Form V. S.~~ No. 11-C—25m-9-8-17

PLACE OF BIRTH

819-126 - 629-363

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12

Primary Registration District No. 142

File No. 107971

Registered No. 14

FULL NAME OF CHILD FRANCIS JAMES" Harlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William James Harlow	FULL MAIDEN NAME	Emily Kathleen Coleman
RESIDENCE	Genesee, Idaho	RESIDENCE	Genesee, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Massachusetts
OCCUPATION	Poultry Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Perkins

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 12-20 1922 W. H. Ehlen

Registrar

SEP 15 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 107971

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Nov. 26th, 1922 (Birth or Death)
for Francis James Harlow (Name on Original Certificate) who born 11-26-22 (Was Born or Died) on Nov. 26th, 1922 (Date of Event)
in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by birth certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Francis James Harlow
Nov. 26th, 1922		Nov. 26th, 1922

Subscribed and sworn to before me this 14th
day of Sept. 1942

Fred D. Worcester
Notary Public, residing at Lewiston Idaho

My commission expires Dec 18th 1942
(Seal)

Signed Mrs. W. J. Harlow (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP

SEP 16 1942

459-116-035-239

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted]VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

County of Nez Perce

City of Genesee

Registration District No. 62

File No. 107972

No. ..... St.

Primary Registration District No. [illegible]

Registered No. 15

Hospital .....

FULL NAME OF CHILD William ~~Hunter~~ J. Mervyn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Hunter Mervyn	FULL MAIDEN NAME	Ella Mae Stinson
RESIDENCE	Genesee Ida	RESIDENCE	Genesee Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Genesee Ida	BIRTHPLACE	Troy Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Perkins

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-20 1922 W. N. [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Duplicate #922-355948 VOIDED

36 K-209-029-338

PLACE OF BIRTH

RECEIVED JAN 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Latah

City of Genesee

Registration District No. 62

File No. 107973

No. ..... St.

Primary Registration District No. 214-2

Registered No. 16

Hospital .....

FULL NAME OF CHILD Nadine Anna Commick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			Yes	Dec 9 1922

FATHER

FULL NAME Fred William Commick

RESIDENCE Genesee Ida

COLOR Wh AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Morton Minn.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elma Marie Scherer

RESIDENCE Genesee Idaho

COLOR Wh AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Germany

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Parkinson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19..... Address .....

..... Registrar Filed ..... 19..... Registrar

MARGIN RESERVED FOR BINDING

PLEASE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

FEB 11 4 08 PM '77

Certificate No. 107973
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Comnick (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 9, 1922 (Date of Event)
in Genesee, Idaho (Latha) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by S.S. & Baptism (Bible Record, Insurance Policy, Etc.) prepared on 2/2/77 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Nadine Anna Comnick

Subscribed and sworn to before me this 8 day of
Feb, 19 77

Notary Public, residing at Genesee Idaho
My commission expires 9/8/79
(Seal)

Signed Fred W. Comnick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Genesee, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)
(Street Address, City, State)

FORM DH 60-155

CL 2/2/77 nm

Application for Social Security Account No. 519-18-3836 gives nameas Nadine Anna Comnick. born Dec 9, 1922 at Genesee, Idaho. father's name as Fred W. Comnick and mother' sname as Anna M. Scherrer. viewedby VS

MAR 2 1977

Certificate of Baptism gives nameas Nadine Anna Comnick born Dec 9, 1922. father's name as Fred and mother's name as Anna Scherrer Comnick. Baptized Apr 8, 1923. viewed by V. S.

294-121-029-645

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Fatah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 107974

Primary Registration District No. 2142 Registered No. 17

FULL NAME OF CHILD Elvin Elmer Sides

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 21 1922

FATHER		MOTHER	
FULL NAME	Wayne Sides	FULL MAIDEN NAME	Georg Madeline Freeman
RESIDENCE	Genesee Ida.	RESIDENCE	Genesee Ida.
COLOR	Wh AGE AT LAST BIRTHDAY 23 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	Washington
OCCUPATION	Labover	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 48 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Perkins

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 1-1 1923 W H Ehen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 31, 1940. E.W.

SEP 26 1950

318-228-029-962

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107975

County of Latah

City of Genesee

No. ..... St.

Hospital .....

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

Primary Registration District No. 2142

File No. .....

Registered No. N

FULL NAME OF CHILD Gladys Jane Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe		Yes	Dec 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Clarence Taylor	FULL MAIDEN NAME	Elma Caroline Roseman
RESIDENCE	Genesee Ida	RESIDENCE	Genesee Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Perkins

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1-1- 1923 W. H. Cohen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 10 192[illegible]
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Genesee

ST. Idaho

COUNTY Latah

FILE NO. 107975

DATE OF BIRTH Dec. 28, 1922

SEX OF CHILD Female

FATHER Fred C. Taylor

MOTHER Alma Caroline Rosenau
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Gladys Jane Taylor

Fred C. Taylor

Signature of Father or Mother.

SEP 1 1 1968

235-211-029-914

PLACE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. 940 Fir St. Registration District No. 65 State File No. 107977

Hospital Primary Registration District No. 2145 Local Registrar's No.

FULL NAME OF CHILD Rosa Ateniese

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	~		~	yes	Dec 11, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol. Nit Silver

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Guy Ateniese	FULL MAIDEN NAME	Rosa Ramieri
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1 30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heim

MD

(Physician or midwife)

Address Potlatch

Give names added from a supplemental report.

, 192

Registrar.

Filed Dec 29th 1922 Dr J. W. Thompson

~~Registrar.~~

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

16132

766-121-029253

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Princeton

Registration District No. 65 File No. 107978

No. _____ St.

Primary Registration District No. 2145 Registered No. _____

Hospital _____

FULL NAME OF CHILD Jewel Ralph Gonser

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec. 21, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph O. Gonser	FULL MAIDEN NAME	Marian L. Kellmer
RESIDENCE	Princeton, Idaho.	RESIDENCE	Princeton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Loury City, Missouri	BIRTHPLACE	Olean, N.Y.
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson. M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Potlatch Idaho

Filed Dec. 30th 1922 Dr. J. W. Thompson
Registrar

_____
Registrar

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1975

864-217-029-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 3 192

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch R.D.

Registration District No. 65 File No. 107979

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Irene Lois - Hodge.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female.	✓		✓	yes.	Dec. (Month) 17 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Calvin Shelly Hodge.	FULL MAIDEN NAME	Alice Carr.
RESIDENCE	Potlatch R.D.	RESIDENCE	Potlatch
COLOR	white. AGE AT LAST BIRTHDAY 31. (Years)	COLOR	white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 12 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson.

M.D.

(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address Potlatch Idaho

Filed Dec. 27th 1922 Dr. J. W. Thompson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-204-029-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

~~City of~~ (Onaway)

Registration District No. 65 File No. 107980

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Josephine Dickson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	?		?	yes	Dec 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. E. Dickson	FULL MAIDEN NAME	Bertha Josephine Johnson
RESIDENCE	Onaway - Ida	RESIDENCE	Onaway, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Penna	BIRTHPLACE	Iowa
OCCUPATION	Car repairer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Stein MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch Ida.

Filed Dec. 29th 1922 Dr Geo. Thompson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-366093

857-122-229-769

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 8 1923

CERTIFICATE OF BIRTH

County of Latah
City of Potlatch
No. 955 Spruce St.
Registration District No. 66
State File No. 107981
Hospital
Primary Registration District No. 2145
Local Registrar's No.

FULL NAME OF CHILD Carl Theodore Stegg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Dec 22, 1922

What bactericidal solution was used in eyes? Sol. Silver Nit.

Number of child of this mother, including present birth 3
Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl O Stegg	FULL MAIDEN NAME	Lydie Rachel Porz
RESIDENCE	Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Switzerland
OCCUPATION	Lumber - Grader	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 4 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) Ernest T Stegg MD
(Physician or midwife)
Address Potlatch Ida
Filed Dec. 29th 1922
Dr. J.W. Thompson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1974

JUN 10 1942

463.224.030-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF [redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

County of Lemhi

City of Salmon

Registration District No. 41

File No. 107982

No. ____ St.

Primary Registration District No. 216

Registered No. ____

Hospital ____

FULL NAME OF CHILD Tolla Marie Mock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 24 1922

FATHER

FULL NAME: Clarence Mock

RESIDENCE: Salmon

COLOR: Wht

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Miner

MOTHER

FULL MAIDEN NAME: Lelia Williams

RESIDENCE: Salmon

COLOR: Wht

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Hswf

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

(Signature) J S Wright MD

(Physician or midwife)

Address Salmon

Filed Jan 10 1923 Alva C. Bellamy Registrar

Deputy

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-222-070-284

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of 5 Mile East Salmon

Registration District No. 41

File No. 107983

No. ..... St.

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Carrie Albritton

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 22 (Month) (Day) 1922 (Year)

FATHER

FULL NAME E W Albritton

RESIDENCE near Salmon

COLOR wht AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Denmark

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Shultz

RESIDENCE near Salmon

COLOR wht AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Canada

OCCUPATION Work

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-25 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright MD

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 10 1923

Chas C Bellamy Registrar

S-Y-CO 38071

281-221-030-212

[redacted] . 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41 File No. 107984

No. ..... St.

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Raylance Ester Shaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	Dec 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ara Jay Shaw	FULL MAIDEN NAME	Ester Baker
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Forest ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Salmon Idaho

Filed Jan 10 1923 Clio C. Bellamy Registrar

Dep.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

966-216-030-415

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107985

County of Lemhi

City of Salmon

Registration District No. 41 File No.

No. St.

Primary Registration District No. 2116 Registered No.

Hospital

FULL NAME OF CHILD Virginia Rowe

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.				Yes	Dec 16 1922

FATHER	MOTHER
FULL NAME Chester Leighton Rowe	FULL MAIDEN NAME Ruth Rowe Mayfield
RESIDENCE Salmon	RESIDENCE Salmon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Montana	BIRTHPLACE Idaho
OCCUPATION Grocery clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hamme M.D.
(Physician or midwife)

Address Salmon

Given names added from a supplemental report.

K 19

Registrar

Filed Jan 10 1923 Chas. E. Bellamy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-208-030-467

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
JAN 11 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107986

PLACE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41 File No.

No. St.

Primary Registration District No. 216 Registered No.

Hospital

FULL NAME OF CHILD Dorothy Louise Altmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.				Yes	Dec 8 1922

FATHER		MOTHER	
FULL NAME	Wm Altmer	FULL MAIDEN NAME	Katharina Mogg
RESIDENCE	Lemhi	RESIDENCE	Lemhi
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

(Signature) Chas. F. Hammer

Physician (Physician or midwife)

Address Salmon

Filed Jan 10 1923 Alva C. Bellamy Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1963

693-206-030-467

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 107987

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Elizabeth Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	12 (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harry Williams	FULL MAIDEN NAME	Mary Mogg
RESIDENCE	Lewhi	RESIDENCE	Lewhi
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Salmon Idaho

Filed Jan. 10 1923 Chas. E. Bellamy Registrar

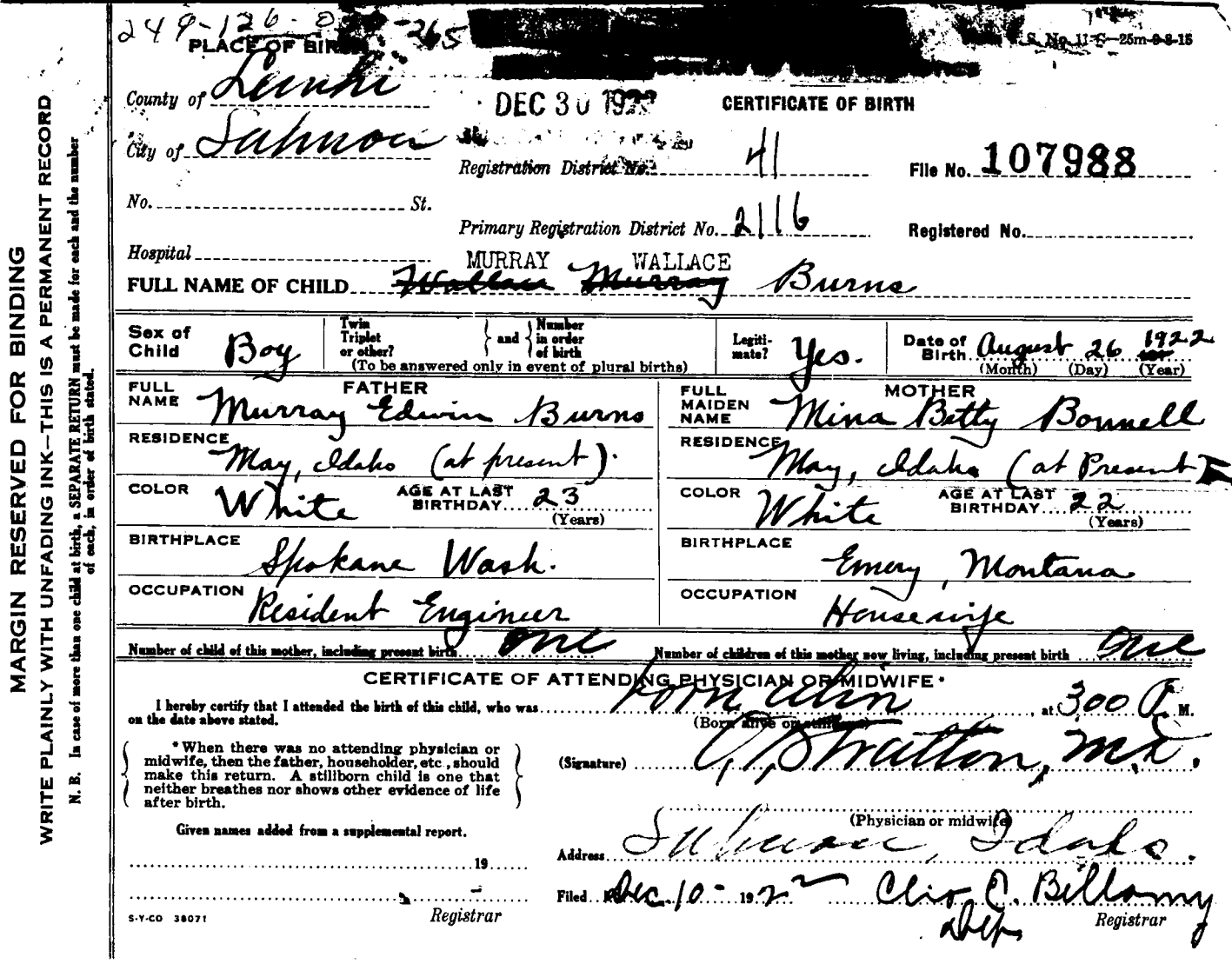
Dep.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1947



249-126-0[illegible]-265 [redacted]

PLACE OF BIRTH

S. No. 11-C—25m-9-8-15

County of Lemhi

DEC 30 1922

CERTIFICATE OF BIRTH

City of Salmon

Registration District No. 41

File No. 107988

No. _____ St.

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~Wallace~~ MURRAY ~~Murray~~ WALLACE Burns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes.	August 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Murray Edwin Burns	FULL MAIDEN NAME	Mina Betty Bonnell
RESIDENCE	May, Idaho (at present).	RESIDENCE	May, Idaho (at Present)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spokane Wash.	BIRTHPLACE	Emery, Montana
OCCUPATION	Resident Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Salmon, Idaho.

_____ 19__

Filed Dec. 10 1922 Clio C. Bellamy Dep. Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

18

2281 B S KAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 107988

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Wallace Murray Burns (BIRTH OR DEATH) for Wallace Murray Burns (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on Aug 26, 1942 (DATE OF EVENT) in Nampa, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Wallace Murray Burns	Murray Wallace Burns

Subscribed and sworn to before me this 10th day of January, 1942

W. B. Foy

Notary Public, residing at Boise, Ida.

My commission expires 7/14/1945 (SEAL)

Signed Mrs Murray E Burns
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1504 Warm Springs, Boise
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of Jan, 1942

W. B. Foy

Notary Public, residing at Boise, Idaho.

My commission expires 7/14/45 (SEAL)

Signed Mrs George M. Bonnell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3811 Overland Road, Boise Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 10 1942

JAN 19 1942

JAN 26 1965

SEP 28 19

897-224-030-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

Registration District No. 41 File No. 107989

No. St.

Primary Registration District No. 2116 Registered No.

Hospital

FULL NAME OF CHILD Laretta Hixson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Hixson	FULL MAIDEN NAME	Bessie Adams
RESIDENCE	Kirtley Creek	RESIDENCE	Kirtley Creek
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a M. on the date above stated.

(Signature) F S Wright M D

Salmon
(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Dec. 10 - 1922 Chas. Bellamy
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ID

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
JAN 31 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho JAN [illegible] 1923.

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Salmon

ST. _____

COUNTY Lemhi

FILE NO. 107989

DATE OF BIRTH November 29 1922.

SEX OF CHILD Female Yes.

FATHER Ralph Hipson

MOTHER Bessie Adams (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Loretta Hipson.

Ralph H. Hipson.

Signature of Father or Mother.

NOV 27 1942

345-103-030-892

PLACE OF BIRTH.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107990

County of Lemhi

City of Ulysses.

Registration District No. 4

File No.

No. St.

Primary Registration District No. 2

Registered No.

Hospital

FULL NAME OF CHILD Oscar Henry Lund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 - [redacted] 19[redacted]

FATHER		MOTHER	
FULL NAME	Walter H. Lund	FULL MAIDEN NAME	Fannie Hibbs
RESIDENCE	Ulysses, Idaho	RESIDENCE	Ulysses, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5.30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Bratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Salmon, Idaho.

19

Filed Dec 10 1922 Chas. Bellamy

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1942

453-22-03/259

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [redacted] m-9-8-15

CERTIFICATE OF BIRTH

County of Lewis

City of [redacted] Steel Idaho

Registration District No. 47

File No. 107991

No. Star Route 2

Primary Registration District No.

Registered No. 207

Hospital

FULL NAME OF CHILD ANNAMAE LUCILLE [redacted] Melcum

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		2	yes	12-26-1922

FATHER		MOTHER	
FULL NAME	Ralph Melcum	FULL MAIDEN NAME	Iva Berry
RESIDENCE	Steel	RESIDENCE	Steel
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P M. on the date above stated.

(Signature) C J Taylor M D

(Physician or midwife)

Address Nezperce Ca Idaho

Filed 1-9 1923 Albert Huff Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Albert Huff Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 107991

County of Lewis } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Annumae L. Melcum (Name on Original Certificate) who born (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Anna Lucile Malcum	~~[illegible]~~
		Annumae L. Melcum
		Annamae L. Melcum

Subscribed and sworn to before me this 10 day of August, 1944

[signature]

Notary Public, residing at Nezperce, Idaho

My commission expires May, 24, 1947

(Seal)

Signed Mrs Ralph J. Melcum

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs Iva Dicy Berry Melcum

Mohler, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Lewis }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 1944

[signature]

Notary Public, residing at Nezperce, Idaho

My commission expires May, 24, 1947

(Seal)

Signed Ida Puckett

(Signature of Any Credible Person Other Than Previous Year)

Postmaster

Mohler, Idaho

(Street Address, City, State)

MAY 8 1972

SEP 2 8 1944

AUG 4 1957

213-225-031219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. Route 2 St.

Registration District No. 47

File No. 107992

Primary Registration District No.

Registered No. 206

Hospital

FULL NAME OF CHILD Josephine Mary Cecelia KACHELMIER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		2	yes	12 — 25 — 1922

	FATHER	MOTHER
FULL NAME	Joseph KACHELMIER	FULL MAIDEN NAME Irene Bailey
RESIDENCE	Nezperce	RESIDENCE Nezperce
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years) 22
BIRTHPLACE	Kansas	BIRTHPLACE North Dakota
OCCUPATION	Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C T Taylor MD

(Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report.

....., 19.....

Albert Huff
Registrar

Filed 1 — 9 1923

Albert Huff
Registrar

S-Y-CO 36071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. NOV 26 1941 Certificate No. 107992
County of Clearwater } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Kacklemyre (Name on original certificate) who born (Was born or died) on December 20, 1922 (Date of event)
in Nez Perce, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Josephine Mary Cecelia Kachelmier (Bible record, insurance policy, etc.) prepared on (Given by signer, the mother) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	Kacklemyre	Kachelmier
Name		Josephine Mary Cecelia

Subscribed and sworn to before me this 24
day of November 1941
[signature]
Notary Public, residing at Orofino Idaho
My commission expires May 10, 1945
[SEAL]

Signed Mrs Virgil Boyd. (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Orofino Idaho Box 132
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of November, 1941
[signature]
Notary Public, residing at Orofino Idaho
My commission expires May 10, 1945
[SEAL]

Signed Mrs. Harry Wall
(Signature of any credible person other than the previous affiant.)
Orofino Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

132-130-031-49-3

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Russell Idaho

No. Route St.

Registration District No. 47

Primary Registration District No.

File No. 107993

Registered No. 204

Hospital

FULL NAME OF CHILD Unnamed

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 30 1922

FATHER		MOTHER	
FULL NAME	John H. Albers	FULL MAIDEN NAME	Buena E. Miller
RESIDENCE	Russell Idaho	RESIDENCE	Russell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Farley

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Albert Huff Registrar

Filed 12-10 1922

Albert Huff Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415 2/81031-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont, RFD

No. ..... St. ..... Registration District No. 50 File No. 107994

Hospital ..... Primary Registration District No. 2129 Registered No. 55

FULL NAME OF CHILD Myrtle Adair Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	—	Yes	Dec. 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Nathaniel L. Davis	FULL MAIDEN NAME	Fern Goodnight
RESIDENCE	Craigmont, RFD	RESIDENCE	Craigmont, RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	BIRTHPLACE	Cripple Creek, Colo
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 8.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Craigmont, Idaho.

Filed 12/19 1922 R. E. Dunlap Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-20-031-152

PLACE OF BIRTH

DEPA[redacted]FARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Registration District No. 60 File No. 107995

Hospital ..... Primary Registration District No. 2129 Registered No. 56

FULL NAME OF CHILD June Eleanor Robertson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Dec (Day) 10 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Reynold La Verne Robertson	FULL MAIDEN NAME	Emma Jesse
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Grangeville Ida
OCCUPATION	Foreman	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gist M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Winchester Idaho

Filed 12/22 1922 R E Dewell

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 31 1944

[redacted]

177-123-231-339

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107996

County of Lewis

City of Winchester

No. ..... St.

Registration District No. 50 File No. .....

Hospital ..... Primary Registration District No. 2129 Registered No. 57

FULL NAME OF CHILD Thomas Applington
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Nov 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Bone acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thomas Applington	FULL MAIDEN NAME	Hattie Evelyn Cliff
RESIDENCE	Winchester Ida	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bone alive at 7 45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E M Laughlin
Physician
(Physician or midwife)

Address Winchester, Idaho

Filed 12/24 1922 R C Dunlop
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1954

693-219-031-856

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107997

County of Lewis

City of Winchester

No. ..... St. ..... Registration District No. 60 ..... File No. .....

Hospital ..... Primary Registration District No. 2129 ..... Registered No. 58

FULL NAME OF CHILD Louise Charlotte Wilsey ~~Wilsey~~
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X		X	Yes	Dec 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Arg. prot.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Levi Wilsey	FULL MAIDEN NAME	Marie Hewett
RESIDENCE	Winchester Ida	RESIDENCE	Winchester Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Address Winchester, Ida.

Filed 12/24 1922 R. C. Dewey Jr.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nezperce } ss.

Certificate No. 107997

Date Filed 1-28-65

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wilsey (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 19, 1922 (Date of Event)
in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's Hospital Record — Sept. 26 - 1946 (Bible Record, Insurance Policy, Etc.) prepared on June 1, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Louise Charlotte Wilsey

Subscribed and sworn to before me this 28th day of January, 1965.

Notary Public, residing at Lewiston, Idaho
My commission expires Sept. 1, 1966
(Seal)

Signed Louise Levy Wilsey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 2 Culdesac, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nezperce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

: The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 1965.

Notary Public, residing at Lewiston
My commission expires 11-30-68
(Seal)

Signed Mrs Margery Wilsey
(Signature of Any Credible Person)

R#1 Box 285 Clarkston, Wash.
(Street Address, City, State)

FORM DH 60-155

CL/11-13-64. mm one copy pd. drec. #10053.

Own Child's Birth Cert. on file; (Idaho Birth) #425421 gives full maiden name of mother as Louise Charlotte Wilsey - viewed by V S.

Cradle Roll Certificate, dated Jan. 23, 1923 gives full name as Louise Charlotte Wilsey, born Dec. 19, 1922, Brethren Sunday School, Winchester, Idaho - viewed by V.S.

JUN 1 1965

866-105-032-569

Form V. S. N[redacted]

PLACE OF BIRTH RECEIVED DEC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 107998

No. ..... St.

Primary Registration District No. 2016 Registered No. 53

Hospital Dice

FULL NAME OF CHILD Harold Norris Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 5 1922

FATHER		MOTHER	
FULL NAME	Allan Mack Howard	FULL MAIDEN NAME	Elaine Alma Norris
RESIDENCE	Dietrich Ido	RESIDENCE	Dietrich Ido
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Melrose Montana
OCCUPATION	R.R. Agent	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed Nov 16 1922 J L Fuller Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-21X-032-315

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED DEC 12 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107999

County of Lincoln

City of Shoshone

Registration District No. 16 File No.

No. St.

Hospital Dieu

~~Primary~~ Registration District No. 1016 Registered No. 54

FULL NAME OF CHILD Francis Hisako Taniguchi

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Nov. 11. 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Kenichi Taniguchi	FULL MAIDEN NAME	Chieko Taniguchi
RESIDENCE	Shoshone Ido	RESIDENCE	Shoshone Ido
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Hawaii
OCCUPATION	Pool Hall Merchant	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 35 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Nov 17 1922 J L Tuller Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-204-032-386

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 108000

No. ..... St.

Primary Registration District No. 1016 Registered No. 55

Hospital .....

FULL NAME OF CHILD ~~Baby~~ DORA EVYLIN COOLEY

Sex of Child Female | Twin Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James Benjamin Cooley	FULL MAIDEN NAME	Carrie May Thorpe
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Dill M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed Dec 5th 1922 J. L. Fuller
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Year)

birth

M

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 108000

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dora Evylin Cooley

Dora Evylin Cooley was born, Dec. 4th. 1922, in Shoshone, Idaho

Subscribed and sworn to before me this 2nd. day of October, 19 43

F. R. Mann

Notary Public, residing at Jerome, Idaho

My commission expires Oct. 19th. 1946
(Seal)

Signed Carrie mae Cooley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

OCT 11 1943

[redacted]

V. S. No. 11-C—25m-7-21-19

BUREAU OF VITAL STATISTICS

1923 CERTIFICATE OF BIRTH

City of [redacted] Registration District No. 16 File No. 108001

No. ____ St. Primary Registration District No. 1016 Registered No. 168

Hospital ____

FULL NAME OF CHILD Baby.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	Yes	12 — 26 — 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Lee Peck	Myrtle Faust
RESIDENCE	Pocatello	Pocatello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Idaho	Wyoming
OCCUPATION	Farmer	Wife

What Bactericidal Solution was used in eyes?

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6-A. M. on the date above stated.

(Signature) [redacted] M.D.

(Physician or midwife)

Address ____

Filed Feb 28 1923 J. L. Sauer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

769-22-032-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL

CERTIFICATE OF BIRTH

108002

County of Lincoln

City of Shoshone

Registration District No. 16

File No.

No. St.

Hospital Dr C. N. Dill.

Primary Registration District No. 1616

Registered No. 61

FULL NAME OF CHILD Margaret Louise Guinn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes	Dec. 21 1922

FATHER	MOTHER
FULL NAME Fred F Guinn.	FULL MAIDEN NAME Anna Rae Broman
RESIDENCE Shoshone Idaho	RESIDENCE Shoshone Idaho
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Denver. Colorado
OCCUPATION Farmer.	OCCUPATION Silver Nitrate Housewife

What Bactericidal Solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C N Dill M.D.
(Physician or midwife)

Address

Filed Dec 28 1922 J L Guinn
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-203-032 659

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 1 1923

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 108003

No. ..... St.

Primary Registration District No. 1616 Registered No. 62

Hospital .....

FULL NAME OF CHILD Esther Irene Lacy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	12 (Month) / 2 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Erich E. Lacy	FULL MAIDEN NAME	Maude Weiss
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	Nebr
OCCUPATION	Dray man	OCCUPATION	Wife

What Bactericidal Solution was used in eyes? ag No 3 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 C M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Dec 28 1922 J. L. Tullen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1942

168-122-032-366

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

Registration District No. 16 File No. 108004

No. St.

Primary Registration District No. 1016 Registered No. 58

Hospital Dill's

FULL NAME OF CHILD Baby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	12 (Month) 22 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank C. Johnson	FULL MAIDEN NAME	Olive Cooper
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Neb.
OCCUPATION	Carpenter	OCCUPATION	Wife

What Bactericidal Solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Dill

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 22 1922

J. L. Tuller
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-117-032-552

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 1 1923

CERTIFICATE OF BIRTH

108005

Registration District No. 16 File No. .....

Primary Registration District No. W16 Registered No. 56

FULL NAME OF CHILD Wesburn N. Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 17 1922

FATHER		MOTHER	
FULL NAME	Leland L. Walker	FULL MAIDEN NAME	Lucy Nebeker
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

What Bactericidal Solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Dec 21 1922 J. L. Fuller
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1960

235-111-032-356

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 108006

Primary Registration District No. 2016 Registered No. 57

FULL NAME OF CHILD Rex Mace Stevens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	Yes	12 (Month) - 11 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Stevens	FULL MAIDEN NAME	Cecil May Lewis
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Wife

What Bactericidal Solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12/11/22 4a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Dec 21 1922

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

143-224 : 032 413

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4

County of Lemhi

City of Kooskone

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 108007

No. ..... St.

Primary Registration District No. 1016 Registered No. 59

Hospital .....

FULL NAME OF CHILD ~~Boy~~ ALICE RAE Ray Mullinar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	12 24 1922

FATHER		MOTHER	
FULL NAME	Samuel L. Mullinar	FULL MAIDEN NAME	Lucie D. Jackson
RESIDENCE	Kooskone	RESIDENCE	Kooskone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Ag No 3 1% Wife

What Bactericidal Solution was used in eyes?

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb 26 1922

J L Fuller
Registrar

K

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lincoln }

Certificate No. 108007

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Dec. 24, 1922 (BIRTH OR ~~DEATH~~)
for Ray Mullinar (NAME ON ORIGINAL CERTIFICATE) who Dec. 24, 1922 (WAS BORN OR ~~DIED~~) on (DATE OF EVENT)
in Shoshone (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, ~~INSURANCE POLICY~~, ETC.) prepared on Dec. 24, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Ray	~~Alice Kare~~
[redacted] Ray Alice Rae		Alice Rae
Dec. 24, 1922		

Subscribed and sworn to before me this 10th
day of March, 1943

Dora B. Haddock
Notary Public, residing at Shoshone
My commission expires March 26, 1945
(SEAL)

Signed Louie D. Mullinar
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Shoshone, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of March, 1943

Howard E. Atkins
~~Notary Public, residing at~~ PROBATE JUDGE OF LINCOLN COUNTY, IDAHO
~~My commission expires~~
(SEAL) Shoshone, IDAHO

Signed Samuel Royal Mullinar
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Shoshone, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 20 1943

753-210-032-962 last name amend 5-4-84 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. 2 mi West St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—20m-6-8-17

CERTIFICATE OF BIRTH 108008

Registration District No. 17 File No. 2

Primary Registration District No. Registered No. 69

Hospital

FULL NAME OF CHILD Elsie Marie Petersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 10 1922

FATHER

FULL NAME Rasmus Petersen

RESIDENCE Richfield 2 mi West

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Denmark

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ruth Roberts

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Longmont Col.

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 10 30 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Bloom M D (Physician or midwife)

Address Richfield

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 2 1923 O F Bloom M D Registrar

6-17-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Az
County of Gila } ss.

Certificate No. 108008
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Elsie Marie Peterson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 10, 1922 (Date of Event)

in Richfield (Lincoln) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs last name	Peterson	Petersen
fathers last name	Peterson	Petersen

Subscribed and sworn to before me this 27th day of February, 1984

Notary Public, Betty J. Lewis

Residing at Payson Ariz

My commission expires My Commission Expires Dec. 17, 1984

(Seal)

x Elsie Marie Peterson Plonski
Signature of Applicant

x 218 E. Edelweiss c. Payson, Az
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage License for Elsie Marie Petersen and Anthony Joseph Plonski married May 7, 1945 in Ada County, Idaho. Viewed by V.S.

MAY 4 1984

Saint Luke's Hospital Training school for Nurses lists Elsie Marie Petersen completed study on Oct 21, 1944. Viewed by V.S.

Certificate of Naturalization lists Samuel Petersen as Holder. Dated March 10, 1949. Viewed by V.S.

Death Certificate lists Samuel Niels Petersen died in Jerome on Sept 27, 1953, state file # 53-3485. Viewed by V.S.

289-117-032-253 Amended 10/26/51

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln
City of Richfield
No. ____ St.

Registration District No. 17 File No. 108009

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD James Andrew Byrne
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Dec. 17 1922

What bacteriacidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Patrick E. Byrne	FULL MAIDEN NAME	Alpha B. Peterson
RESIDENCE	Richfield	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Washington Co., Minn.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Bloom
M.D.
(Physician ~~or midwife~~)

Address Richfield, Ida.

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Jan. 2 1923 O.E.Bloom, M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 108009

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth date of Child(Day)	Dec. 14, 1922	Dec. 17, 1922

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs. P. E. Byrne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2234 Bdwy Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1951

Notary Public, residing at Boise Idaho
My commission expires 12-28-1954
(Seal)

Signed Mrs. P. E. Byrne
(Signature of Any Credible Person)

2234 Bdwy Boise
(Street Address, City, State)

FORM DPH - 51117

Certificate of Baptism gives child's name as James Andrew Byrne son of Patrick Byrne and Alpha Peterson. born Dec. 17, 1922. Was Baptized Jan 14, 1923. Viewed by V. S.

231-231-032-652

PLACE OF BIRTH

RECEI
JAN
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STA

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

108010

County of Lincoln

City of Richfield

Registration District No. 17

File No. 2

No. ..... St.

Primary Registration District No. .....

Registered No. 71

Hospital .....

FULL NAME OF CHILD Pauline Black

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 31 1922

FATHER		MOTHER	
FULL NAME	Henry J Black	FULL MAIDEN NAME	Elizabeth Webb
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Oasis Utah	BIRTHPLACE	Rockland Idaho
OCCUPATION	Salesman	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richfield

Registrar

Filed Jan 2 1923 O E Bloom M D Registrar

M

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 1944

[redacted] 949-103-033-993
F BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Registration District No. 100 File No. 108011
Hospital .....
Primary Registration District No. 2178 Registered No. 296

FULL NAME OF CHILD Gordon Richards Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One and	—	Yes	11 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	A. M. Smith	FULL MAIDEN NAME	Thelma Richards
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Rexburg Ida	BIRTHPLACE	Salt Lake
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address Rexburg Idaho

Filed 12/28 1922 J. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB [illegible] 1923
BUREAU OF VITAL STATISTICS
[illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Rexburg
(ST. Idaho
(COUNTY Madison

FILE NO. 108011

DATE OF BIRTH Nov. 3. 1922

SEX OF CHILD Male

FATHER Arial M. Smith

MOTHER Thelma Richards (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Gordon Richards Smith

Mrs A. M. Smith

Signature of Father or Mother.

719-206-033-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St. ..... Registration District No. 100 File No. 108012

Hospital ..... Primary Registration District No. 2178 Registered No. 291

FULL NAME OF CHILD Donna Lou Parkinson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Only	—	yes	11 - 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	G. L. Parkinson	FULL MAIDEN NAME	Florence L. Wilson
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Coalville Ut.	BIRTHPLACE	Ogden Utah
OCCUPATION	Physician and Surgeon	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Rexburg - Idaho

..... 19....

Filed 12/28 1922 J. R. Young
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAR 17 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, JAN 1 9 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Rexburg

(ST. Idaho

(COUNTY Madison

FILE NO. 108012

DATE OF BIRTH Nov 6 - 22

SEX OF CHILD Female

FATHER G. T. Parkinson

MOTHER Florence L. Wilson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Donna Lou Parkinson

G T Parkinson

Signature of Father or Mother.

469-211-033-493 name added 3-21-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 3 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St. .....

Registration District No. 100 File No. 108013

Hospital .....

Primary Registration District No. 2178 Registered No. 298

FULL NAME OF CHILD Radia Morrison
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? One and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 11 (Month) 11 (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	J. A. Morrison	FULL MAIDEN NAME	Anna Miller
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Logan Utah
OCCUPATION	School Teacher	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rexburg Idaho

Filed 12/28 1922 J. Rejoing
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

3-14-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS MAR 19 12 15 PM '84

State of Idaho
County of Franklin } ss.

Certificate No. 108013
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Morrison (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 11, 1922 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Radia Morrison

Subscribed and sworn to before me this 16th day of March, 1984.

Notary Public, Michael D Kerr
Residing at Preston, Idaho
My commission expires [illegible]
(Seal)

X Radia M. Bell
Signature of Applicant

X Box 358 Rt 2 Preston, Ida 83263
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

1cc 1bc pd

Baptism Certificate lists Radia Morrison was baptised in LDS Church on Nov 11, 1930. Viewed by V.S.

MAR 21 1984

Certificate of birth lists Merree Chandler born May 8, 1957 in Preston to mother Radia Morrison. Viewed by V.S.

793-202 033-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108014

County of Madison
City of Rexburg
No. ____ St.
Hospital

Registration District No. 100
Primary Registration District No. 278
File No.
Registered No. 799

FULL NAME OF CHILD Thelma Elizabeth Gilbert
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 2nd 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 5th. Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William T. Gilbert	FULL MAIDEN NAME	Mary Pearl Galbraith
RESIDENCE	Lyman Idaho	RESIDENCE	Lyman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Grouse Creek Utah	BIRTHPLACE	Lyman Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 2nd 1922 12-50 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Parley Nelson
M. D.
(Physician or midwife)
Address Rexburg Idaho,

Filed 12/28 1922 J. Ryan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

RECEIVED
MAR 17 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, MAR 21 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 108014

ST. Idaho DATE OF BIRTH Dec 2 1922

COUNTY Madison SEX OF CHILD Female Girl

FATHER W M Gilbert MOTHER Pearl Galbraith (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Thelma Elizabeth Gilbert

Mrs W. M. Gilbert

Signature of Father or Mother

366102-033-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 105015

Primary Registration District No. 2138 Registered No. 300

FULL NAME OF CHILD Clinton Dick Cooper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 2nd 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Charles Drew Cooper	FULL MAIDEN NAME	Calanthe Smith
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Student	OCCUPATION	Housweife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec. 2nd 1922, 5-15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or Midwife)*

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexburg Idaho

Filed 12/28 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 15 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Rexburg
(ST. _____
(COUNTY Madison

FATHER C. D. Cooper

FILE NO. 108015

DATE OF BIRTH December 3, 1922

SEX OF CHILD Male

MOTHER Calanthe Smith
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Clinton Dick Cooper

C. Dove Cooper
Signature of Father or Mother.

433-207-033-316

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Hospital .....

Registration District No. 100 File No. 108016
Primary Registration District No. 2178 Registered No. 301

FULL NAME OF CHILD ORLIE CAROL McCULLOCH
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 7th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles McCullouch	FULL MAIDEN NAME	Dora Lawnig
RESIDENCE	Felt Idaho	RESIDENCE	Felt Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec. 7th 1922 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

..... 19....

..... Registrar.

Filed 12/28 1922 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 108016

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Orlie Carrol Mc Culloch who was born on Dec. 7, 1923
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Orlie Carol McCulloch

Subscribed and sworn to before me this 30th day of March, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires Mar 27, 1943
(Seal)

Signed Mrs. Dora L. McCulloch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

71 N. 3rd West St Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires Mar 27, 1943
(Seal)

Signed Charles. MacCulloch
(Signature of Any Credible Person Other Than Previous Year)

71 N 3rd West, Rexburg, Idaho.
(Street Address, City, State)

APR 17 1942

DEC 20 1968

265-210-033-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Cedar Point

No. ..... St.

Hospital .....

Registration District No. 100 File No. 108017

Primary Registration District No. 2198 Registered No. 302

FULL NAME OF CHILD Ruth Alice Swecker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 10th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arthur B. Swecker	FULL MAIDEN NAME	Bertha Bood
RESIDENCE	Cedar Point Idaho	RESIDENCE	Cedar Point Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Davenport Iowa	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 10th 1922 2-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexburg Idaho

Filed 12/28 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SPACE TO ERASE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN [illegible] 1923. 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 108017

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD Female

FATHER _____ MOTHER _____

(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

APR 28 1967

JAN 1 1 19EA

613-44-033-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 8 1923 BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg

No. ..... Registration District No. 100 File No. 108018

Hospital ..... Primary Registration District No. 2128 Registered No. 303

FULL NAME OF CHILD Joseph Franklin Watson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 14th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Watson	FULL MAIDEN NAME	Ruby I. Martin
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Day Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec. 14th 1922 6-10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Parley McCord

M.D.
(Physician or midwife)

Address Rexburg Idaho.

Filed 1/8/23 1922 J. Ryan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Rexburg
(ST. E 3rd S st
(COUNTY Madson
FATHER George

FILE NO. 108018
DATE OF BIRTH Dec 14 1922
SEX OF CHILD Male
MOTHER Ruby Isabell Martin
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Joseph Franklin Watson.

Mrs Geo Watson

Signature of Father or Mother.

MAR 31 1959

259-122-0335-619

PLACE OF BIRTH

RECEIVED JAN 3 19..

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108019

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 30 H

FULL NAME OF CHILD EMERSON FARNES BERNTSEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 22nd 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Peter W. Berntson	FULL MAIDEN NAME	Kate Farnes
RESIDENCE	St. Anthony Idaho	RESIDENCE	St. Anthony Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Norway	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Newspaper man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 2 2nd 1922 10-20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or ~~midwife~~)

Address Rexburg Idaho.

Filed 12/28 1922 J Ry[illegible] Registrar.

Give names added from a supplemental report.

....., 19...

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

DEC 4 - 1942

Certificate No. 108019

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Emerson Farnes Berntsen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family and Church (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 4, 1923 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Emerson Farnes Berntsen

Subscribed and sworn to before me this 1st
day of December 1942

Notary Public, residing at Salt Lake City, Utah
My commission expires March 8, 1944
(SEAL)

Signed Peter W. Berntsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

64 Mussers Court, Salt Lake City
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of December, 1942

Notary Public, residing at Salt Lake City, Utah
My commission expires March 8, 1944
(SEAL)

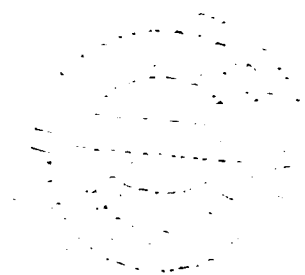
Signed Blanche K. Richmond
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

761 So. 8th East St. Salt Lake City, Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

AUG 30 1965

DEC 5 1947



695-122-033 215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison RECEIVED

City of Burton JAN 3

No. Registration District No. 100 File No. 108020

Hospital Primary Registration District No. 2178 Registered No. 305

FULL NAME OF CHILD James Lawrence Free
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 22nd 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John F. Free	FULL MAIDEN NAME	Ada E. Sanders
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Indiana	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 22, 1922 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carley Nelson

M.D.
(Physician or midwife) *

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 12/28 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { CITY _____ ST. _____ COUNTY _____

FILE NO. 108020

DATE OF BIRTH _____

SEX OF CHILD Male

FATHER _____

MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

FEB 2 1942

195-202-033-269

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108021

County of Madison

City of Rexburg

No. ____ St.

Registration District No. 100

File No. ____

Hospital ____

Primary Registration District No. 2128

Registered No. 306

FULL NAME OF CHILD Margaret Josephine Arnold

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet — or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	One	yes	12 2 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Richard C. Arnold	FULL MAIDEN NAME	Margaret Swinborne
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Salt Lake Utah	BIRTHPLACE	St Paul Minn
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M., M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Parkinson

Physician

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Jan 3 1923

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1942

619-215-033 -699

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

County of Madison
City of Sugar
No.
Registration District No. 100
File No. 108022
Hospital
Primary Registration District No. 2178
Registered No. 307

FULL NAME OF CHILD Rayola Wardle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Nov. 15 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Leslie Leverne Wardle	Gladys Rebecca Wright
RESIDENCE	Sugar City Idaho	Sugar City Ida.
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Utah.	Montana
OCCUPATION	Mechanic.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:05 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. A. Ellison M.D.
(Physician or midwife)

Address Sugar City Idaho

Filed 1/29 1923 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1961

864-115-833-413

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ____ St.

Registration District No. 100

File No. 108023

Hospital ____

Primary Registration District No. 2178

Registered No. 308

FULL NAME OF CHILD Robert A Hodge

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Dec. 15 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Abram Robert Hodge	FULL MAIDEN NAME	Cora Dalling.
RESIDENCE	Sugar City Ida.	RESIDENCE	Sugar City Idaho
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Foreman Beet Sugar Factory	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 7 p **M. on the date above stated.**

(Signature) J. A. Ellison M.D.

(Physician or midwife)

Address Sugar City Idaho

Filed 12/29 1922 J. R. Lyons Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1965

714-218-033-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108024

County of Madison
City of Sugar
No. ..... Street
Registration District No. 100
File No. .....
Hospital .....
Primary Registration District No. 2178
Registered No. 309

FULL NAME OF CHILD Faustine Gaddie
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec 18 1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roland B. Gaddie	Alice Bertie Sanders
RESIDENCE	Sugar City Ida.	Sugar City Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Garage Mechanic	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 45 P M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... **Registrar.**

(Signature) J A Ellison M.D.
(Physician or midwife)

Address Sugar City Idaho

Filed 1/3/23 1923 J K Egan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-120-033-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 3 1922 BUREAU OF VITAL STATISTICS

County of Madison
City of Sugar City
No. ..... St. ..... Registration District No. 100 File No. 108023
Hospital ..... Primary Registration District No. 2178 Registered No. 310

FULL NAME OF CHILD Wayne Gaisford Garner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Dec 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Phillip Andrew Garner	FULL MAIDEN NAME	Martha Isabell Pincock
RESIDENCE	Salem, Idaho	RESIDENCE	Salem Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Ellison
M. D.
(Physician or midwife)

Give names added from a supplemental report.

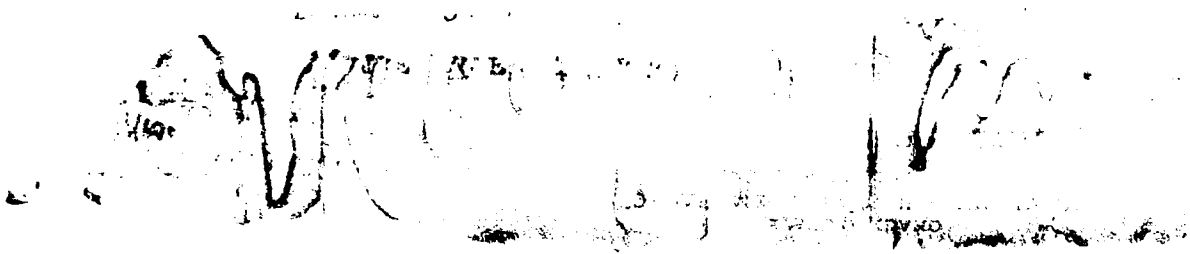
....., 192....

..... Registrar.

Address Sugar City Idaho

Filed 12/29 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
FEB 22 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY _____ FILE NO. 108025

ST. _____ DATE OF BIRTH December 20th 1922

COUNTY Madison SEX OF CHILD Male

FATHER Philip Andrew Garner MOTHER Martha Isabella Pincock
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Wayne Gaisford Garner

P A Garner

Signature of Father or Mother.

966-125-033-113

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

County of Madison
City of Sugar
No. ..... St. ..... Registration District No. ..... File No. 108026
Hospital ..... Primary Registration District No. ..... Registered No. 311

FULL NAME OF CHILD Billie Row
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Dec. 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 2070

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Ruben Row	FULL MAIDEN NAME	Winnie Leora Jackson.
RESIDENCE	Sugar City, Ida.	RESIDENCE	Sugar City, Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Montana.	BIRTHPLACE	Utah.
OCCUPATION	Mechanic	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J A Ellison
M.D.
(Physician or midwife)

Give names added from a supplemental report.

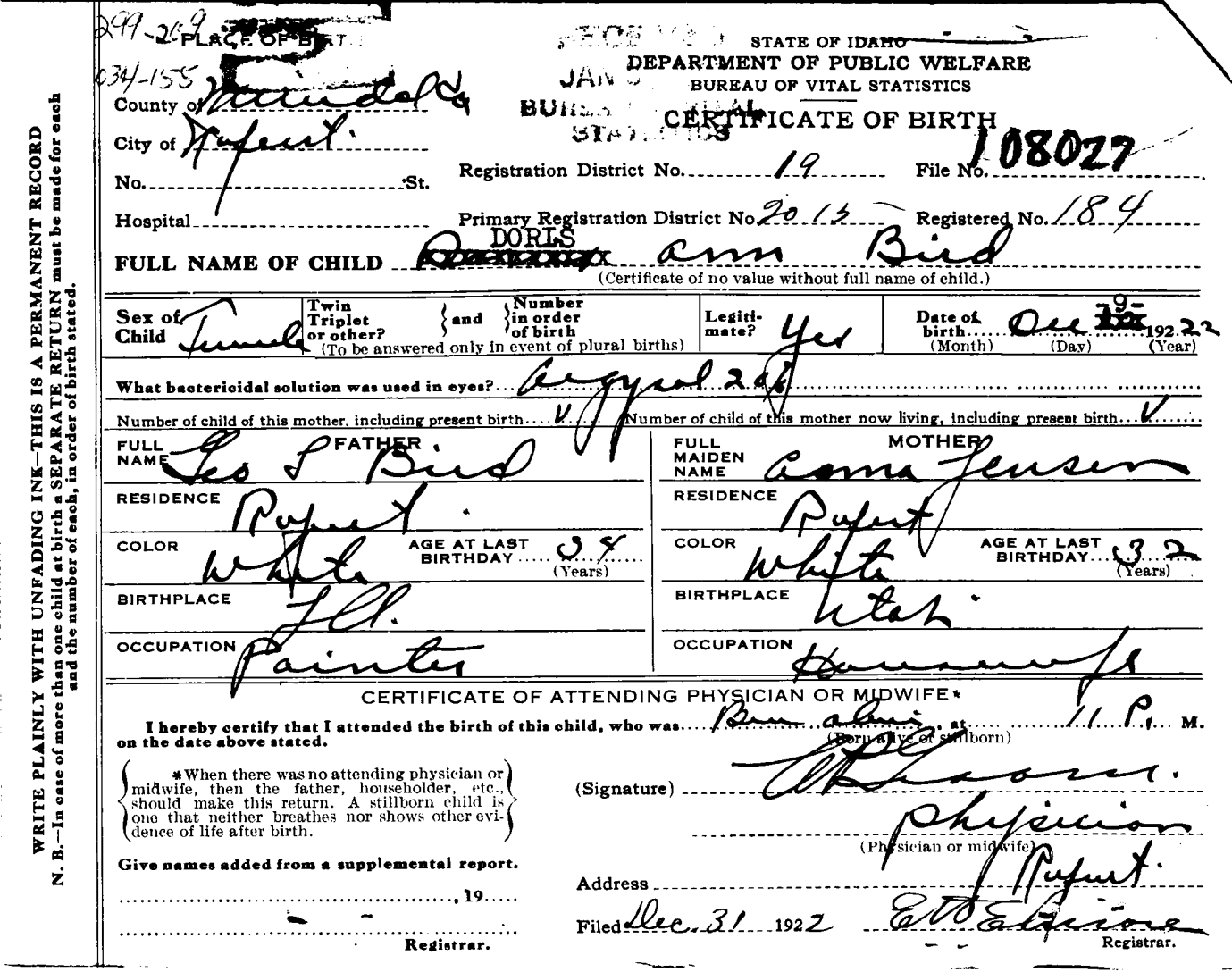
....., 192....

Registrar.

Address Sugar City Idaho

Filed 12/28 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



299-269 PLACE OF BIRTH

034-155

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 108027

Primary Registration District No. 2013 Registered No. 184

FULL NAME OF CHILD DORIS Ann Bird
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 9 1922

What bactericidal solution was used in eyes? Argyrol 2 %

Number of child of this mother, including present birth V Number of child of this mother now living, including present birth V

FATHER		MOTHER	
FULL NAME	Geo S Bird	FULL MAIDEN NAME	Anna Jensen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill.	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Rupert

Filed Dec. 31 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/26/41. w.h.

165-113-034-814

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 108028

Primary Registration District No. 2013 Registered No. 185

FULL NAME OF CHILD James Clinton Jones. Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Dec 17 1922

What bactericidal solution was used in eyes? Ag 203

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Clinton Jones	FULL MAIDEN NAME	Lucile Haughtaling
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Oregon	BIRTHPLACE	Mich.
OCCUPATION	Sugar Fact Emp.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Due alive 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Rupert

Filed Dec. 31 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-225-534-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108029

CERTIFICATE OF BIRTH 108029

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. .....

Hospital .....

Primary Registration District No. 2015 Registered No. 186

FULL NAME OF CHILD MARY LINDA CRIST
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 25 1922

What bactericidal solution was used in eyes? Argyol 2 %

Number of child of this mother, including present birth 111 Number of child of this mother now living, including present birth 111

FATHER		MOTHER	
FULL NAME	Harry Christ CRIST	FULL MAIDEN NAME	Elizabeth Burandie
RESIDENCE	Ammon Falls	RESIDENCE	Ammon Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Greece	BIRTHPLACE	Greece.
OCCUPATION	R.R. Emp.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rupert

Filed Dec 31 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1963

AUG 17 1942

389-110-034-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108030

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 187

FULL NAME OF CHILD JOHN J. Christ
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 10 1922

What bactericidal solution was used in eyes? Argyol 2%

Number of child of this mother, including present birth 111 Number of child of this mother now living, including present birth 111

FATHER		MOTHER	
FULL NAME	Jno Christ	FULL MAIDEN NAME	Alama Retinegre
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Rumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Loom

Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

.....
Registrar.

Address Rupert

Filed Dec. 31 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka

Certificate No. o 108030
Date Filed 11-28-41

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John Christ Jr. (Name on original certificate) who was Born (Was born or died) on 12-10-22 (Date of event)
in the Home at Rupert (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptist Papers (Bible record, insurance policy, etc.) prepared on 9-6-23 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Helmer Christ	John J. Christ, Jr.
John J. Christ Jr.		

Subscribed and sworn to before me this
day of November 28, 1941

Signed John Christ (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Home

Route 3 Rupert, Idaho
(Street Address, City, State)

My commission expires
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of November 28, 1941

Signed Nick Christ
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Home

Route 3 Rupert, Idaho
(Street Address, City, State)

My commission expires
[SEAL]

Received for filing on DEC 1 1941 By
(Registrar's signature)

293-209-034-439

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka

No. ..... St.

Hospital .....

Registration District No. 19 File No. 108031

Primary Registration District No. 2015 Registered No. 188

FULL NAME OF CHILD ~~Dorothy~~ Verna Bill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 9 1922

What bactericidal solution was used in eyes? Argyol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joe E Bill	FULL MAIDEN NAME	Verna Ulrich
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Tumbermen	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rupert

Filed Dec. 31 1922 E. W. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/13/41 L. B.

SEP 11 1962

285-103-034-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 2 19

CERTIFICATE OF BIRTH

108033

County of Minidoka

City of Heyburn

No. R Ad I St.

Registration District No. 19 File No.

Hospital

Primary Registration District No. 20157 Registered No. 190

FULL NAME OF CHILD Payne, Earl Sherman
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		1	Yes	Feb. 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol. AgNO3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Geo. Myron Payne	FULL MAIDEN NAME	Ethel Burton
RESIDENCE	Heyburn Idaho	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Missouri
OCCUPATION	Farm	OCCUPATION	Hswfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Burley Idaho

Filed Dec. 31 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/19/41. w.h.

296-104034-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Minadoka

City of Paul

No. ..... St.

Hospital .....

RECEIVED JAN 2 1923

CERTIFICATE OF BIRTH 108034

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 191

FULL NAME OF CHILD Carlyle Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 4, 1922

What bactericidal solution was used in eyes? 20% argyrol freshly prepared

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Methem Brown	FULL MAIDEN NAME	Amber Winn
RESIDENCE	Paul Idaho	RESIDENCE	Paul Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Almy Wyo.	BIRTHPLACE	Paryn Utah.
OCCUPATION	Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician.
(Physician or midwife)

Address Burley Idaho

Filed Dec. 31 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 26 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Paul

ST. Idaho

COUNTY Cassia

FILE NO. 108034

DATE OF BIRTH June 4 1922

SEX OF CHILD Male

FATHER Sam Brown

MOTHER Amber Wilson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Carlyle Sam Brown

Sam M Brown

Signature of Father or Mother

OCT 14 1943

NOV 28 1942

JAN - 7 1943

Affidavit.

State of Idaho)
County of Cassia) ss.

George M. Brown and Amber W. Brown, husband and wife, being first duly sworn deposes and says that they are citizens of the United States of America, and of the State of Idaho, and over the age of 21 years;

That they are the father and mother of Carlyle Brown,

That the said Carlyle Brown was born at Paul, Idaho, November 4th, 1922,

That the birth certificate of record in the office of the Bureau of vital statistics at Boise, Idaho, show his name as Carlyle M. Brown, that the true and correct name is CARLYLE BROWN.

That this affidavit is made for the propose of correcting the records accordingly.

Dated October 8, 1943.

George M Brown

Amber W. Brown

Subscribed and sworn to this 8th day of October, 1943.

Mack W. Crouch

Notary Public for Idaho,
Residing at Burley, Idaho.

My Commission expires May 25, 1945.

OCT 21 1943

231-159-034-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 2

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 19 File No. 108035

Primary Registration District No. 2015 Registered No. 192

FULL NAME OF CHILD Henry John Stark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	Yes	Sept. 9 1922

What bactericidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Carl L. Stark	FULL MAIDEN NAME	Marie Mai
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	So. Dakota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Burley

Filed Dec 20 1922 E. W. Johnson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

483-128-034-899

PLACE OF BIRTH

RECEIVED JAN 2 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka
City of Rupert
No. (St.
Hospital

Registration District No. 19 File No. 105036
Primary Registration District No. 2015 Registered No. 193

FULL NAME OF CHILD Charles Wilhelm Ahl
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 28 1922

What bactericidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 14 Number of child of this mother now living, including present birth 13

FATHER		MOTHER	
FULL NAME	Christian Ahl	FULL MAIDEN NAME	Louise Hinning
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Elmore M.D.
(Physician or midwife)
Address Rupert

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 12-31-1922 E. A. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

613-125-034-869

County of Mundoha

City of Rupert

No. ____ St.

Hospital ____

RECEIVED JAN 2 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105037

Registration District No. 19 File No. ____

Primary Registration District No. 2015 Registered No. 194

FULL NAME OF CHILD William Billy Deane Watson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 23 1922

What bactericidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Elvirdrew George Watson	FULL MAIDEN NAME	Frances Horsley
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Wyo
OCCUPATION	Restaurauteur	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 6 10 a. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Elmore M.D.

(Physician or midwife)

Address Rupert

Filed Dec 31 1922 E. D. Elmore

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

JAN 29 1952

962-222-034-419

PLACE OF BIRTH

RECEIVED JAN 2 BU...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of R.F.D. Rupert

No. ..... St.

Registration District No. 19 File No. 108038

Hospital ..... Primary Registration District No. 2015 Registered No. 195

FULL NAME OF CHILD Sydney Beatrice Ross
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 22nd 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph Thomas Ross, Jr	FULL MAIDEN NAME	Pearlie May Marshall
RESIDENCE	Heiner, Utah	RESIDENCE	Heiner, Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho.

Filed Dec. 31 1922 E. H. Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

FEB 2 9 1944

27-122-034-294

PLACE OF BIRTH

name added 9-13-82

JAN 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of P.O. Rupert

No. ..... St.

Registration District No. 19 File No. 108039

Hospital ..... Primary Registration District No. 2013 Registered No. 196

FULL NAME OF CHILD Mark Duane Saxton

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 22nd 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Elmer C. Saxton	FULL MAIDEN NAME	Cora Lillian Kidd
RESIDENCE	P.O. Rupert, Idaho	RESIDENCE	P.O. Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 05 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician

(Physician or midwife)

Address Rupert, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec. 31 1922 E. C. Elmore

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

8-17-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, State and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 10 11 55 AM '82

State of _____ } ss.
County of _____

Certificate No. 108039
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Saxton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 22, 1922 (Date of Event)

in Rupert (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Mark Duane Saxton

Subscribed and sworn to before me this 30th day of Aug, 1982

Notary Public, [signature]
Residing at Burley
My commission expires [illegible]
(Seal)

X Mark Duane Saxton
Signature of Applicant
2925 Kossuth - Butte, Montana
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of McCassia } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of September, 19 82

Notary Public, [signature]
Residing at Burley
My commission expires March 1984
(Seal)

X Fern Jensen
Supporting Signature
1863 Wash. ave Burley Idaho 83318
Street Address, City, State

lcc pd

Honorable Discharge from U.S. Navy gives Mark Duane Saxton was discharged on April 2, 1946. Viewed by V.S.

SEP 13 1982

Application for insurance from Metropolitan Life Ins Co gives Mark D Saxton born in Idaho on 12-22-22 as applicant. Application is dated 11-15-69. Viewed by V.S.

163-227-034-492

PLACE OF BIRTH

RECEIVED JAN 2 ... BUR... STA...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of P.O. Rupert

No. ..... St.

Registration District No. 19 File No. 108040

Hospital .....

Primary Registration District No. 9015 Registered No. 197

FULL NAME OF CHILD Helen Jolley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 27th 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James B. Jolley	FULL MAIDEN NAME	Helen M. Misner
RESIDENCE	PO Rupert Ida.	RESIDENCE	P.O. Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician
(Physician or midwife)

Address Rupert, Idaho

Filed Dec. 31 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 2[illegible] 19[illegible]
BUREAU OF
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 19[illegible]

Dear Madam:

The name of your baby was not filled in on the birth
ficate sent to this office. It is of vital importance to have the
included in the record. Kindly fill in the information requested i
blank below and return this sheet at your earliest convenience in t
closed self-addressed envelope.

BUREAU OF VITAL STATI

* * * * * * * *

Place of Birth
CITY Rupert
ST.
COUNTY Minidoka
FATHER J. B. Jolley

FILE NO. 10804
DATE OF BIRTH Dec 27
SEX OF CHILD Female
MOTHER Helen Mis
(Maiden Nam

I HEREBY CERTIFY that the child herein described has been named:

Helen.

Mrs. J. B. Jol

Signature of Father

497-202.034-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka RECEIVED JAN 2 BUREAU

City of Rupert, P.O. Registration District No. 19 File No. 108011

No. ____ St. ____

Hospital ____ Primary Registration District No. 2012 Registered No. 198

FULL NAME OF CHILD Dorothy Bell Mix
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec 7th 1922

What bacteriocidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Clarence Vernon Mix	FULL MAIDEN NAME Elsie May Thomas
RESIDENCE R.F.D. Rupert, Minidoka Co. Ida.	RESIDENCE R.F.D. Rupert, Minidoka Co. Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kansas	BIRTHPLACE New Zealand
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 31 1922 Etta Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1947

191-112-034-633

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Minidoka
City of Rupert
No. RFD St.
Hospital

Registration District No. 19 File No. 108042
Primary Registration District No. 2015 Registered No. 199

FULL NAME OF CHILD Elwin Praegitzer
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 12 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 12

FATHER	MOTHER
FULL NAME Gottlieb Praegitzer	FULL MAIDEN NAME Christina Ottoner
RESIDENCE Minidoka Co Idaho	RESIDENCE Minidoka Co. Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 00 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Leland Praegitzer
Physician
(Physician or midwife)

Address Rupert Idaho

Filed Dec 31 1922 A D Falconer
Registrar.

816-129-034-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of R.F.D. Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 108013

Primary Registration District No. 2015 Registered No. 200

FULL NAME OF CHILD Norval Valworth Hawk
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 29th 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Delbert Guy Hawk	FULL MAIDEN NAME	Lottie Mae Keith.
RESIDENCE	R.F.D. Rupert, Minidoka Co. Idaho	RESIDENCE	Minidoka Co. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer — Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed Dec. 31 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-230-235-919

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Peck

No. — St.

Registration District No. 93 File No. 108044

Hospital —

Primary Registration District No. 2371 Registered No.

FULL NAME OF CHILD Doris Vivian Platt
(Certificate of no value without full name of child.)

Sex of Child: Female | Twin, Triplet or other? — | and Number in order of birth — | Legitimate? Yes | Date of birth (Month) Jan (Day) 30 (Year) 192 2

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth Two Number of child of this mother now living, including present birth Two

FATHER

FULL NAME: Walter Platt

RESIDENCE: Peck Ida

COLOR: White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: U.S. Mail Carrier

MOTHER

FULL MAIDEN NAME: Carol Parker

RESIDENCE: Peck Ida

COLOR: White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt
Physicians
(Physician or midwife)

Address Peck Idaho

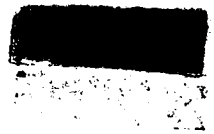
Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/4 192 2 Daniel Lyle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 1 8 1967

863-213-035-36

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lenore

Registration District No. 93

File No. 108095

No. ..... St.

Primary Registration District No. 2371

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lola Martha Hollingsworth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X		X	Yes.	2/3/22

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar F. Hollingsworth	FULL MAIDEN NAME	Madge Logan ~~Hollingsworth~~
RESIDENCE	Lenore Idaho	RESIDENCE	Lenore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Morswell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed 4-1 19 22 Daniel Lyle

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 29 1923
BUREAU OF VITAL STATISTICS
BOISE, IDAHO

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho ____ 192 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 108045

(ST. _____ DATE OF BIRTH Nov. 20. 1919

(COUNTY Nez Perce SEX OF CHILD Female X

FATHER Oscar Hollingsworth MOTHER Madgen Logan (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lola Martha Hollingsworth

Mrs. Oscar Hollingsworth

Signature of Father or Mother.

433-213 235-395

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Registration District No. 93 File No. 108046

Primary Registration District No. 2371 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bonnie JEAN McCollister

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	March 13 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hiram Franklin McCollister	FULL MAIDEN NAME	Martha Lincoln
RESIDENCE	Peck Idaho	RESIDENCE	Peck Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now-living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W. Horswell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Orofino Idaho

Filed 4-15 1922 Daniel Lyle Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 108046

State of Idaho } ss.
County of Clearwater }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Bonnie — McCollister (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Mar. 13 1922 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Personal Knowledge of Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 2/10/43 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Bonnie	Bonnie Jean McCollister

Subscribed and sworn to before me this 10
day of Feb. 1943
Chas. W. Eastman
Notary Public, residing at Orofino
My commission expires Mar 28 1946
(SEAL)

Signed Mattie E. McCollister
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Orofino
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of Feb. 1943
Chas. W. Eastman
Notary Public, residing at Orofino
My commission expires Mar 28 1946
(SEAL)

Signed George Helm
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 2 3 1943

947-117-035-291

PLACE OF BIRTH

Amended 2-14-78

County of ~~Nez Perce~~

City of Nez Perce

No. ..... St.

Hospital .....

RECEIVED JAN 1 1 ... BUREAU ... STATE

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 108047

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Billy James Rugg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 17 1922

FATHER		MOTHER	
FULL NAME	William H. Rugg.	FULL MAIDEN NAME	Reva Bratcher.
RESIDENCE	Pick Ida	RESIDENCE	Pick Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebraska	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Horswell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

..... Registrar

Filed 1-1- 1923 Daniel Lyle
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 27 3 14 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 108047

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Billie Rugg (Name on Original Certificate) who was born (Was Born or Died) on Oct. 17, 1922 (Date of Event)
in Nez Perce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Billie Rugg	Billy James Rugg

Subscribed and sworn to before me this 23rd day of January, 19 78
Dana D. Eller
Notary Public, residing at Lewiston
My commission expires 7-1-80
(Seal)

Signed Mrs. Billy James Rugg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/13/74 nm

Census Marshal's Report for Year Beginning Sept. 4, 1935 in School Dist. # 17 in the County of Nez Perce, Idaho. This report gives name as Billy , son of Jack Rugg, Lenore, Idaho. Census Reprot issued Sept. 19, 1935.
Viewed by V. S.

Army of the United States gives name as Billy J. Rugg on his Honorable Discharge issued August 17, 1946. Entered service July 21, 1944. Birthdate is given as October 17, 1922. Separated Aug. 17, 1946.
Viewed by V. S.

261-103-035-599

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JAN 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105045

County of Nez Perce

City of Culdesac Idaho

Registration District No. 128 File No.

No. St.

Primary Registration District No. Registered No.

Hospital Culdesac Maternity

FULL NAME OF CHILD Carl Swanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8 3 1922

FATHER		MOTHER	
FULL NAME	Andrew Swanson	FULL MAIDEN NAME	Elsie Victoria Erickson
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gagnaud
Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

19

Registrar

Filed August 1922 George Gagnaud
Registrar

JUL 21 1953

296-228-035-114

RECEIVED
JAN 12 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of New Culdesac Ida. Registration District No. 128 File No. 108049

No. ____ St.

Primary Registration District No. Culdesac Precinct Registered No. ____

Hospital ____

FULL NAME OF CHILD Elsie May Broncheau

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			yes	8	28	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Bronchaeu	Susie James
RESIDENCE	Culdesac Idaho	Culdesac Idaho
COLOR	Red	Red
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10: 1, M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard
Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

19____

Registrar

Filed Aug. 1 1922 George Gaignard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

436-111-075-414

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of near Culdesac Ida.

Registration District No. 128 File No. 108050

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital Culdesac Veterinary

FULL NAME OF CHILD Charles Theodore McFarlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	9 11 1922

FATHER	MOTHER
FULL NAME: Charles C. McFarlin	FULL MAIDEN NAME: Catherine Dambacher
RESIDENCE: Culdesac Idaho	RESIDENCE: Culdesac Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) George Gaignard
Physician
(Physician or midwife)

Address Culdesac Idaho

Filed Sept. 19 1922 George Gaignard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1944

652/18 035 - 617

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Ida.

Registration District No. 128 File No. 108061

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital Culdesac Veterinary

FULL NAME OF CHILD Clifford Arthur Fellows

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	9	18	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Virgil Fellows	Lelia Wagner
RESIDENCE	Culdesac Idaho	Culdesac Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Common Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept. 19 22 George Gaignard

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-223-035-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 12 1923

CERTIFICATE OF BIRTH

108052

County of Nez Perce

City of Culdesac

Registration District No. 428

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital Culdesac + Vicinity

FULL NAME OF CHILD Mary Louise Tough

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct. 23 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuels Robert Tough	Lillian Madge Williams
RESIDENCE	Culdesac Idaho	Culdesac Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Idaho	Washington
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

(Signature) George Gaignard

Physician (Physician or midwife)

Address Culdesac Idaho

Filed Oct 19 22 George Gaignard MD
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN

316-130-035-366

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Idaho

Registration District No. 125 File No. 108053

No. ..... St.

Primary Registration District No. Culdesac Precinct Registered No. .....

Hospital .....

FULL NAME OF CHILD John Beverly Law

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				yes	10	30	22

	FATHER	MOTHER
FULL NAME	Walter L. Law	FULL MAIDEN NAME Stella Cofflond
RESIDENCE	Culdesac Idaho	Culdesac Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Kentucky	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Culdesac Idaho

Filed Oct 19 22 George Gaignard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1974

NOV 16 1942

958-101-C35-142

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108054

County of Shoshone

City of Culdesac Idaho. Registration District No. 128 File No.

No. St.

Hospital Culdesac Maternity Primary Registration District No. Registered No.

FULL NAME OF CHILD William Adrian Reynolds

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	12 / 1 / 1922

FATHER		MOTHER	
FULL NAME	William Elmer Reynolds	FULL MAIDEN NAME	Mildred Loretta Austin
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaymard

Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec. 19 22 George Gaymard
Registrar

666-20-2-035-299

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Idaho

Registration District No. 128 File No. 108055

No. ..... St.

Hospital Culdesac [illegible] Infirmary

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Geneline Lillian Woolley

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 12 (Month) 2 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Paul Wilbur Woolley	FULL MAIDEN NAME Ethel Ellen Kirkpatrick
RESIDENCE Culdesac Idaho	RESIDENCE Culdesac Idaho.
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 19 22 George Gaignard
Registrar

JAN 11 1943

289-223-035-154

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Nez Perce — JAN 12 192[illegible] — CERTIFICATE OF BIRTH

City of Culdesac — Registration District No. 128 — File No. 108056

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Culdesac Precinct

FULL NAME OF CHILD Josephine Waydee Shinn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	12	23	1922

	FATHER	MOTHER
FULL NAME	Joseph Shinn	FULL MAIDEN NAME Nora Anderson
RESIDENCE	Culdesac Idaho.	Culdesac Idaho
COLOR	1/16 Red	White
AGE AT LAST BIRTHDAY (Years)	47	42
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Common Laborer	Housewife

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard
Physician
(Physician or midwife)

Address Culdesac Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 19 22 George Gaignard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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719-128-035-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai Idaho

Registration District No. 128 File No. 108057

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Culdesac & Vicinity

FULL NAME OF CHILD Ellenwood Parr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Basil Parr	FULL MAIDEN NAME	Agnes Hill
RESIDENCE	Lapwai Idaho	RESIDENCE	Lapwai Idaho
COLOR	Red 1/2	COLOR	Red 1/2
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Culdesac Idaho

Filed Dec. 1922 George Gaignard Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-10-035-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 1923

CERTIFICATE OF BIRTH

108058

County of Nezperce

City of

No. East Lewiston Registration District No. 96 File No.

Hospital Primary Registration District No. 1009 Registered No. 247

FULL NAME OF CHILD Robert Norman Lee
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 1 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	L. H. Lee	FULL MAIDEN NAME	Mary E. Sloane
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:30 P. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. E. Carson
(Physician ~~or midwife~~)

Address Lewiston, Idaho

Filed 1/8/1923 F. C. Hamm
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-230-[illegible]-485

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

County of Nez Perce
City of Lewiston
No. 2413 8 ave St.
Hospital

Registration District No. 96
Primary Registration District No. 1009

File No. 108059
Registered No. 248

FULL NAME OF CHILD Darlene Grace Woodruff
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		yes	Nov. 30th 1922

What bactericidal solution was used in eyes? 15% argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Roy Chester Woodruff	FULL MAIDEN NAME	Elmina Dyer
RESIDENCE	2413 8 ave Lewiston Ida	RESIDENCE	2413 8 ave Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Paris Ill	BIRTHPLACE	Knoxville Tenn
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Clark
Physician
(Physician or midwife)

Address Lewiston Idaho

Filed 1/8/ 1923 P. P. Hawn
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 108059

Date Filed Feb. 16, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Darlene Grace Woodruff (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on November 30, 1922 (DATE OF EVENT) in Lewiston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 16, 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Darlene Grace Woodruff
Date	December 2nd	Nov. 30, 1922

Subscribed and sworn to before me this 16 day of February, 1943.

Notary Public, residing at Lewiston Idaho

My commission expires 1947.

(SEAL)

Signed Elmina Woodruff

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of February, 1943.

Notary Public, residing at Lewiston Idaho

My commission expires 1947.

(SEAL)

Signed Elmina Woodruff

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

212 - 5th Street - Lewiston Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

SEP 13 1956

FEB 19 1943

719-202-035-752

RECEIVED JAN 1 1923 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 302-7th Ave. St.

Registration District No. 96 File No. 108060

Hospital

Primary Registration District No. 1009 Registered No. 249

FULL NAME OF CHILD Janice Rose Garby
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec-2-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Louis Garby	FULL MAIDEN NAME	Rose Gesellchen
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mont.
OCCUPATION	Postal Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5. A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lewiston, Idaho

Filed 1/8/1923 F. P. Hamm
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1970

795-203-035 4/15

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston.

Registration District No. 96 File No. 108061

No. ..... St.

Primary Registration District No. 1009 Registered No. 250

Hospital .....

FULL NAME OF CHILD Lillian Margaret Lincoln

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	✓	✓	Yes	Dec 3 19 22

FATHER		MOTHER	
FULL NAME	Arthur Lincoln.	FULL MAIDEN NAME	Lillian A. Manning.
RESIDENCE	Orest River Ida	RESIDENCE	Orest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager
Physician.
(Physician or midwife)

Address Lewiston, Ida.

n names added from a supplemental report.

..... 19.....

Registrar.

Filed 1/8/ 19 23 F. L. Hall
Registrar.

...N RESERVED FOR BINDING

...Y WITH UNFADING INK—THIS IS A PERMANENT RECORD
more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

OCT 23 1952

431-103-035-236

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 11 1923

County of Nezperce

City of Lewiston

No. 1912 G. St. St.

Registration District No. 96 File No. 108062

Primary Registration District No. 1009 Registered No. 251

Hospital

FULL NAME OF CHILD Keith Gordon McAlister

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	12 - 3 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur E. McAlister	FULL MAIDEN NAME	Helen Scott
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Oregon.
OCCUPATION	Salesman for Swift	OCCUPATION	Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston, Idaho

19

Filed 1/8/ 1923 P. T. Hen[illegible]

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 10 1942

663-264-635-365

PLACE OF BIRTH

RECEIVED JAN 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108063

County of Nezperce
City of Lewiston
No. ..... St.
Registration District No. 96 File No. .....
Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 252

FULL NAME OF CHILD Lillian Margaret Falwell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 4 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jack Raymond Falwell	FULL MAIDEN NAME	Emma O. Lantz
RESIDENCE	Lewiston RD # 2.	RESIDENCE	Some
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho.
OCCUPATION	Truck Gardner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
(Physician or midwife)

Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

Johnson
Registrar.

Filed 1/8/1923 F. P. Hann
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1973

297-212-035-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 192

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. 1338-G- St.
Hospital

Registration District No. 96 File No. 108064
Primary Registration District No. 1009 Registered No. 253

FULL NAME OF CHILD Cleo Virginia Sipes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 12 - 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	A. Leroy Sipes	FULL MAIDEN NAME	Irma L. Walker
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn	BIRTHPLACE	North Dakota
OCCUPATION	Truckdriver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9:30 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carlson
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lewiston, Idaho

Filed 1/8/ 1923 F. T. Hamm
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1943

617-112-035-964

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108065

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

County of Nezperce
City of Lewiston
No. ..... St.
Hospital St. Joseph

Registration District No. 96 File No. .....
Primary Registration District No. 1009 Registered No. 254

FULL NAME OF CHILD RICHARD WILEY WAGNER ~~Wagner~~
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 12, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Wagner Wiley T. Wagoner	FULL MAIDEN NAME	Maggie Rominger
RESIDENCE	Clarkston Wash	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Tennessee	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson
(Physician or midwife)

Give names added from a supplemental report.

..... , 19....

Address Lewiston Idaho

Johnson ..... Registrar.

Filed 1/8/ 1923 P. T. Harris, Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 108065

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) birth for Richard Wiley Wagner (Name on Original Certificate) who born (Was Born or Died) on 12/15/22 (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name Wagoner	Richard Wiley Wagner
name of father	Wiley T. Wagoner	Wiley T. Wagner

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Wiley T Wagner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 1942

Notary Public, residing at Lewiston, Idaho

My commission expires
(Seal)

Signed O M Wagner
(Signature of Any Credible Person Other Than Previous Years)

(Street Address, City, State)

FEB 28 1942

MAY 21 1964

253-113-035-454

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. St.
Hospital St. Josephs

RECEIVED JAN 1923 BUREAU OF VITAL STATISTICS

Registration District No. 96 File No. 108066
Primary Registration District No. 1009 Registered No. 255

FULL NAME OF CHILD James Robert Kettman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 13 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Christian W. Kettman	FULL MAIDEN NAME	Adeline Anna Medved
RESIDENCE	Nezperce, Idaho	RESIDENCE	Nezperce, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wash.	BIRTHPLACE	Minn.
OCCUPATION	Banker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson
(Physician ~~or midwife~~)

Address Lewiston, Idaho

Filed 1/8/ 1923 P. T. Harris
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1944

413-118-035-168

PLACE OF BIRTH

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108067

County of Nezperce
City of Lewiston
No. ..... St.
Hospital St. Joseph's

Registration District No. 96 File No. .....
Primary Registration District No. 1009 Registered No. 257

FULL NAME OF CHILD Wm. E. Mattix
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec-18-1922

What bactericidal solution was used in eyes? 20 o/o Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm. E. Mattix	FULL MAIDEN NAME	Margaret M. Johnson
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lewiston, Idaho

Filed 1/8/ 1923 F. T. Hann
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1942

235-11-8-035-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 96 ### File No. 108068

Hospital St Joseph's Primary Registration District No. 1009 Registered No. 257

FULL NAME OF CHILD Clifford Stevens Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 18 1922

What bactericidal solution was used in eyes? Clifford Stevens Jr

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clifford Stevens	FULL MAIDEN NAME	Mabel Graham
RESIDENCE	Winchester - Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oregon	BIRTHPLACE	Wisconsin
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Broadbent
(Physician or midwife)

Address Lewiston - Idaho

Give names added from a supplemental report.

....., 19.....

Filed 1/8/ 1923 F. T. Hawes
Registrar.

Broadbent
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1943

218-221-035-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 11 ... STATISTICS

County of Nez Perce

City of Lewiston

No. 508 4 Ave St.

Registration District No. 96 File No. 108069

Hospital

Primary Registration District No. 1009 Registered No. 258

FULL NAME OF CHILD Josephine Mamie Kayler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Hem		Yes	Dec 21 1922

What bactericidal solution was used in eyes? 15% argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	James Henry Kayler	FULL MAIDEN NAME	Harriett Elisabeth Benscoter
RESIDENCE	Peck Idaho	RESIDENCE	Peck Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Peck Idaho	BIRTHPLACE	Kendrick Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Clark
Physician
(Physician or midwife)

Address Lewiston Idaho

Filed 1/8/ 1923 F. T. Harris
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 4 1945

792-221-035-636

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. ..... St.
Hospital St. Joseph's

Registration District No. 96 File No. 108070
Primary Registration District No. 1009 Registered No. 259

FULL NAME OF CHILD Genne Elizabeth Gibson
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec. 21, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20 % argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Monte M. Gibson	FULL MAIDEN NAME	Nathalie Flournoy
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carson
(Physician ~~or midwife~~)

Address Lewiston, Idaho

Filed 1/8/1923 F. T. Hann
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1971

291-223-035-399

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 1 1923

County of Nez Perce
City of Lewiston
No. 1513-G St.
Registration District No. 96 File No. 108071
Hospital
Primary Registration District No. 1009 Registered No. 260

FULL NAME OF CHILD Bettie Jane Bradley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	12-23-1922

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jay J. Bradley	FULL MAIDEN NAME	Nellie J. Cridlebaugh
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oreg	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2:45 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyle
(Physician ~~or midwife~~)

Address Lewiston Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 1/8/1923 F. P. Hamm
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 1 9 1976

OCT 24 1956

DECEASED

789-226-035-392

PLACE OF BIRTH

RECEIVED JAN 1 - 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of [redacted] Lewiston

No. ..... St.

Registration District No. 96 File No. 108072

Hospital St. Josephs Primary Registration District No. 1009 Registered No. 261

FULL NAME OF CHILD Jane Culbeisa McPhillips

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec 26 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Phillips	FULL MAIDEN NAME	Elizabeth Lubert
RESIDENCE	Reuben Idaho	RESIDENCE	Same
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wash.	BIRTHPLACE	Wisconsin
OCCUPATION	Farming	OCCUPATION	H Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Broadbent

(Physician or midwife)

Address Lewiston, Ida.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 1/8/1923

[redacted] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Broderick

MAR 7 1962

515-127.035-279

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. 0210-7th St.
Hospital

Registration District No. 96 File No. 108073
Primary Registration District No. 1009 Registered No. 262

FULL NAME OF CHILD Harold Lewis Vandenburg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 27 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Benj M. Vandenburg	FULL MAIDEN NAME	Ethel V. Spielman
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 7.10 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson
(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed 1/8/1922 F. T. Harris, M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1954

JUL 26 1944

386-228-035-515

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108074

County of Nezperce
City of Lewiston
No. ____ St.
Hospital St. Joseph's

Registration District No. 98
Primary Registration District No. 1009
File No. ____
Registered No. 263

FULL NAME OF CHILD Jacqueline Anne Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Dec 28 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph B. Thompson	FULL MAIDEN NAME	Mary Eaves
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Accountant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 1. A. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Eaves
(Physician ~~or midwife~~)
Address Lewiston, Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 1/8/ 1923
P. T. Hanna
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1945

243--229-035-959

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108075

County of Nez Perce

City of Lewiston

No. 1504 main St. Registration District No. 96 File No.

Hospital White Primary Registration District No. 1009 Registered No. 264

FULL NAME OF CHILD Harriet Jean Burn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		yes	Dec 29 1922

What bactericidal solution was used in eyes? 15% arg. prot.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Le Grand Abby Burn	FULL MAIDEN NAME	Josephine Reilly
RESIDENCE	515, 10 St. Clarkston Wash	RESIDENCE	515, 10 St. Clarkston Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Lincoln Neb	BIRTHPLACE	Fawler Iowa
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Clark
physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lewiston Idaho.

Filed 1/8/1923 F. T. Harris
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-104-035-966

Form V. S. No. 11. C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 1922

County of Nez Perce

City of 7 miles East of Lapwai

Registration District No. 97

File No. 10[redacted]

No. ..... St.

Primary Registration District No. 2174

Registered No. 11[redacted]

Hospital .....

FULL NAME OF CHILD GLEN GRANT Law

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C. Law	FULL MAIDEN NAME	Della Elanor Rowland
RESIDENCE	7 mi East of Lapwai	RESIDENCE	7 miles East of Lapwai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lapwai Ida

Filed Nov 10th 1922 William [illegible] Hatel

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO OCT 16 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of NezPerce } ss.

Certificate No. 108076

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ernest Law (Name on Original Certificate) who born (Was Born or Died) on 11-4-22 (Date of Event)
in Culdesac (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy & family record, prepared on (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ernest	Glen Grant Law

Subscribed and sworn to before me this 13
day of Oct., 1942

Notary Public, residing at Culdesac, Idaho.

My commission expires Feb. 27th.1943
(Seal)

Signed Della E Law, Mother,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Culdesac, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 3 1971

OCT 15 1942

457-116-035-613

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Nez Perce

City of Ft Lapwai

Registration District No. 97

File No. 108077

No. ..... St.

Primary Registration District No. 2174

Registered No. 12

Hospital .....

FULL NAME OF CHILD Virgil Wayne Degner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Gustave Degner	FULL MAIDEN NAME	Harriet Ella Walker
RESIDENCE	Ashwood, Oregon	RESIDENCE	Ashwood, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Russell, Minn.	BIRTHPLACE	Braddock, N. Dak.
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 830a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith, M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ft Lapwai Ida

Filed Nov 20 1922 William P. Hall

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-219-035-[illegible]

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Neg Perce

City of Ft Lapwai

Registration District No. 97 File No. 108078

No. ..... St.

Primary Registration District No. 2174 Registered No. 13

Hospital .....

FULL NAME OF CHILD Maxine Fern Henderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov 19 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude Rollin Henderson	FULL MAIDEN NAME	Esther Julia Miles
RESIDENCE	Ft Lapwai	RESIDENCE	Ft Lapwai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Johnson, Wash.	BIRTHPLACE	Virginia
OCCUPATION	Village Marshall	OCCUPATION	House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Ft Lapwai

Filed Nov 20. 1922 William P. H. Hand

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

23/-11?-035-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108079

County of Nez Perce
City of Spalding
No. ..... St. .....
Hospital .....

Registration District No. 97
Primary Registration District No. 2174
File No. 14
Registered No. .....

FULL NAME OF CHILD Lloyd Staley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov. 17 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alpha Staley	FULL MAIDEN NAME	Maude Green
RESIDENCE	Spalding	RESIDENCE	Spalding
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	North Carolina
OCCUPATION	Section Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3.45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H Habel M.D.
(Physician or midwife)

Address Lapwai Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Nov. 18 1922 William H Habel
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-227-035-689

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108080

County of Nez Perce

City of Lapwai

Registration District No. 97 File No. 15

No. ..... St.

Primary Registration District No. 2174 Registered No. .....

Hospital .....

FULL NAME OF CHILD Catherine Elizabeth Maund

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Maund.	FULL MAIDEN NAME	Lillie Maud White
RESIDENCE	Lapwai. Idaho.	RESIDENCE	Lapwai, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33.
BIRTHPLACE	England	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. Keck M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Fort Lapwai Indian Sanatorium Lapwai Ida

Filed Nov. 30 1922 William H. Hart
Registrar.

Registrar.

MARGIN ... ED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 4 1946

235-212-235-442

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

108981

County of Nez Perce

City of Gifford

Registration District No. 92 File No.

No. St.

Primary Registration District No. 270 Registered No. 11

Hospital

FULL NAME OF CHILD Willetta Dorin Blewett

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	yes	12 12 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Danl W Blewett	Lilly Dunbar
RESIDENCE	Gifford	Gifford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	52	39
BIRTHPLACE	Wis	Iowa
OCCUPATION	mail carrier	keeper

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) E. E. Watts

(Physician or midwife)

Address

Filed 12-12 1922 E. E. Watts Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1944

313-214-035-642

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 108082

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

County of Nez

City of Agatha

No ____, ____ St.

Registration District No. 92 File No. 10

Primary Registration District No. 2170 Registered No. 13

Hospital ____

FULL NAME OF CHILD Myrtle Jane Gate

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		7		Dec 14 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Gate	Carrie Overlead
RESIDENCE	Agatha	Agatha
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Oregon	Oklahoma
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 8 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E A Johnston

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 12-22-1922 E. E. Watts

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

K

[illegible]

416-213-035-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

108083

County of Nez Perce

City of Agatha

No. ....., ... St.

Hospital .....

Registration District No. 92 File No. 10

Primary Registration District No. 2170 Registered No. 12

FULL NAME OF CHILD Vilet Cela Dawson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes	Dec 13 1922

FATHER		MOTHER	
FULL NAME	William Winter Dawson	FULL MAIDEN NAME	Lura May Thornton
RESIDENCE	Agatha	RESIDENCE	Agatha
COLOR	white AGE AT LAST BIRTHDAY 24 (Years)	COLOR	white AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was abit (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mrs E A Johnston

Filed 12-22 1922 E. E. Watts

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF OHIO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD

Sex of Child	Date of Birth	Legal Birth	Date of Birth
Full Name	FATHER	Full Maiden Name	MOTHER
Residence		Residence	
Age at Last Birthday		Color	Age at Last Birthday
Birthplace		Birthplace	
Occupation		Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Signature of attendant

Address

4/13-22-635-763

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108084

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St. ..... Registration District No. 97 File No. 18

Hospital ..... Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD Clara May Mattoon.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes.	12/27/1922

What bactericidal solution was used in eyes? Argyrol 25%.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Will Mattoon	Anna Goldner.
RESIDENCE	~~Lapwai~~ Culdesac R.F.D.	Culdesac R.F.D.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	37	35
BIRTHPLACE	Iowa.	Minn.
OCCUPATION	Farmer	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William F. Hahl
M.D.
(Physician or midwife)

Address Lapwai.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 12/27/1922 William F. Hahl
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1942

239-223-035-437

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

County of Nez Perce
City of Lewiston
No. ..... St. .....
Hospital .....
Registration District No. 97
Primary Registration District No. 2174
File No. 108085
Registered No. 17

FULL NAME OF CHILD Orah Belle Slusher
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	12/23/1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lon. D. Slusher	FULL MAIDEN NAME	Stella M. Gelle
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	House mgr.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hart M.D.
(Physician or midwife)

Address Lapwai

Filed Dec 27 1922 William P. Hart
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

294-102-035-457

PLACE OF BIRTH

RECEIVED JAN 4 1923 [illegible] VITAL [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Nez Perce

City of Sweetwater

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

108086

Registration District No. 97 File No. 16

Primary Registration District No. 2174 Registered No. 16

FULL NAME OF CHILD Sewell Judson Briggs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12/2/1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Seymour Briggs	FULL MAIDEN NAME	Lela DePartee
RESIDENCE	Sweetwater	RESIDENCE	Sweetwater
COLOR	White AGE AT LAST BIRTHDAY 20 (Years)	COLOR	white AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H. Hatch
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Lapwai

Filed Dec 3 1922 William H. Hatch
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1942

165-102-036-165

PLACE OF BIRTH RECEI[redacted] JAN 11 1923 [redacted] VITAL STATI[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ouida

City of Malad

Registration District No. 26 File No. 108087

No. ..... St.

Primary Registration District No. 206g Registered No. 199

Hospital .....

FULL NAME OF CHILD Farrell Jedd Jones

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 12 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Henry T. Jones.	FULL MAIDEN NAME	Carrie Jones
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:55 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida

Registrar

Filed Jan 4 1923

R T Maurer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho ~~1923~~ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

RECEIVED MAR 24 1923 BUREAU OF VITAL STATISTICS

Place of Birth

CITY Malad

ST. Main

COUNTY Oneida

FATHER Henry I. Jones

FILE NO. 108087

DATE OF BIRTH Dec 2, 1922

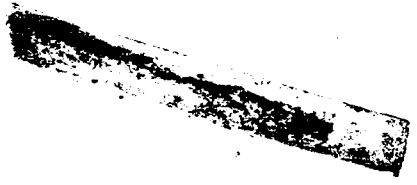
SEX OF CHILD Male

MOTHER Carrie D. Jones
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Farrell Jedd Jones

Mrs. Henry I. Jones
Signature of Father or Mother.



SEP 2 1 1943

551-106-036-165

RECEIVED JAN 11 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 108088

Primary Registration District No. 2069 Registered No. 200

FULL NAME OF CHILD Jonah Jr. Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jonah M Evans	FULL MAIDEN NAME	Thelma Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Jan 4 1923 R J Manes Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Pleasant
ST. View.
COUNTY Ansieda

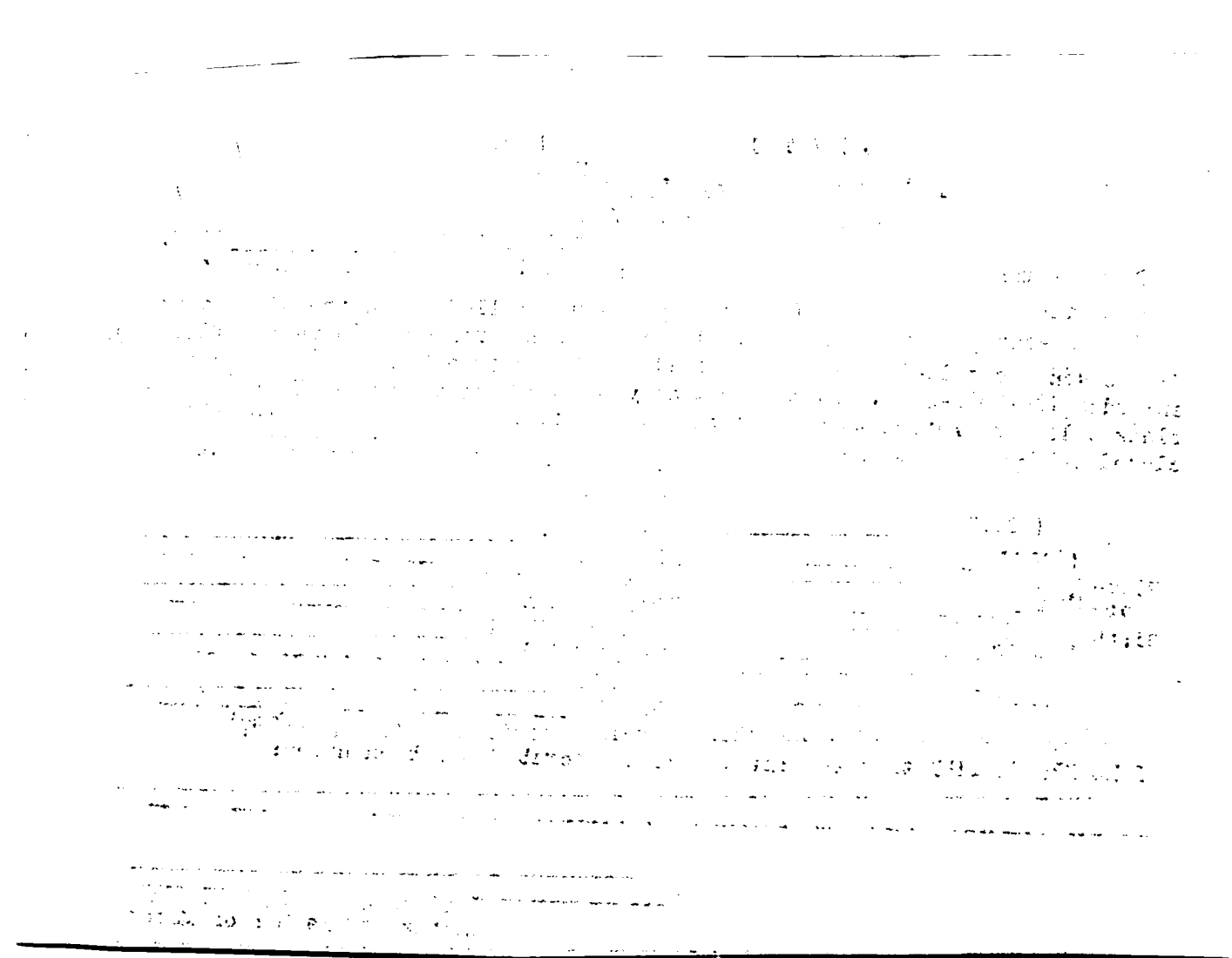
FILE NO. 108088
DATE OF BIRTH 10th of Dec.
SEX OF CHILD Male

FATHER Jonah M. Evans, MOTHER Thelma Jones (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Jonah Junior Evans

Thelma Evans,
Signature of Father or Mother.



575-215-036-619

RECEIVED
JAN 11 19..
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 108089

No. ..... St.

Primary Registration District No. 2069 Registered No. 201

Hospital .....

FULL NAME OF CHILD Thelma Pearl Vanderwood

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jos. J. Vanderwood	FULL MAIDEN NAME	Pearl A. Wardle
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Jan 4 1923 R T Maner M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

JAN 7 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Malad
ST. Idaho.
COUNTY Oneida

FILE NO. 108089
DATE OF BIRTH Dec. 15 - 1922.
SEX OF CHILD Female
FATHER Joseph J. Vanderwood
MOTHER Pearl A. Vanderwood. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:
Thelma Pearl Vanderwood

Pearl Wardle Vanderwood.
Signature of Father or Mother

613-216-036-295

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 108090

Primary Registration District No. 2069 Registered No. 202

FULL NAME OF CHILD Caroline Facer

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 12-16-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester Facer	FULL MAIDEN NAME	Rosabel Bingham
RESIDENCE	Malad Ida	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 N. a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kemps. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Jan. 4 1923 R J Maurer M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Malad
(ST. R. F. D. #2
(COUNTY Oneida
FATHER Lester Facer

FILE NO. 108090
DATE OF BIRTH Dec. 16, 1922
SEX OF CHILD Female
MOTHER Rosabel Bingham
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Caroline Facer

Rosabel B. Facer
Signature of Father or Mother.

123-218-036-133

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 108091

Primary Registration District No. 2069 Registered No. 203

FULL NAME OF CHILD Anna Ashton

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Ashton	FULL MAIDEN NAME	Elizabeth H Allen
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Jan 4 1923

R T Maurer M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 13 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (Precinct Woodruff. ST. _____ COUNTY Oneida

FILE NO. 108091

DATE OF BIRTH Dec. 19th 1922

SEX OF CHILD Female

FATHER Wm Ashton, MOTHER Elizabeth H. Allen.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Anna Ashton,

William Ashton

Signature of Father or Mother.

613-120-036-234

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

RECEIVED JAN 11 1923

City of Malad

Registration District No. 26 File No. 108092

No. ..... St.

Primary Registration District No. 2064 Registered No. 204

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 20 1922

FATHER		MOTHER	
FULL NAME	William H Fallis	FULL MAIDEN NAME	Sarah Stuart
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Jan 4 1923

R T Maver

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-24-036-465

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24

File No. 108093

No. ____ St.

Primary Registration District No. 2069

Registered No. 205

Hospital ____

FULL NAME OF CHILD. Stephen Talbot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 24 1922

FATHER		MOTHER	
FULL NAME	Andie Talbot	FULL MAIDEN NAME	Miriam Monson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

____ 19____

Registrar

Filed Jan 4 1923

R O Mann
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-16-41

165-222-036-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26

Primary Registration District No. 2064

File No. 108094

Registered No. 206

FULL NAME OF CHILD Lucretia Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Dec 22 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh Tusk Jones	Mildred Blatnn
RESIDENCE	Malad City	Malad City
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 27	White / 20
BIRTHPLACE	Malad city	Downey Idaho
OCCUPATION	Farmer	General House Work

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Dec 22 1922, at 12-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary E. Bolingbroke

midwife
(Physician or midwife)

Address Malad

Given names added from a supplemental report.

.....19.....

..... Registrar

Filed Jan 4 1923

R. T. Mann M.D. Registrar

993-217-036-795

Form V [redacted] 7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. [redacted]95

Primary Registration District No. 2069 Registered No. 180

FULL NAME OF CHILD Alice Greer Richards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	10 - 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley Richards	FULL MAIDEN NAME	Ethyl Greer.
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Malad Ida	BIRTHPLACE	Trade Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6:45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

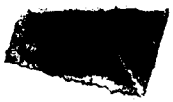
Filed Nov 1922 R. H. Maier
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



693-219-076-847

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 1-C-25m-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ouida

City of Malad Ida

Registration District No. 24 File No. 108096

No. ..... St.

Primary Registration District No. 2064 Registered No. 181

Hospital .....

FULL NAME OF CHILD Kathryn Willie

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 10 (Month) – 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leslie Willie	FULL MAIDEN NAME	Eunice Hughes
RESIDENCE	Buist Ida	RESIDENCE	Buist Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Meuden Utah	BIRTHPLACE	Samaria Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed Nov 1922 A. W. Warner Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 9 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Malad

ST. _____

COUNTY Oneida

FATHER L. A. Willis

FILE NO. 108096

DATE OF BIRTH Oct 19" 1922

SEX OF CHILD Female

MOTHER Eunice Hughes
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Kathryn Willis

Mrs. Leslie A. Willis

Signature of Father or Mother

165-126-036-799

PLACE OF BIRTH

RECEIVED
JAN 5 19
STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 108097

Primary Registration District No. 2069 Registered No. 162

FULL NAME OF CHILD Richard O. Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				Yes.	10 - 26 - 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey Jones.	Katheryne Price
RESIDENCE	Malad Ida	Malad Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Malad Ida	Malad Ida
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7:30 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. M. Kerns. M.D.

(Physician or midwife)

Address Malad Ida

Filed Nov. 19 22 R. D. Mayer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 13 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Malad City
(ST. _____
(COUNTY Oneida Co

FATHER Harvey E. Jones

FILE NO. 108097

DATE OF BIRTH Oct. 26, 1922

SEX OF CHILD Male Male

MOTHER Catherine Price (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Richard P. Jones.

Harvey E. Jones

Signature of Father or Mother.

DEC 26 1941

386-130-036-751

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 108098

No. ..... St.

Primary Registration District No. 2069

Registered No. 183

Hospital .....

FULL NAME OF CHILD Reese P. Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	6	yes	Oct 30 1922

	FATHER		MOTHER
FULL NAME	Rees P. Thomas	FULL MAIDEN NAME	Zina C Peabody
RESIDENCE	Malad	RESI[illegible]	Malad
COLOR	White	COL[illegible]	[illegible]hite
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Malad	BIRT[illegible]	Malad
OCCUPATION	Farmer	OCCUPATION	General House Worker

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 30 1922 at 2-50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mary E. Bolingbroke

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Nov 19 22 R T Warner
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1959

MAY 8 1968

AUG 18 1969

2- File Date

165-231-036-365

Name added 2/27/85 lh

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad Ida

Registration District No. 26 File No. 108099A

No. ..... St.

Primary Registration District No. 2069 Registered No. 184

Hospital .....

FULL NAME OF CHILD Jane Jones

Sex of Child	Twin ~~Triplet~~ or other?	and	Number in order of birth	Legitimate?	Date of Birth
Females	Twin		3	yes.	10 - 31 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence D. Jones.	FULL MAIDEN NAME	Marie Covert
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Malad Ida	BIRTHPLACE	Collinston Utah
OCCUPATION	Garage	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:30 or 4:05 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed Nov 1922 R. H. Maner Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

RECEIVED
FEB 21 1 21 PM '85
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

Certificate No. 108099A
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Jones (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 31, 1922 (Date of Event)

in Malad Oneida (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Jane Jones

Subscribed and sworn to before me this 27th day of February, 1985.

Notary Public, Linda Hickman

Residing at Boise

My commission expires April 3, 1985

(Seal)

Nancy J McMillan
Signature of Applicant

2031 Cinebar, Boise, Idaho 83709
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family record of marriage between John S. McMillin and Jane Jones dated June 24, 1945
Viewed by V.S.

Cradle Ross Promotion Certificate dated Oct. 31, 1926 from the Presbyterian School at Malad, Idaho gives name as Jane Jones.
Viewed by V.S.

FEB 27 1985

Twin # not given - should be #2.

165-22-01-31-365

Amended 8/9/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 108099B
Local Reg. No.
Reg. Dist. No. 26

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Jean b. (Middle): c. (Last): Jones

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st X 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) 10 (Day) 31 (Year) 22

FATHER OF CHILD

7. FULL NAME

a. (First): Lawrence b. (Middle): D. c. (Last): Jones

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Malad, Ida.

10. USUAL OCCUPATION: Garage

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Marie b. (Middle): c. (Last): Covert

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Collinston, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Kerns, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 1922

22. REGISTRAR'S SIGNATURE: R. F. Mauer

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY: Time born 3:30 A.M.

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 5 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 108099B

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jones (female) (Name on Original Certificate) who was born (Was Born or Died) on 10-31-22 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Jean Jones

Subscribed and sworn to before me this 6th day of August 1974

D Michael Broadhead

Notary Public, residing at Malad, Idaho

My commission expires 5-15-76

(Seal)

Signed Lawrence Jones

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idaho 83252

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 1974

D Michael Broadhead

Notary Public, residing at Malad, Idaho

My commission expires 5-15-76

(Seal)

Signed Wanda Edwards

(Signature of Any Credible Person)

Malad, Idaho 83252

(Street Address, City, State)

FORM DH 60-155 CL 1/15/74

Own child's birth certif. from Idaho (#427262) gives mother's name as Jean Jones viewed by V. S.

AUG 9 1974

Permenanet High school Record from Moscow, 1941 gives name as Jean Jones. born Oct. 31, 1922. Date of Entrance Sept. 1936. date of Graduation May 23, 1940 viewed by V. S.

Twin # not Listed - #1

414-101-236-753

JAN 1922

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 108100

Primary Registration District No. 2069 Registered No. 185

FULL NAME OF CHILD Verl J. Madsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 (Month) — 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Madsen	FULL MAIDEN NAME	Zana Peterson
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Manti utah	BIRTHPLACE	Manti utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Nov 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1941

165-102-036-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 108101

Primary Registration District No. 2069 Registered No. 186

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 2 1922

FATHER		MOTHER	
FULL NAME	Hyrum J Jones	FULL MAIDEN NAME	Clara B Burkhardt
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Malad	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn), at 1150 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Alton

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Nov 1922

R. T. Mauer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-1041036-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 108102

No. ..... St.

Primary Registration District No. 2064 Registered No. 187

Hospital .....

FULL NAME OF CHILD Edwin Cleon Dives

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 4 1922

FATHER		MOTHER	
FULL NAME	Leo Dives	FULL MAIDEN NAME	Arvella Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Nov. 19 22 R. O. Maner
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

242406·036-415

PLACE OF BIRTH

RECEIVED JAN 5 1923

Form V. S. No. 11-C—25m 7-21-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 108103

No. ..... St.

Primary Registration District No. 2069 Registered No. 188

Hospital .....

FULL NAME OF CHILD David Clair Bush

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 6 1922

FATHER

FULL NAME David L Bush

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Malad

OCCUPATION Dealer in Gas & Oils

MOTHER

FULL MAIDEN NAME Lona Daniels

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Malad

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.30 A M. on the date above stated.

(Signature) J. F. Alton

(Physician or midwife)

Address Malad

Filed Nov 1922 R. T. Mauer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Malad FILE NO. 108103

(ST. _____ DATE OF BIRTH Nov 6 1922

(COUNTY Oneida SEX OF CHILD Male

FATHER D L Bush MOTHER Iona Daniels
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

David Clair

D L Bush

Signature of Father or Mother.

MAY 25 1942

APR - 3 1943

231-108-036-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

RECEIVED
JAN 5 1923

CERTIFICATE OF BIRTH

City of Malad

Registration District No. 26 File No. 108104

No. ..... St.

Primary Registration District No. 2069 Registered No. 189

Hospital .....

FULL NAME OF CHILD Reed R. Blaisdell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 8 1922

FATHER		MOTHER	
FULL NAME	John E Blaisdell	FULL MAIDEN NAME	Florence J Barber
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J X Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Nov 1922

R T Maurer
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

RECEIVED
MAR 23 1923
BUREAU OF VITAL STATISTICS

(CITY Malad
(ST. _____
COUNTY Oneida
FATHER J.E. Blaisdell

FILE NO. 108104
DATE OF BIRTH Nov. 8th 1922
SEX OF CHILD Male
MOTHER Florence B[illegible]er
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Reed R. Blaisdell

J E Blaisdell

Signature of Father or Mother.

JAN 23 1974

813·108·036-546

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ouida

City of Malad

Registration District No. 26 File No. 108105

No. ..... St.

Primary Registration District No. 2069 Registered No. 190

Hospital .....

FULL NAME OF CHILD Lee David Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	11 8 1922

FATHER		MOTHER	
FULL NAME	Richard Hall	FULL MAIDEN NAME	Leona Edwards
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Nov 1922 R. H. Maner
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 1 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Malad

ST. _____

COUNTY Idaho

FATHER Richard

FILE NO. 108105

DATE OF BIRTH November 8 1922

SEX OF CHILD Male

MOTHER Leona Edwards Hall
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lee David Hall (Identified Nov 26

Mrs R L Hall

Signature of Father or Mother.

H

Lee David Hall Died November 26 1922

157-27-276-662

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Malad Idaho

Registration District No. 24

File No. 108106

No. ____ St.

Primary Registration District No. 2069

Registered No. 91

Hospital ____

FULL NAME OF CHILD LaVern Jeppson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes.	11	17	1922

FATHER

FULL NAME August F. Jeppson

RESIDENCE Burist Idaho

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Brigham Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laverna Jorgensen

RESIDENCE Burist Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE St. John, Arizona

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:45 o'clock P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Jones. M.D.

(Physician or midwife)

Given names added from a supplemental report.

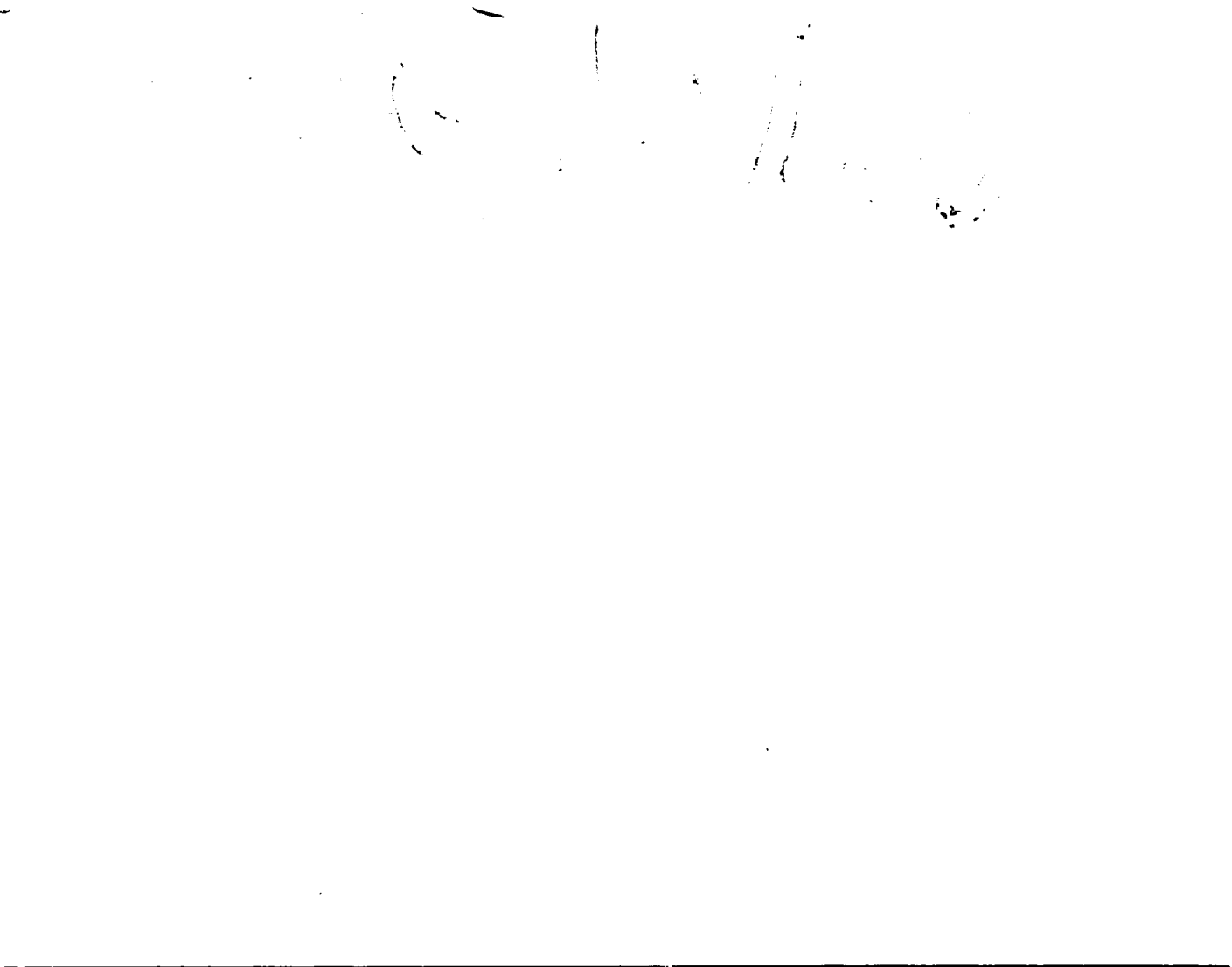
19____

Address Malad Idaho

Filed NOV 19 22

Registrar

Registrar



1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Malad

(ST. Idaho

(COUNTY Oneida

FILE NO. 108106

DATE OF BIRTH Nov. 17, 1922.

SEX OF CHILD Female

FATHER August F. Jeppson

MOTHER ~~E. Sa Vern Jeppson~~ Esther Gavern Forsgren

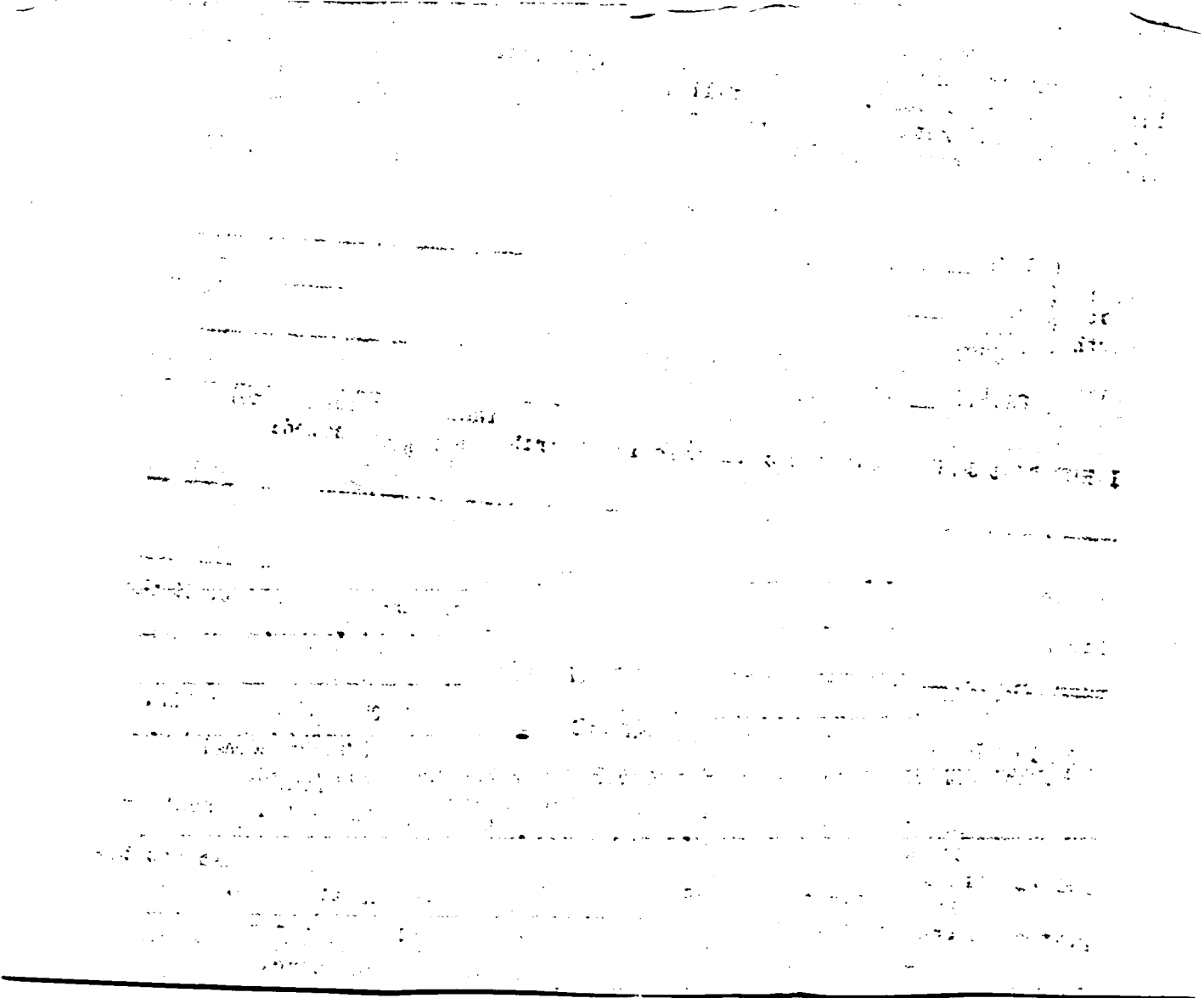
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Sa. Vern Jeppson

August F. Jeppson

Signature of Father or Mother.



799-148-036-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108107

County of Oneida

City of Malad

Registration District No. 24 File No.

No. St.

Primary Registration District No. 2069 Registered No. 192

Hospital

FULL NAME OF CHILD Dean Williams Griffiths

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 11 (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Dave Griffiths	FULL MAIDEN NAME	Maude Williams
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Malad Ida	BIRTHPLACE	Paris Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kimms. M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad Ida

Registrar

Filed Wo. 19 22 R T Maurer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Malad

ST. _____

COUNTY Oneida

FILE NO. 108107

DATE OF BIRTH Nov. 18, 1922

SEX OF CHILD Male

FATHER David Griffiths

MOTHER Maud Williams Griffiths
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dean Williams Griffiths

David Griffiths

Signature of Father or Mother.

JUL 15 1942

495-125-036-165

RECEIVED
JAN 5 1923
BUREAU OF
STATIS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 24 File No. 108108

Primary Registration District No. 2069 Registered No. 193

FULL NAME OF CHILD Thos. La Monte Dives

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11 25 1922

FATHER		MOTHER	
FULL NAME	Thos. Dives	FULL MAIDEN NAME	Ruth Jones.
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Furniture Bring.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alva (Born alive or stillborn), at 2.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Karns. M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Nov, 1922 R. T. Mauer, Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-228-036-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 108109

No. ..... St.

Primary Registration District No. 2064 Registered No. 194

Hospital .....

FULL NAME OF CHILD Afton Baker

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ira Baker	FULL MAIDEN NAME	Anna L Knighton
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn), at 3:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Nov. 19 22 R. H. Maier Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 3 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Malad

ST. _____

COUNTY Oneida

FATHER Ira Baker

FILE NO. 108109

DATE OF BIRTH Nov 26, 1922

SEX OF CHILD Female

MOTHER Annie Laura Knighton
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Afton

Laura Baker
Signature of Father or Mother.

AUG 20 1965

291-228-036-793

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

Registration District No. 26 File No. 108110

No. ..... St.

Primary Registration District No. 2069 Registered No. 195

Hospital .....

FULL NAME OF CHILD Beryl Louise Bradley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Nov 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivar E Bradley	FULL MAIDEN NAME	Bobbie Ruth Pickett
RESIDENCE	Ridgedale	RESIDENCE	Ridgedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Texas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J X Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Nov. 19 22

R J Maier Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 19 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Malad

ST. _____

COUNTY Oneida

FILE NO. 108110

DATE OF BIRTH Nov. 28, 1922

SEX OF CHILD Female

FATHER Jas. E. Bradley

MOTHER Bobbie Routh Pickett Bradley
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Beryl Louise Bradley

B. R. Bradley

Signature of Father or Mother.

SEP 17 1941

165-1

RECEIVED
JAN 5 1922

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County [redacted]

City of [redacted] Registration District No. 26 File No. 108111

No. ..... St.

Primary Registration District No. 2069 Registered No. 196

Hospital .....

FULL NAME OF CHILD FARRELL WARREN JONES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren M Jones	FULL MAIDEN NAME	Merle Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Nov 1922 R. H. Maier Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 108111
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Farrell Warren Jones (Birth or death) for (Name on original certificate) who Now (Was born or died) on 29th 1922 (Date of event) in Malad City, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on at home (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jones	Farrell Warren Jones

Subscribed and sworn to before me this 24th day of November, 1941
John H. McAllister by D.O. Jones Deputy
Notary Public, residing at Malad, Idaho
My commission expires
[SEAL] Clerk of the District Court

Signed [redacted] Warren M. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of November, 1941
John H. McAllister by D.O. Jones Deputy
Notary Public, residing at Malad, Idaho
My commission expires
[SEAL] Clerk of the District Court

Signed Ed Vaughan
(Signature of any credible person other than the previous affiant.)
Malad, Idaho
(Street Address, City, State)

OCT 22 1963

693-130-036-856.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 5 1923

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24 File No. 108112

No. ..... St.

Primary Registration District No. 2069 Registered No. 197

Hospital

FULL NAME OF CHILD ~~Howard G.~~ GEORGE E. Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George E. Wilson	FULL MAIDEN NAME	Myra Howard
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	62	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Nov 19 22 R. T. Moore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Oneida } ss.

Certificate No. 108112

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of George E Wilson (Birth or Death)
for George E. Wilson (Name on Original Certificate) who was born (Was Born or Died) on November 30th. 1942 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Newel G.	George E. Wilson

Subscribed and sworn to before me this 4th. day of December 19 42

Notary Public, residing at Malad, Idaho

My commission expires Dec. 30th. 1942
(Seal)

Signed George E Wilson Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idaho;
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th. day of Dec. 1942

Notary Public, residing at Malad, Idaho

My commission expires Dec. 30th. 1942
(Seal)

Signed Myra Wilson Mother
(Signature of Any Credible Person Other Than Previous Year)

Malad, Idaho.
(Street Address, City, State)

DEC 9 1942

165-130-036-319

PLACE OF BIRTH

RECEIVED JAN 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-2-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No.

Hospital

Registration District No. 24 File No. 108113

Primary Registration District No. 2009 Registered No. 198

FULL NAME OF CHILD Elden Joyce Jones

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 11 (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fredrick Jones.	FULL MAIDEN NAME	Florence Larsen
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Malad Ida	BIRTHPLACE	Brigham Utah
OCCUPATION	Mechanic	OCCUPATION	Housing

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Karns. M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad Ida

Registrar

Filed Nov. 1922 R. Maner Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN 23 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Malad

ST. _____

COUNTY Oneida

FATHER Frederick R Jones

FILE NO. 108113

DATE OF BIRTH Nov. 30 1922

SEX OF CHILD Male

MOTHER Florence Larsen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Elden Joyce Jones

Frederick R Jones

Signature of Father or Mother.

JUN 13 1968

JUN 22 1942

[redacted] 256-22-1037-389

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 — 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108114

County of Owyhee

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD Velma Juanita Knott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	Dec 27 1922

FATHER		MOTHER	
FULL NAME	James A Knott	FULL MAIDEN NAME	Ester C Christian
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 a M. on the date above stated. 2nd Dec 1922

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MD (Physician or midwife)

Given names added from a supplemental report.

Dec 27 1922 Address Homedale

S Hopper Registrar

Filed Jan 1 1923 S Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

684-811-037-413

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Owyhee

CERTIFICATE OF BIRTH

City of Homedale

Registration District No. 130 File No. 108115

No. ..... St.

Primary Registration District No. Homedale Registered No. .....

Hospital .....

FULL NAME OF CHILD Lula Faye White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F M			yes	Nov 11 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William F White	FULL MAIDEN NAME	Wilma F Gilbertson
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	owner cream station	OCCUPATION	H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 30 A M. on the date above stated. 20% argyrol used

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Harper

MD (Physician or midwife)

Given names added from a supplemental report.

Dec 1 1922 Address Homedale

S Harper Registrar

Filed Dec 1 1922 S Harper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement from Salem General Hospital, Salem, Oregon, written Feb. 4, 1964 by Marianne E. Whiteman, Medical Record Librarian states "This is to certify that Mrs. Lula Faye White Rohde was admitted to this Hospital 10 December, 1953 case #77594, delivered of a viable male infant Jerrold Ernest Rohde, Dec. 10, 1953 andher stated age at time of admission was 31." viewed by V.S. Photo Copy of National School Record System-Attendance and Scholarship Record, Caldwell, Idaho Public Schools, 1936-1939 gives full name of student

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California as Lula Faye White, age 13 born in 1922, Nov. 11-108115 Certificate No.

County of Santa Clara viewed by V.S.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed White (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1922 (Date of Event)

in Homedale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by memory of mother (Bible Record, Insurance Policy, Etc.) prepared on Oct. 7 1964 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lula Faye White

Subscribed and sworn to before me this 7th day of October 1964

Notary Public, residing at HAROLD D. RAMSBURG, Notary Public

My commission expires In and for the County of Santa Clara, State of California

(Seal) My Commission Expires Oct. 26, 1963

Signed Wilma White Lindberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

10165 Alhambra Cupertino Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of October 1964

Notary Public, residing at Wilder

My commission expires 12/15/67
(Seal)

Signed Edna L. Armstrong
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 9-27-60. nm

MAR 4 1964

464-102037-593

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108116

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD David Richard Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
M		yes	Nov 2 22

FATHER		MOTHER	
FULL NAME	Emery E Morgan	FULL MAIDEN NAME	Marie H Nickle
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Hse

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 10 a M. on the date above stated. (Born alive or stillborn)

2070 Argyrol

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hoffpeer M D (Physician or midwife)

Given names added from a supplemental report.

Dec 1 19 22 Address Homedale

S Hoffpeer Registrar

Filed Dec 1 19 2 S Hoffpeer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1949

696-126-937-669

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 10818

County of Clearwater

City of Castle Creek

No. ____ St.

Registration District No. 74 File No. ____

Hospital ____ Primary Registration District No. 2151 Registered No. 41

FULL NAME OF CHILD ELLIS Merle L. Wroughton
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Dec 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clinton William Wroughton	FULL MAIDEN NAME	Cleda Luther Foreman
RESIDENCE	Castle Creek	RESIDENCE	Castle Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. J. Eckenbeck
Physician
(Physician or midwife)

Address Grand View

Filed Jan 1 1923 W. J. Eckenbeck
Registrar.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of IDAHO } ss.
County of OWYHEE }

Certificate No. 108118
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for Merle C Wroughton (Name on original certificate) who WAS BORN (Was born or died) on DECEMBER 26, 1922 (Date of event)
in OREANA, IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as ~~shown by~~ Known by affiant, ~~prepared on~~ Father (Bible record, insurance policy, etc.) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Merle C Wroughton	Ellis Merle Wroughton

Subscribed and sworn to before me this 5th day of October, 1942.

Mild Axelsen
Notary Public, residing at Murphy, Idaho
My commission expires Nov. 13, 1943
[SEAL]

Signed E.W. Wroughton.
(Signature of parent or ~~attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record, or other credible person~~) Father.
Oreana, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of IDAHO } ss.
County of OWYHEE }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 1942.

Mild Axelsen
Notary Public, residing at Murphy, Idaho
My commission expires Nov. 13, 1943
[SEAL]

Signed D. J. Foreman
(Signature of any credible person other than the previous affiant)
Oreana, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

OCT 7 1942

966-222-037-557

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108119

County of Owyhee
City of Grand View
No. ..... St.
Hospital .....

Registration District No. 74 File No. 1
Primary Registration District No. 2151 Registered No. 40

FULL NAME OF CHILD Anna Norean Rowe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 22 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas Henry Rowe	FULL MAIDEN NAME	Ethel Marie Evans
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Day laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm J Eckenbeck
Physician
(Physician or midwife)

Address Grand View, Idaho

Filed Jan 1 1923 W J Eckenbeck
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-214-077-551

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

ST[redacted]
DEPARTMENT [redacted]
BUREAU O[redacted]
CERTIFIC[redacted]

120

County of Owyhee

City of Castle Creek

No. ..... St.

Registration District No. [redacted]

Hospital .....

Primary Registration District No. 2151 Registered No. 39

FULL NAME OF CHILD Betty Arleen Bailey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec. 14 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Dempsey Bailey	FULL MAIDEN NAME	Sue Josephine Evans
RESIDENCE	Castle Creek	RESIDENCE	Castle Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm J. Erhenbeck
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Grand View

Filed Jan 1 1923 W J Erhenbeck
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 4 1975

412-120-001-391
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108121

County of Ada
City of Chattin Flats
No.
Registration District No. 74 File No. 1
Hospital
Primary Registration District No. 2137 Registered No. 42

FULL NAME OF CHILD Dale Elmore Mabe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Virgil Elmore Mabe	FULL MAIDEN NAME	Jennie Louisa Graves
RESIDENCE	Chattin Flats	RESIDENCE	Chattin Flats
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. Eckenbeck
Physician
(Physician or midwife)

Address Grand View

Filed Jan 1 1923 W J Eckenbeck
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

235-215-038-799

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

10812[redacted]

County of Payette

City of Payette

No. 1028 2nd ave. N. St.

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 118[redacted]

Hospital

FULL NAME OF CHILD Patricia Lee Stewart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Female		Yes	July 15

FATHER		MOTHER	
FULL NAME	L. V. Stewart	FULL MAIDEN NAME	Ella Griffin
RESIDENCE	Payette, Idaho.	RESIDENCE	Payette Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	2[redacted] (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Kansas
OCCUPATION	Fruit Buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Avey
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Payette Ida

Filed Dec. 19 1922. J. C. Woodward
Registrar

K

[redacted]

[redacted]

SEP 17 1954

749-214-038-356

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108123

County of Payette
City of Payette
No. 6 mi. N.E. Payette St.
Hospital HELEN FERN
Registration District No. 4
File No.
Primary Registration District No. 1008
Registered No. 119.

FULL NAME OF CHILD ~~Dorothy~~ Purcell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 19 1922

FATHER

FULL NAME M. B. Purcell
RESIDENCE 6 mi. N. E. Payette
COLOR White
AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Hattie Lewis
RESIDENCE 6 mi. N. E. Payette.
COLOR White
AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Texas
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

(Signature) O. H. Avery
Physician
(Physician or midwife)
Address Payette Ida

Filed Dec. 19 1922 J. C. Woodward Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 108123

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Marie Purcell (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1922 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by and personal knowledge Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorothy	Helen Fern Purcell

Subscribed and sworn to before me this 23nd. day of June, 1942

C. E. Taylor

Notary Public, residing at Weiser, Idaho

My commission expires Dec. 10, 1942
(Seal)

Signed Mrs. Merl B. Purcell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD #1, Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23nd day of June, 1942

C. E. Taylor

Notary Public, residing at Weiser, Idaho

My commission expires Dec. 10, 1942
(Seal)

Signed Fackmit
(Signature of Any Credible Person Other Than Previous Year)

Weiser Idaho
(Street Address, City, State)

JUN 30 1942

JUNE 2 1942

219-221-038-456

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. South 7th St.

Registration District No. 4 File No. 108124

Primary Registration District No. 1008 Registered No. 120

Hospital

FULL NAME OF CHILD Wanda Clarice Barnes

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Aug. 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Staten Barnes	FULL MAIDEN NAME	Goldie De Witt.
RESIDENCE	7th St. South of Banks	RESIDENCE	South 7th Street.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21. (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Payette Ida

Registrar.

Filed December 19 1922 J. C. Woodward
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1945

965-225-078-995

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

Registration District No. 4 File No. 108125

No. St.

Primary Registration District No. 1008 Registered No. 121

Hospital

FULL NAME OF CHILD Doris Evelyn Roe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug. 25 1922

FATHER		MOTHER	
FULL NAME	Jasper Roe	FULL MAIDEN NAME	Dollie Ringer
RESIDENCE	Little Willow	RESIDENCE	Little Willow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Payette Ida

19

Registrar.

Filed Dec. 19 1922 J. C. Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

764-102-038-436

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 3 1922
BUREAU OF VITAL STATISTICS

County of Payette
City of Payette
Registration District No. 4
File No. 108126
No. Falk, Ida St.
Primary Registration District No. 1008 Registered No. 122
Hospital

FULL NAME OF CHILD George Winfield Pomeroy.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	Sept.	2	1922

FATHER		MOTHER	
FULL NAME	S. R. Pomeroy	FULL MAIDEN NAME	Mable M. Farland
RESIDENCE	Falk, Ida.	RESIDENCE	Falk Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

(Signature) O. H. Avery
Physician
(Physician or midwife)
Address Payette Ida.
Filed Dec. 19 22. J. E. Woodward
Registrar.

WITH UNFADING INK—THIS IS A PERMANENT RECORD
If more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1969

NOV 2 9 1942

FEB 9 1944

689-172-038-689

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4

File No. 108127

No. 5 Mi N.E. Payette St.

Primary Registration District No. 1008

Registered No. 123

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Roland Eugene Whiteley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 22 1922

FATHER		MOTHER	
FULL NAME	J. C. Whiteley	FULL MAIDEN NAME	Morjory White
RESIDENCE	Near Payette Idaho.	RESIDENCE	Near Payette Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Oregon
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avery

Physician
(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Dec. 19 1922 J. C. Woodward
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1963

916-210-038-942

PLACE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 14—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 19 S 7th St.

Registration District No. 4

File No. 108128

Primary Registration District No. 1008 Registered No. 124

Hospital

FULL NAME OF CHILD Martha Rau

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 10 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Rau	Mary Rubler
RESIDENCE	Payette Idaho	Payette Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 53	white 40
BIRTHPLACE	Russia	Russia
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 2nd A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar.

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette Ida

Filed Dec. 19 1922. J. C. Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1942

266-118-638-855

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1030 Center ave St.

Hospital

Registration District No. 4 File No. 108129

Primary Registration District No. 1008 Registered No. 125

FULL NAME OF CHILD Robert Francis Boone

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 18 1922

FATHER	MOTHER
FULL NAME Frank Boone	FULL MAIDEN NAME Marie Hennigsen
RESIDENCE Hailey, Ida.	RESIDENCE Hailey, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Iowa.
OCCUPATION Insurance	OCCUPATION Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

(Signature) O. H. Avery

Physician

(Physician or midwife)

Address Payette Ida

Filed Dec 19 19 22 J. C. Woodward Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

JUN 14 1968

JUN 16 1942

JUL 28 1953

757-120-038-893

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Payette

City of

No. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108130

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD William T heodore Pearce

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? Yes

8. Date of birth Oct 20, 1922 (Month, Day, Year)

FATHER

9. Full name James Pearce

10. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho

11. Color or race Wh | 12. Age at last birthday 17 (years)

13. Birthplace (city or place) (State or Country) Payette, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pupil

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. School

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mary Ina Hillerman

19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho

20. Color or race Wh | 21. Age at last birthday 15 (years)

22. Birthplace (city or place) (State or Country) Payette Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Pupil

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. School

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) O H Avery, M. D.

or , Midwife

Address Payette, Idaho

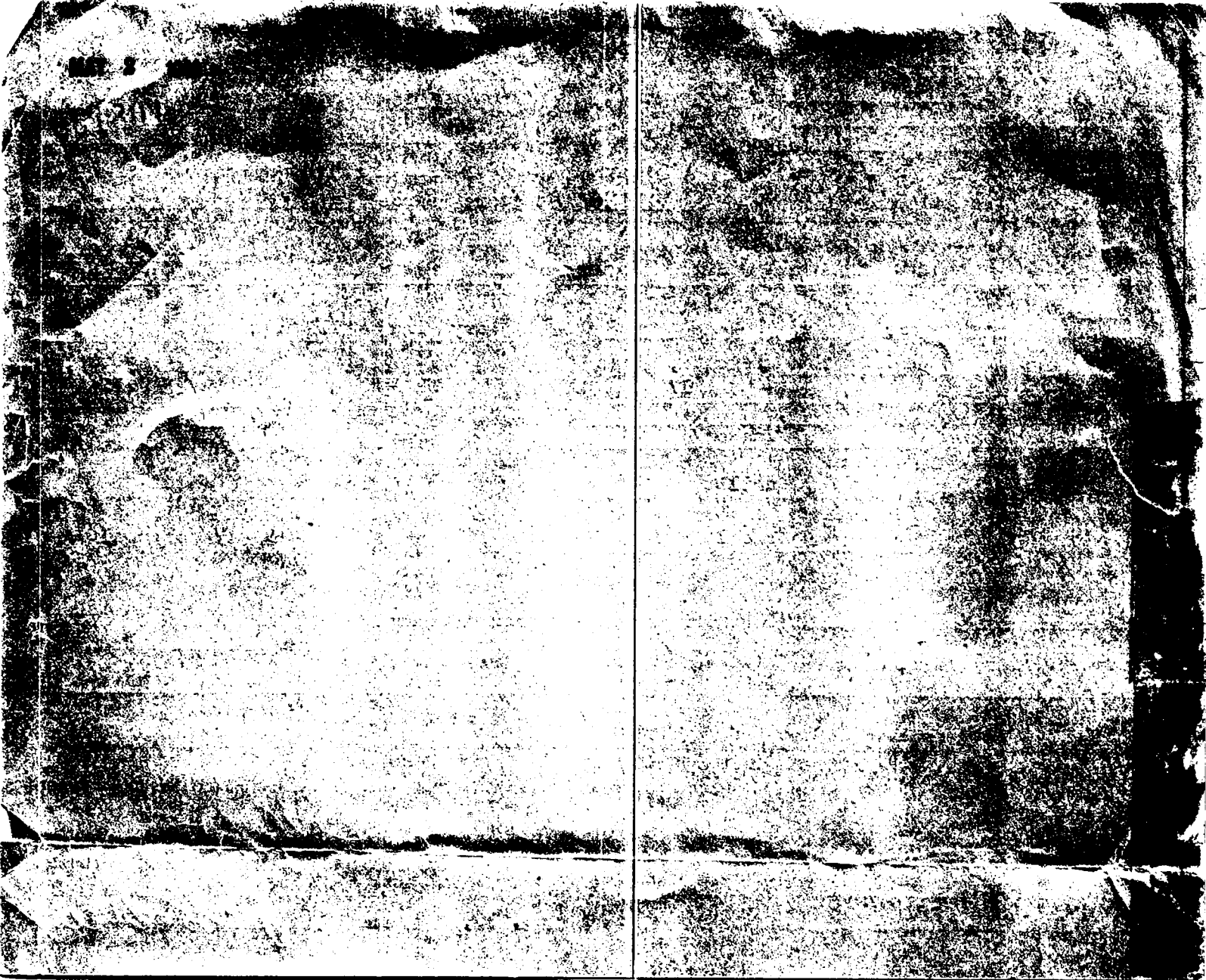
Give name added from a supplemental report

(Date of)

Filed Dec. 19, 1922

Registrar.

Registrar.



299-24-538-987

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Payette

City of Payette

Registration District No. 4

File No. 108131

No. 1030 Center St.

Primary Registration District No. 1008 Registered No. 127

Hospital

FULL NAME OF CHILD Margaret Helen Bird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 4 1922

FATHER		MOTHER	
FULL NAME	R. P. Bird	FULL MAIDEN NAME	Agnes Zygowski
RESIDENCE	517 N. 6th St.	RESIDENCE	517 N. 6 st.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon.
OCCUPATION	Fireman on P. V.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11½ a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician
(Physician or midwife)

Given names added from a supplemental report. 19....

Address Payette Ida

Filed Dec. 19 1922. J. C. Woodward
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1945

JAN 24 1944

255-220-038-295

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 108132

No. ..... St.

Primary Registration District No. 1008 Registered No. 128

Hospital .....

FULL NAME OF CHILD Mary Phidalis Keenan.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Nov.	20	1922

FATHER		MOTHER	
FULL NAME	John J. Keenan	FULL MAIDEN NAME	Lucile Bindle
RESIDENCE	Tacoma, Wash.	RESIDENCE	Tacoma, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn.	BIRTHPLACE	Kansas.
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. N. Avery

Physician
(Physician or midwife)

Address Payette Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Dec. 19 1922. J. C. Woodward
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1952

MAR 2 2 1947

3,84-121-038-255

PLACE OF BIRTH

RECEIVED
DEC 3 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1030 Center Ave St.

Hospital

Registration District No. 4 File No. 108136

Primary Registration District No. 1008 Registered No. 130

FULL NAME OF CHILD Edwin Kennedy Thurston

Sex of Child: Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Aug (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ralph V. Thurston	FULL MAIDEN NAME	Emily Kennedy
RESIDENCE	Tucson Arizona	RESIDENCE	Tucson Arizona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Tennessee
OCCUPATION	Assayer	OCCUPATION	Assayer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar.

(Signature) O. H. Avery

Physician

(Physician or midwife)

Address Payette Idg

Filed Dec 26 1922 J. C. Woodward

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1942

231-112-038-393

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108137

County of Payette

City of Payette District No. 4 File No.

No. 1030 Center Ave St.

Primary Registration District No. 1008 Registered No. 131

Hospital

FULL NAME OF CHILD Robert Dale Stark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 12 1922

	FATHER	MOTHER
FULL NAME	Harry Stark	FULL MAIDEN NAME Rachel Tillotson
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Oregon	Wash.
OCCUPATION	Cook	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette - Ida.

Filed Dec 26 1922. J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

JAN 13 1943

DEC 5 1951

247-115-c38-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 30 1922
BUREAU OF VITAL STATISTICS

County of Payette
City of
No. St.
Registration District No. 4
File No. 108138
Primary Registration District No. 1008
Registered No. 132.
Hospital
FULL NAME OF CHILD Paul Wesley Smith

Sex of Child: Male
Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth
Legitimate? Yes
Date of Birth: Dec (Month) 15 (Day) 1922 (Year)

FATHER

FULL NAME: J. W. Bassitt
RESIDENCE: Near Payette Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 48 (Years)
BIRTHPLACE: Illinois
OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Ruby Miles
RESIDENCE: Near Payette, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Idaho
OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

.....
Registrar.

(Signature) O. N. Avey
Physician
(Physician or midwife)
Address Payette Ida

Filed Dec 26 19 22. J. C. Woodward
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Payette FILE NO. 108138

(ST. _____ DATE OF BIRTH Dec 15, 192[illegible]

COUNTY Payette SEX OF CHILD Male

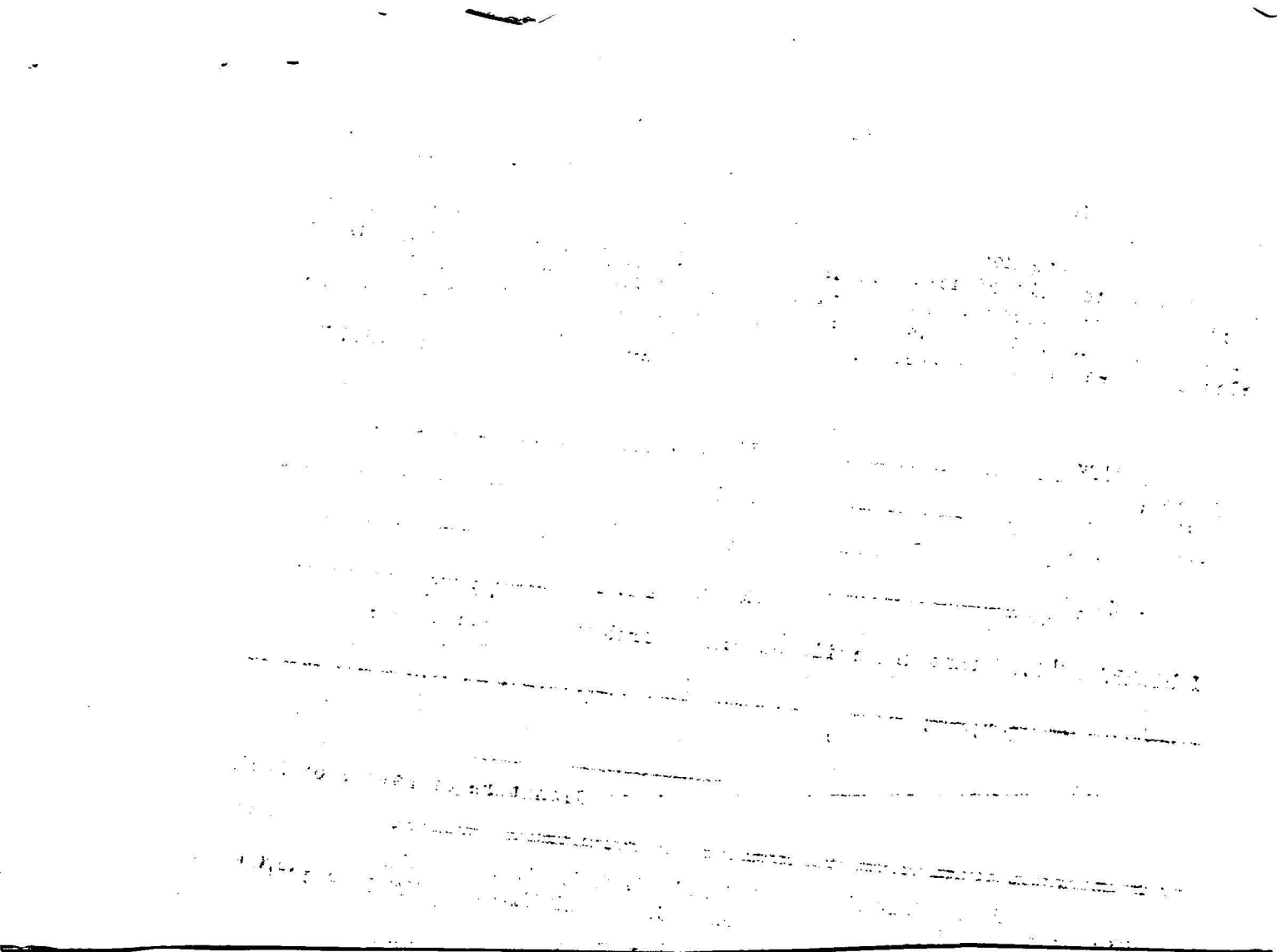
FATHER John William Smith MOTHER Ruby Miles (Smith)
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Paul Wesley Smith

Ruby M. Smith

Signature of Father or Mother.



764-[redacted]

PLAC[redacted]

County of [redacted]

City of [redacted]

[redacted]HO
[redacted]TATISTICS
[redacted] BIRTH

V. S. No. 11—25m-6-15-18

108139

File No.

No. 4 mi East Fruitland

Registration District No.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Glen Alvin Goddard

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male		yes	Dec. 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred L. Goddard	FULL MAIDEN NAME	C. Odessa Shade
RESIDENCE	4 mi E of Fruitland Ida	RESIDENCE	4 mi E of Fruitland Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Pennsylvania
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Neese, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Ontario Oregon

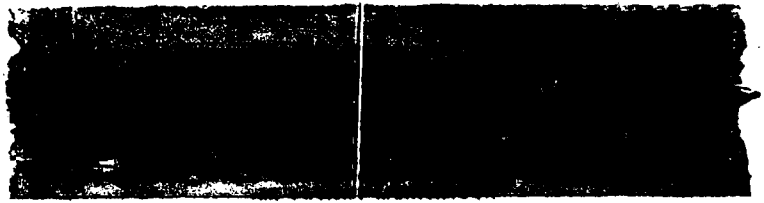
Filed Dec. 19 1922 C. C. Paxton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Stevens }

Certificate No. 108139

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Goddard who was born on December 8, 1922 in New Flymouth, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by prepared on , are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Glen Alvin Goddard

Subscribed and sworn to before me this 28th day of December, 1943.

Notary Public, residing at Colville, Wash.

My commission expires Feb. 5, 1947
(Seal)

Signed Palmo Odessa Goddard other
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rice, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington. } ss.
County of Stevens }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

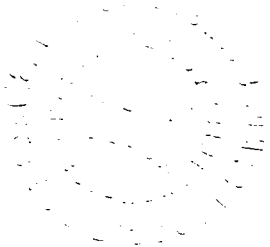
Subscribed and sworn to before me this 28th day of December, 1943.

Notary Public, residing at Colville, Wash.

My commission expires Feb. 5, 1947
(Seal)

Signed Alfred Leo Goddard
(Signature of Any Credible Person Other Than Previous Year)

Rice, Washington
(Street Address, City, State)



MAR 2 0 1944

319-1041038-815

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Fruitland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

Registration District No. ..... File No. 108140

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lawrence Elmer Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 9 1922

FATHER	MOTHER
FULL NAME: Phil Lorenzo Carpenter	FULL MAIDEN NAME: Olive Pearl Hunter
RESIDENCE: Fruitland	RESIDENCE: same
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Penn
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 10 P M. on the date above stated.

(Signature) L. L. Payton M D

(Physician or midwife)

Address Fruitland Ida

Filed Dec 10 1922 L. L. Payton Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

FEB 18 1966

394-216038-557

CE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

of Carpenter RECEIVED
of Fruitland JAN 3 1 19
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

o. ..... Registration District No. ..... File No. 108141

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Genevieve Sarah Zimmerman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct 16 192[illegible]

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas Lee Zimmerman	FULL MAIDEN NAME	Bernice Pauline Neal
RESIDENCE	Fruitland Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ill	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

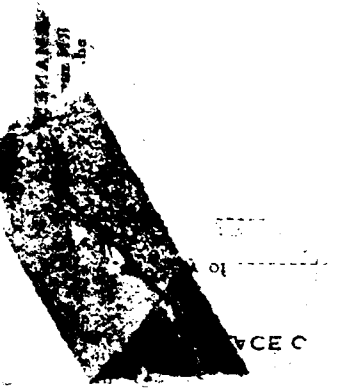
....., 19.....

.....
Registrar.

(Signature) Wm J. Drysdale M.D.
(Physician or midwife)
Address Mrs Plymouth, Ida

Filed Nov 17 1922, G. C. Paxton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A
N. B.—In case of more than one child at birth a SEPARATE RETU
and the number of each, in order of birth stated



DEC 2 0 1943

APR 2 8 1943

462-20-038-689

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Fruitland

No. ..... St.

Registration District No. 2 File No. 108142

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ruth Irene Mobley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♀		Yes	Nov 1 1922

What bacteriecidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Roy Mobley	FULL MAIDEN NAME Ina Whitney
RESIDENCE Fruitland, Ida	RESIDENCE with husband
COLOR W AGE AT LAST BIRTHDAY 30 (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mich	BIRTHPLACE Del
OCCUPATION Mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Wm D. Drysdale M D

(Physician or midwife)

Address Mar Plymouth Ida

Filed Nov 17 1922 C. C. Paxton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1957

JUN 12 1963

MAR 5 1973

363-208-038-369

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of New Plymouth

No. R F D 1 St.

Registration District No. 5 File No. 108143

Hospital Primary Registration District No. 2007 Registered No. 27

FULL NAME OF CHILD Nina Genevieve Cole
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f		yes	Dec 8 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	James Herbert Cole	FULL MAIDEN NAME	Elsa M. Corbin
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wash.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Filed 12/9 1922 Wm J. Drysdale
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 4 1944

235-109-038-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

No. ..... St.

Registration District No. 5 File No. 108144

Hospital ..... Primary Registration District No. 1009 Registered No. 30

FULL NAME OF CHILD JERROLD CAMERON STEINER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Dec 9 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Harry Steiner	FULL MAIDEN NAME	Violet Cameron
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	auto mechanic	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Wm Drake M. D.
(Physician or midwife)

Address New Plymouth Ida

Filed 1/10 1923 Wm T. Drysdale Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette

Certificate No. 108144

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for (Unnamed) Steiner (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 9, 1922 (DATE OF EVENT) in New Plymouth, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Recollection (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Steiner	Jerrold Cameron Steiner

Subscribed and sworn to before me this 31st day of January, 1942.

E P Duffy

Notary Public, residing at New Plymouth Ida

My commission expires June 6-1945

(SEAL)

Signed D B May

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ida — New Plymouth, Ida.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of January, 1942

E P Duffy

Notary Public, residing at New Plymouth Idaho

My commission expires 7-6-1945

(SEAL)

Signed R J Sullivan

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

New Plymouth Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By .....

(REGISTRAR'S SIGNATURE)

1942

319-168-038-843

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108145

County of Payette

City of Mrs Plymouth

No. ..... St. ..... Registration No. 5 ..... File No. .....

Hospital ..... Primary Registration District No. 2009 ..... Registered No. 31

FULL NAME OF CHILD Infant Larsen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Dec 18 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edward C. Larsen	FULL MAIDEN NAME	Jessie Fuller
RESIDENCE	Mrs Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.20 a. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale MD

(Physician or midwife)

Address Mrs Plymouth Ida

Filed 1/18 1923 Wm J. Drysdale

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 27 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY New Plymouth ST. _____ COUNTY Payette

FILE NO. 108145

DATE OF BIRTH Dec. 18. 1922.

SEX OF CHILD Male

FATHER Edward Larsen MOTHER Jessie Hulse Larsen (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Knute Larsen.

Mrs. Edward Larsen

Signature of Father or Mother.

238-221-038-132

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108146

County of Payette

City of New Plymouth

No. ..... St.

Registration District No. 5

File No. .....

Hospital .....

Primary Registration District No. 2009

Registered No. 32

FULL NAME OF CHILD Thelma Lucile Schuler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		Yes	Dec 21 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Aloysius Schuler	FULL MAIDEN NAME	Clara Ackerman
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Switzerland	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D
(Physician or midwife)

Address New Plymouth Ida

Filed 12/22 1922 Wm T. Drysdale
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-125-038-343

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

No. ..... St.

Registration District No. 5 File No. 108147

Hospital ..... Primary Registration District No. 2009 Registered No. 33

FULL NAME OF CHILD Perry Anson Hunter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Dec 25 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Dorton Dan Hunter	FULL MAIDEN NAME	Ida Luther
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Pa.	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 5 a. M. on the date above stated.
([illegible]e or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.
(Physician or midwife)

Address New Plymouth Ida

Filed 12/25 1922 Wm T. Drysdale
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. JAN 27 1942 Certificate No. 108147
County of Malheur } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Derry Anson Hunter (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec 25, 1922 (DATE OF EVENT)
in New Plymouth (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by my own knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	~~X~~ Derry Anson Hunter	Perry Anson Hunter
Father's name	Dorton Dan Hunter	
Mother's name	Ida Luther	

Subscribed and sworn to before me this 24
day of Jan, 19 42

Notary Public, residing at Ontario Oregon
My commission expires Jan 15 1945
(SEAL)

Signed Ida B. Hunter Harrison
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) MOTHER
New Plymouth, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of January, 19 42.

Notary Public, residing at Ontario, Ore
My commission expires Jan 15, 1945
(SEAL)

Signed Earl L. Segor
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Supt. of Schools
Fruitland Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 27 1942 By
(REGISTRAR'S SIGNATURE)

618 PL[illegible]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

RECEIVED
[illegible] 3 1923
[illegible] VITAL STATISTICS

City of American [illegible] Registration District No. 25 File No. 108148

No. [illegible] St. Primary Registration District No. 2072 Registered No. 471

Hospital Bethany

FULL NAME OF CHILD Alma Wahlen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	Yes	Dec 19 22 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Wahlen	FULL MAIDEN NAME	Alma Malmstrom
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen - Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMartin Kinnon M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen Ida

19

Filed 12-21 1922 Mrs. R. A. Nolt

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

515-112-039-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JAN ... BUREA... STATISTICS

County of Power

CERTIFICATE OF BIRTH

108149

City of

Registration District No. 25 File No. 18

No. St.

Primary Registration District No. 2072 Registered No. 472

Hospital

FULL NAME OF CHILD Gilbert Curtis Van Valkenburg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	~~Six~~	yes	Sept (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Van Valkenburg	FULL MAIDEN NAME	Kleagleitha Peck
RESIDENCE	Rockland	RESIDENCE	Rockland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Smithland Iowa	BIRTHPLACE	Rockland (Ida)
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V G Logan

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address American Falls

Registrar

Filed 12-24 1922 Mrs. R. F. Nott
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-103-039-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Power

City of

No. St.

Hospital

RECEIVED JAN 3 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108150

Registration District No. 29 File No. 10

Primary Registration District No. 2072 Registered No. 473

FULL NAME OF CHILD Herald James Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	4	Yes	Dec. (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Thompson	FULL MAIDEN NAME	Belle Jones
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Ky.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address American Falls

Filed 12-21 1922 Mrs. R. J. Noth Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY America Falls

ST. _____

COUNTY Power

FATHER Jos. Thompson

FILE NO. 108150

DATE OF BIRTH Dec 3, 1922

SEX OF CHILD Male

MOTHER Belle Jones (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Herald James Thompson

Jos Thompson

Signature of Father or Mother.

JUN 24 1964

433-221-039-393

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108151

County of Power

City of American Falls

Registration District No. 25 File No. 10

No. ..... St.

Primary Registration District No. 2072 Registered No. 473

Hospital .....

FULL NAME OF CHILD Joyce ~~Lorraine~~ Lorraine ~~McCulley~~ McCulley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	2	Yes	Nov. (Month) 21 (Day) 1922 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Harold G. McCulley	McCulley	Lillis M. Hughes	Lillis
RESIDENCE: Pendleton, Oregon		RESIDENCE: Pendleton, Oreg	
COLOR: White	AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: White	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Neb.		BIRTHPLACE: Mass.	
OCCUPATION: Farmer		OCCUPATION: Housewife	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address American Falls

Filed 12-21 1922 Mrs. R. F. Roth
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Umatilla }

Certificate No. 108151

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Joyce Lorrean McCulley (Name on Original Certificate) who was born (Was Born or Died) on Nov. 21, 1922 (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by hospital record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Joyce Lorrean McCully	Joyce Lorraine McCulley
name of father	Harrold G. McCully	Harold G. Mc Culley
name of mother	Lillian M. Hughes	Lillis Hughes

Subscribed and sworn to before me this 25th day of February, 1942

A H Norton

Notary Public, residing at Hermiston Oe

My commission expires Jan 21, 1943
(Seal)

Signed Lillie H. McCulley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Umatilla }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1944

E P Dodd

Notary Public, residing at Hermiston, Oregon

My commission expires March 28, 1947
(Seal)

Signed Harold G. McCulley
(Signature of Any Credible Person Other Than Previous Year)

Hermiston Oregon
(Street Address, City, State)

AUG 1 1972

MAR 30 1944

847-105-039-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108152

County of Power

City of Amer. Falls

No. ..... St.

Hospital .....

Registration District No. 25 File No. 10

Primary Registration District No. 2072 Registered No. 476

FULL NAME OF CHILD Harold Stanford Hughes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 5 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bland Ralph Hughes	FULL MAIDEN NAME	Gladys Maebell Davise
RESIDENCE	Yakima, Wash	RESIDENCE	Yakima, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Colo
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiltz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address American Falls

Filed 12-31 1922 Mrs. R. F. Nott

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-1-41

OCT 7 1942

271-109-039-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 3 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer Falls

Registration District No. 25 File No. 108153

No. ..... St.

Primary Registration District No. 2072 Registered No. 477

Hospital Bethany

FULL NAME OF CHILD Wallis Shirley Sparks Jr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 9 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallis Shirley Sparks	FULL MAIDEN NAME	Geraldine F. McClellan
RESIDENCE	Amer. Falls	RESIDENCE	Amer Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Calif
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schulz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address American Falls. Ida

Filed 12-31 1922 Mrs. R. F. Noth

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1 [illegible]

366-014-039-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Power

JAN 3 ... BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108154

City of

Registration District No. 29 File No. 16

No. St.

Primary Registration District No. 2072 Registered No. 478

Hospital

FULL NAME OF CHILD Versa Agnes Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	2	yes	Dec 14 1922

FATHER	MOTHER
FULL NAME John L. Cook	FULL MAIDEN NAME Versa Vera Clark
RESIDENCE Rockland	RESIDENCE Rockland
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Neb	BIRTHPLACE Oregon
OCCUPATION Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-8 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V G Logan

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address American Falls

Registrar

Filed 12-31 1922 Mrs. R. [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1942

865-127-279-231

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 2d

File No. 108155

Primary Registration District No. 2072

Registered No. 479

FULL NAME OF CHILD Nathaniel, Louis Dale Hansen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	Dec 21 1922

FATHER		MOTHER	
FULL NAME	James Hansen	FULL MAIDEN NAME	Serena Alta Stenger
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

(Signature) V. J. Logan
Physician
(Physician or midwife)

Address American Falls

Filed 12-31 1922 Mrs. R. K. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1959

318-12-039-219

PLACE OF BIRTH

RECEIVED JAN 3 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of Power

CERTIFICATE OF BIRTH

108156

City of

Registration District No. 21 File No. 10

No. St.

Primary Registration District No. 2072 Registered No. 480

Hospital

FULL NAME OF CHILD David Eli Taysom

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			one	Yes	Dec 22 1922

	FATHER	MOTHER
FULL NAME	David Taysom	FULL MAIDEN NAME Clara Bernard
RESIDENCE	Rockland	RESIDENCE Rockland
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	22 (Years)	19 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a, M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) G. Logan

Physician

(Physician or midwife)

Address American Falls.

Filed 12-31 1922 Mrs. R. E. Nott

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 30 1923
BU...

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 ... 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
CITY Rockland
ST. Idaho
COUNTY Power
FATHER David Jayson

FILE NO. 108156
DATE OF BIRTH Dec. 22, 1922
SEX OF CHILD Male
MOTHER Clara Barnard (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

David Eli Jayson

Mrs Clara Jayson
Signature of Father or Mother.

JUL 20 1942

238-125-039-395

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108157

County of Power

City of Amer. Falls

Registration District No. 25 File No. 10

No. ..... St.

Primary Registration District No. 2072 Registered No. 481

Hospital

FULL NAME OF CHILD Richard Clifford Schroeder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	Yes	Dec 25, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred G Schroeder	FULL MAIDEN NAME	Annie K Treisen
RESIDENCE	Amer. Falls	RESIDENCE	Amer Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Calif	BIRTHPLACE	Canada
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Registrar

Filed 12-31 1922 Mrs. R. F. Nott Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth:
CITY American Falls
ST.
COUNTY Power
FATHER A. G. Schroeder

FILE NO. 108157
DATE OF BIRTH Dec. 25
SEX OF CHILD Male
MOTHER Annie Friesen (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Richard Clifford Schroeder

Mrs. Alfred G. Schroeder
Signature of Father or Mother.

699-225-039-659

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 3 19 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108158

County of Bruneau

City of

No. Street

Registration District No. 23 File No. 10

Primary Registration District No. 2072 Registered No. 482

Hospital

FULL NAME OF CHILD Alvina Friesen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 20 1922

FATHER		MOTHER	
FULL NAME	Bernard K Friesen	FULL MAIDEN NAME	Agnes Weins
RESIDENCE	Grand Valley	RESIDENCE	Grand Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sask	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) C. F. McLeod M.D.

(Physician or midwife)

Address

Filed 12-31 1922 Mrs. R. L. Nott Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN 1 [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: CITY in the county am Falls

ST.

COUNTY Bingham

FATHER Bernard K Friesen

FILE NO. 108158

DATE OF BIRTH Dec 25th 1922

SEX OF CHILD Female

MOTHER Agnes Wiens (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Alvina Friesen

Mrs Bernard Friesen

Signature of Father or Mother.

FEB 8 1963

433-104-040-714

PLACE OF BIRTH

[redacted]

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Wardner.

No. ..... St.

Hospital no

Registration District No. 123

File No. 108160

Primary Registration District No. .....

Registered No. 75

FULL NAME OF CHILD Caswell William McCabe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	9 4 1922

FATHER		MOTHER	
FULL NAME	James Wainscott McCabe	FULL MAIDEN NAME	Josephine Alberta Gardner
RESIDENCE	Wardner.	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	California	BIRTHPLACE	Wash
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12/14/ 1922 E. E. Hardy
Registrar.

Registrar.

MAR 1 0 1975

331-222-040-693

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED JAN 4 1922 BUR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 108161

No. ..... St.

Primary Registration District No. ..... Registered No. 76

Hospital No

FULL NAME OF CHILD Margret Ann Clawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	Yes	9 22 1922

FATHER		MOTHER	
FULL NAME	John Clawson	FULL MAIDEN NAME	Madaline Francis Wilcox
RESIDENCE	Yack. Montana	RESIDENCE	Yack Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mt.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Registrar.

Filed 12/14/ 1922 E. E. Hardy Registrar.

235-222-640-965

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 1 1923

CERTIFICATE OF BIRTH

108162

County of Shoshone

City of Kellogg

Registration District No. 123 File No.

No. St.

Primary Registration District No. Registered No. 77

Hospital No

FULL NAME OF CHILD Gertrude Anne Stein.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			2	Yes	9 22 1922

FATHER	MOTHER
FULL NAME Edward Estes Stein	FULL MAIDEN NAME Valerine Henrietta Fordham
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Mich	BIRTHPLACE Oregon
OCCUPATION Butcher	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar.

Filed 12/14/ 1922 E E Sandy
Registrar.

235-122-040-965

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 19[illegible] BUR[illegible]

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 108163

No. ..... St.

Primary Registration District No. ..... Registered No. 78

Hospital no

FULL NAME OF CHILD Gus Zoelner Stein.

Sex of Child boy | Twin Triplet or other? and Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9 (Month) 22 (Day) 19 22 (Year)

FATHER		MOTHER	
FULL NAME	Edward Peter Stein	FULL MAIDEN NAME	Valerine Henrietta Zoellner
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Oregon
OCCUPATION	Butcher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 12/14/ 1922 E. E. Stard
Registrar.

K
Registrar.

DEC 2 0 1973

995-1291040-291

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108164

County of Shoshone
City of Kellogg
No. ..... St. .....
Registration District No. 123
File No. .....
Hospital nr
Primary Registration District No. .....
Registered No. 79

FULL NAME OF CHILD Dominick John Rinaldi
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes.	Sept. 29 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Umbrose Rinaldi	FULL MAIDEN NAME Marie Branchi
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Saw mill worker	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy, M.D.
Physician
(Physician or midwife)

Address Kellogg Idaho

Filed Jan 4 1923 E. E. Hardy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-104-040-753

PLACE OF BIRTH

RECEIVED
JAN 4 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108165

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. .....

Primary Registration District No. ..... Registered No. 50

FULL NAME OF CHILD Donald Wilbur Shreve
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 4 1923

What bactericidal solution was used in eyes? Argyrol Solution (10%)

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clarence Francis Shreve	FULL MAIDEN NAME	Gertrude Hemuth Peterson
RESIDENCE	Wardner Idaho	RESIDENCE	Wardner Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Chicago Ill.
OCCUPATION	miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Hardy M D
(Physician or midwife)

Address Kellogg Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1/5/1924 E E Hardy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491-107-040-762

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
City of Kellogg
No. ..... St.
Registration District No. 133
File No. 108166
Hospital No
Primary Registration District No. .....
Registered No. 81

FULL NAME OF CHILD Samuel Drazich
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 7 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Robert Drazich	FULL MAIDEN NAME Anna Gosroda
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Serbia	BIRTHPLACE Montana
OCCUPATION Miner	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Normal, at 8:45 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Hardy M D
Physician
(Physician or midwife)

Address Kellogg Idaho

Give names added from a supplemental report.

....., 19.....

Filed Jan 4 1923 E E Hardy
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595 · 209104C - 4145

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 4 1923 BUREAU

County of Shoshone

City of Kellogg Registration District No. 133 File No. 108167

No. ..... St.

Hospital No Primary Registration District No. ..... Registered No. 82

FULL NAME OF CHILD Evelyn Sarah Nied.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			7	Yes	10 9 1922

FATHER	MOTHER
FULL NAME William Sherman Nied	FULL MAIDEN NAME Annie Munson
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	AGE AT LAST BIRTHDAY 53 (Years)
	COLOR White
	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Ind	BIRTHPLACE Texas
OCCUPATION Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5-30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) J. R. Mason
(Physician or midwife)

Address .....

Filed 1/14/ 1923 E. E. Hardy Registrar.

231-109-040-754

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Kellogg.

No. 216 E. Idaho St.

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108168

Registration District No. 123 File No.

Hospital No. Primary Registration District No. Registered No. 83

FULL NAME OF CHILD Wm Franklin St Amand.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10/9/1922

What bactericidal solution was used in eyes? Argarol 15%.

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	O. D. St. Amand.	FULL MAIDEN NAME	Nora Pedersen
RESIDENCE	Kellogg, Idaho.	RESIDENCE	Kellogg, Idaho.
COLOR	White AGE AT LAST BIRTHDAY 52 (Years)	COLOR	White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Wisconsin
OCCUPATION	Blacksmith.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. MacDougall M.D.
(Physician or midwife)

Address Kellogg Idaho.

Filed 12/14/1922 E. E. Hardy
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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669-212.040-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Shoshone
City of Kellogg
No. ____ St.
Hospital Wardner

AMENDED 2/6/46
CERTIFICATE OF BIRTH

Registration District No. 123
File No. 108169
Primary Registration District No. ____
Registered No. 84

FULL NAME OF CHILD Georgia Gene Ford
(Certificate of no value without full name of child.)

Sex of Child: Female
Twin / Triplet or other? and Number in order of birth
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth: 10/12/ (Month) (Day) 192 2 (Year)

What bacterioidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth: 3
Number of children of this mother now living, including present birth: 3

FATHER	MOTHER
FULL NAME: C. P. Ford	FULL MAIDEN NAME: Lovella Harvey
RESIDENCE: Kellogg, Idaho	RESIDENCE: Kellogg, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Washington
OCCUPATION: Mill-Man	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

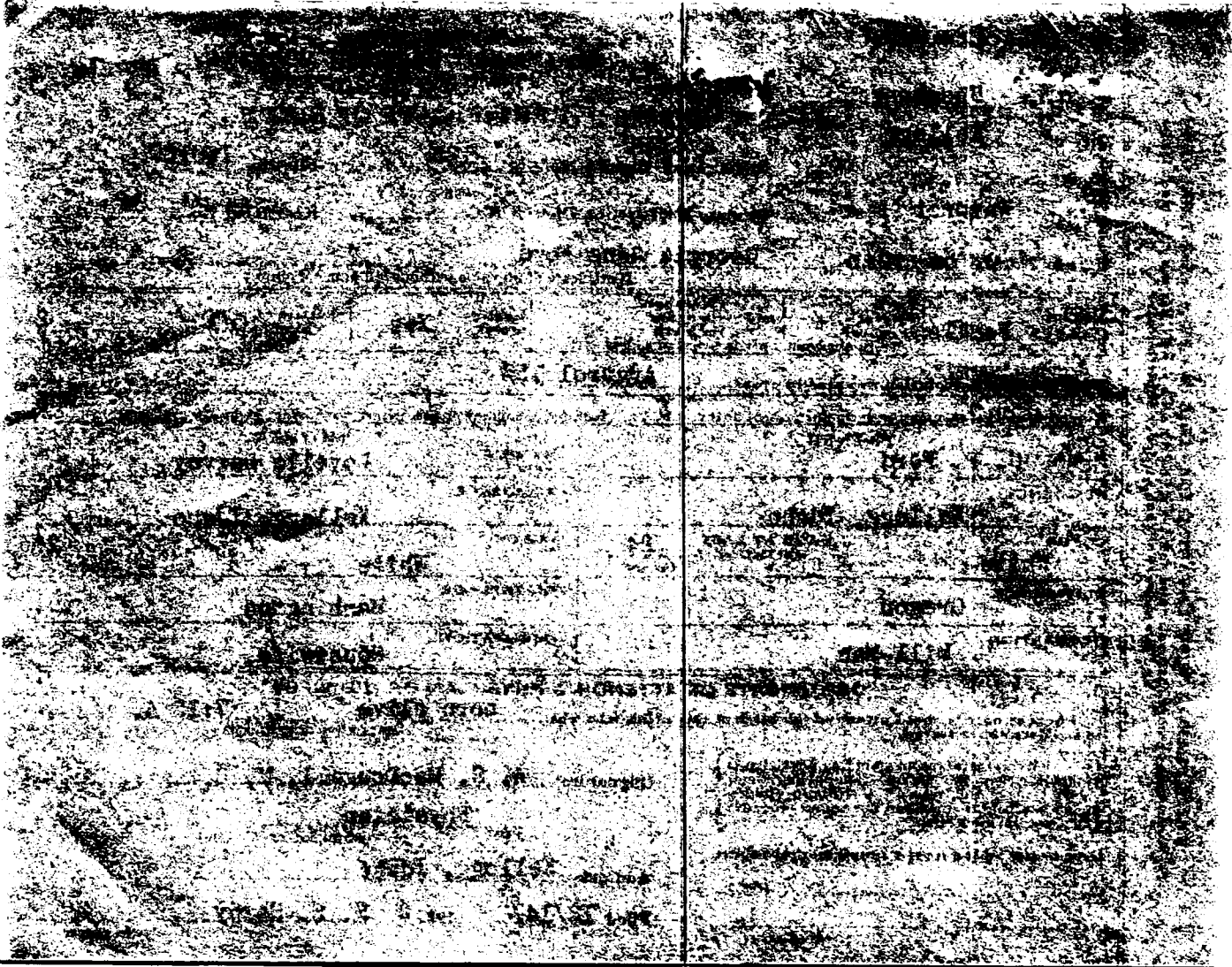
(Signature) A. S. MacDougall, M. D.
Physician (Physician or midwife)
Address Kellogg, Idaho

Give names added from a supplemental report.

....., 192.....
..... Registrar.

Filed 12/14/ 192 2 E. E. Hardy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 108169

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth ~~or Death~~)
for Lura Jean Ford (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12 - 1922 (Date of Event)
in Kellogg 66 Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother's statement (Bible Record, Insurance Policy, Etc.) prepared on JAN. 19 - 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lura Jean Ford	Georgia Gene Ford

Subscribed and sworn to before me this 19th day of Jan, 1946.
Mary M Stout
Notary Public, residing at Kellogg Idaho
My commission expires July 30, 1949
(Seal)

Signed Laurea Ford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Kellogg 66 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 19th day of Jan, 19 46
Mary M Stout
Notary Public, residing at Kellogg Idaho
My commission expires July 30 - 1949
(Seal)

Signed T C Rummerfield
(Signature of Any Credible Person)
130 x 192
(Street Address, City, State)
Wardner Idaho

FEB 6 1946

4-3-215-640-44/5

PLACE OF BIRTH

RECEIVED JAN 4 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 153 File No. 108170

Hospital ..... Primary Registration District No. ..... Registered No. 85

FULL NAME OF CHILD Flora Effie MacLean
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth Oct 15 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Samuel MacLean	FULL MAIDEN NAME Flora Munro
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Scotland	COLOR White
OCCUPATION Miner	AGE AT LAST BIRTHDAY 39 (Years)
	BIRTHPLACE Scotland
	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was. born alive at 8:30 A. M. (Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hunt M.D.
Physician
(Physician or midwife)

Address Kellogg Idaho

Give names added from a supplemental report.

....., 19.....

Filed 12/14/1922 E. E. Hunt
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 8 1942

391-218.040-213

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital No.

Registration District No. 123

File No. 108171

Primary Registration District No. .....

Registered No. 86

FULL NAME OF CHILD Anna Marie Traglia
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes.	Oct 18 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Antone A. Traglia	FULL MAIDEN NAME	Desolina Margaret Balagna
RESIDENCE	Kellogg Idaho.	RESIDENCE	Kellogg Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.
Physician
(Physician or midwife)

Address Kellogg Idaho.

Filed 12/14/1922 E. E. Hardy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-207-640-795

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
City of Kellogg.
No. Mullen St.
Registration District No. 123
File No. 10[redacted]
Hospital
Primary Registration District No.
Registered N[redacted]

FULL NAME OF CHILD Viola Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes.	11/7/1922

What bactericidal solution was used in eyes? Argonol 10%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	E. R. Jackson	FULL MAIDEN NAME Thelma Jarvis
RESIDENCE	W. Mullen St.	RESIDENCE W. Mullen St.
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Oklahoma	Illinois
OCCUPATION	Miner	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M. (Born alive or stillborn) on the date above stated.

(Signature) A. S. MacDougall M.D.
(Physician or midwife)

Address Kellogg Idaho.

Filed 12/14/1922 E. E. Hardy Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

MAR 1 2 1943

569-11-640-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
City of Kellogg.
No. 225 Division St.
Registration District No. 153
File No. 108173
Hospital
Primary Registration District No.
Registered No. 88

FULL NAME OF CHILD Everette Leroy Morris.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes	11 / 11 / 1922

What bacterieidal solution was used in eyes? Argyrol 15%.

Number of child of this mother, including present birth 6. Number of child of this mother now living, including present birth 6.

FATHER		MOTHER	
FULL NAME	H. P. Morris.	FULL MAIDEN NAME	Gertrude Jones.
RESIDENCE	Kellogg, Idaho.	RESIDENCE	Kellogg, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Indiana.	BIRTHPLACE	N. Dak.
OCCUPATION	Salesman. Wallace Bros.	OCCUPATION	Housework.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A. S. MacDougall M.D.
(Physician or midwife)
Address Kellogg, Idaho.
Filed 12/14/1922 E. E. Hand
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-124.040-951

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108174

County of Shoshone,
City of 3 mi E. of
No. Kellogg St.
Hospital no.

Registration District No. 123
Primary Registration District No.

File No.
Registered No. 89

FULL NAME OF CHILD Clinton Albert Yungk
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	11/24/1922

What bactericidal solution was used in eyes? argasol 15%.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	G. F. Yungk.	FULL MAIDEN NAME	Lottie Kearick
RESIDENCE	3 mi E. of Kellogg.	RESIDENCE	3 mi E. of Kellogg.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Germany	BIRTHPLACE	Pennsylvania.
OCCUPATION	Wood-cutter	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. MacDougall M.D.
(Physician or midwife)

Address Kellogg, Idaho.

Filed 12/14/1922 E. E. Hardy
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1971

249-229-040-962

PLACE OF BIRTH

RECEIVED
JAN 4 1
BUREAU
STAT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital Wardner.

Registration District No. 123 File No. 108175

Primary Registration District No. ..... Registered No. 90

FULL NAME OF CHILD Charlotte Jean Burroughs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	11/29/1922

What bactericidal solution was used in eyes? Argoral 15%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. R. Burroughs	FULL MAIDEN NAME	Bernice Roberts
RESIDENCE	2 mi W. of Kellogg.	RESIDENCE	2 mi. W. of Kellogg.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Arkan	BIRTHPLACE	N. York state.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. MacDougall M. D.
(Physician or midwife)

Address Kellogg, Idaho

Filed 12/14/ 1922 E. E. Hardy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231- 109-040-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

County of Shoshone
City of Kellogg
No. ..... St.
Hospital No

Registration District No. 123 File No. 108176
Primary Registration District No. ..... Registered No. 91

FULL NAME OF CHILD Stuart Brown Blackwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 9 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur William Blackwell	FULL MAIDEN NAME	Mary Caroline Brown
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	England	BIRTHPLACE	Kellogg Idaho
OCCUPATION	Janitor & High School Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.
Physician
(Physician or midwife)

Address Kellogg Idaho

Filed 1/14/1922 E. E. Hardy

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1942

OCT 17 1975

386-101-040-299

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

County of Shoshone

City of Wardner

No. ..... St.

Hospital No

Registration District No. 123 File No. 108177

Primary Registration District No. ..... Registered No. 92

FULL NAME OF CHILD William ~~Milton~~ EMRYS Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	4	Yes	9 1 1922

FATHER		MOTHER	
FULL NAME	Emrys Milton Thomas	FULL MAIDEN NAME	Bertha Eva Griffith
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wis	BIRTHPLACE	Wash
OCCUPATION	Grocery clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed 12/27/ 1922 E. E. Hardy

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 108177

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of William Emrys Thomas (Birth or Death)

for William Milton Thomas (Name on Original Certificate) who Sept- 1st (Was Born or Died) on 1922 (Date of Event)

in Kellogg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Affidavit of Mother (Bible Record, Insurance Policy, Etc.) prepared on June 19th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William Milton	William Emrys Thomas

Subscribed and sworn to before me this 19th day of June, 19 42

George Bradley
Notary Public, residing at Spokane Washington

My commission expires April 5th 1946
(Seal)

Signed Bertha E. Thomas (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 22 1942

JUN 24 1942

Corrected Z.J.

239-223-040-814

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

County of Shoshone

City of Kellogg

Registration District No. 153 File No. 108178

No. ..... St.

Primary Registration District No. ..... Registered No. 93

Hospital No

FULL NAME OF CHILD Jean Allice Scrafford.

Sex of Child F | Twin Triplet or other? and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William B. Scrafford	FULL MAIDEN NAME	Agnes Fay Hauge
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Rossland B.C.	BIRTHPLACE	Washington
OCCUPATION	Blacksmith	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed 12/27/ 1922 E. E. Hardy Registrar.

SEP 5 1942

049-030-040-219

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1923

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

Registration District No. 123 File No. 108179

No. ..... St.

Hospital No

Primary Registration District No. ..... Registered No. 94

FULL NAME OF CHILD Ida Jean Murray

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F			2	Yes	Oct	30	1922

FATHER		MOTHER	
FULL NAME	Earl Elijah Murray	FULL MAIDEN NAME	Lillian Mary Parsons
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	England
OCCUPATION	Grocery Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) J. R. Mason.

(Physician or midwife)

Address .....

Filed 1/27/ 1922 E E Hard Registrar.

MAY

Rec'd Jan. 4, 1923

389-116-228-294

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 108180
Local Reg. No. 95
Reg. Dist. No. 123

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cataldo
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 1327 E Liberty

3. CHILD'S NAME (*Type or print*)
a. (First): Vernon
b. (Middle):
c. (Last): Christiansen

4. SEX: M
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): November 16, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Peter
b. (Middle): Julius
c. (Last): Christiansen
8. COLOR OR RACE: White
9. AGE (At time of this birth): 34 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Norway
11a. USUAL OCCUPATION: Lumber Piler
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Signe
b. (Middle): Pearl
c. (Last): Simonson
13. COLOR OR RACE: White
14. AGE (At time of this birth): 32 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Minnesota
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship): S. Pearl Christiansen Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: T. R. Mason
18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS:
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 12-29-1922
20. REGISTRAR'S SIGNATURE: E.E. Hardy
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

NOV 15 1962

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

632-201-040-395

PLACE OF BIRTH

STATE [redacted] rm V. S. No. 11—20m-7-26-19

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 108181

No. ..... St.

Primary Registration District No. ..... Registered No. 96

Hospital no

FULL NAME OF CHILD Myrtle Jane Olson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	3	Yes	12 / 1 / 22

FATHER		MOTHER	
FULL NAME	Jack Olson.	FULL MAIDEN NAME	Olufine Tregan
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Saw Mill man	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 00 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address

Filed 12/27 1922 E. E. Hardy

Registrar.

AUG 6 1942

Rec'd January 4, 1923

75-9-117-040-864

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 108182
Local Reg. No. 97
Reg. Dist. No. 123

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Shoshone	a. STATE: Idaho b. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	MAURICE		GEIB

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____ 6:30 a.m.	1st ____ 2nd ____ 3rd ____	December 17, 1922

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Rudolph		Geib

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
22 YEARS	Washington	Farmer	Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Virginia		Houston

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
18 YEARS	Virginia	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Virginia Geib Mother

I hereby certify that this child was born alive on the date stated above.	17. SIGNATURE: E. E. Hardy, M.D.	18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
	19. ADDRESS: Kellogg, Idaho	20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec. 27, 1922	22. REGISTRAR'S SIGNATURE: E. E. Hardy	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

[redacted] YES _____ NO _____ DATE _____

Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____

LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.	~~Argyrol 10%~~
RACE OR COLOR OF FATHER: White	RACE OR COLOR OF MOTHER: White	Was 1% Silver Nitrate Used to prevent blindness? YES _____ NO _____
METHOD OF DELIVERY		

BIRTH INJURY TO INFANT

_____ YES IF YES, DESCRIBE

_____ NO

CONGENITAL MALFORMATIONS OF INFANT

_____ YES IF YES, DESCRIBE

_____ NO

APR 20 1977

755 = 2.23 1140-295

Amended 10-24-61

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 108183
Local Reg. No. 98
Reg. Dist. No. 123

Federal Security Agency
United States Public Health Service

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Sylvester
b. (Middle): William
c. (Last): Pecnick

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH: (Month) Dec. (Day) 23, (Year) 1922

FATHER OF CHILD

7. FULL NAME: a. (First) John b. (Middle) H. c. (Last) Pecnick
8. COLOR OR RACE: White
9. AGE (At time of this birth): 33 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Germany
11a. USUAL OCCUPATION: Smelterman
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Dresa b. (Middle) c. (Last) Singer
13. COLOR OR RACE: White
14. AGE (At time of this birth): 30 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Hungary
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. E. Hardy, M.D.
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Kellogg, Idaho
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 12/27/1922
20. REGISTRAR'S SIGNATURE: E.E. Hardy
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

7

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of SPOKANE }

Certificate No. 108183

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Salere William Pecnick (Name on Original Certificate) who was born (Was Born or Died) on Dec. 23, 1922 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on April 15, 1923 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Salere William Pecnick	Sylvester William Pecnick

Subscribed and sworn to before me this 19th day of October, 1961

Notary Public, residing at Spokane, Wash.
My commission expires May 25, 1965
(Seal)

Signed Joseph Andrew Sunyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Half brother
E 2712 Nebraska, Spokane 28, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of October, 1961

Notary Public, residing at Spokane, Wash.
My commission expires May 25, 1965
(Seal)

Signed Leon E. Flynn
(Signature of Any Credible Person)
E 1207 Heroy, Spokane 22, Wash.
(Street Address, City, State)

FORM DH 60-155 CL 9-22-61. nm

Correcting first name only -

Certificate of Baptism, St. Rita's Church, Catholic Church, Kellogg, Idaho gives full name of child as Sylvester W. Pecnick, born Dec. 23, 1922 to John Pecnick and Theresa Pecnick - baptized April 15, 1923 - viewed by V.S.

Social Security Card, #534-20-1088 gives full name as Sylvester William Pecnick - viewed by V.S.

212-126-04C-27

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108184

County of Shoshone

City of Kellogg

No. ..... St.

Hospital no

Registration District No. 123 File No. .....

Primary Registration District No. ..... Registered No. 99

FULL NAME OF CHILD Sylvan Danner Baker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	and		yes	12-26-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Minor J. Baker	FULL MAIDEN NAME	Anna Esther Bagley
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	North Dakota
OCCUPATION	Ore mill man	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) E. E. Hardy M.D.
Physician
(Physician or midwife)

Address Kellogg Idaho

Filed 12/28/1922 E. E. Hardy
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1942

647-103,041-4

PLACE OF BIRTH

[redacted]

BUREAU OF VITAL STAT[redacted]

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tetona

City of Duggs

No. ..... Registration District No. 77 File No. 108185

Hospital ..... Primary Registration District No. 2176 Registered No. 121

FULL NAME OF CHILD Clarence Edwin Fuger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 3 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence E. Fuger	FULL MAIDEN NAME	Violet McElroy
RESIDENCE	Duggs Ida	RESIDENCE	Duggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Telephone Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Duggs Ida

....., 19.....

Registrar.

Filed 1/9/ 1923 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Driggs
ST. _____
COUNTY Teton

FILE NO. 108185
DATE OF BIRTH November 3rd 1922
SEX OF CHILD Male
FATHER Clarence E. Finger
MOTHER Violet Mc Elroy. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Clarence Edwin Finger jr.

Mrs. Violet Finger
Signature of Father or Mother.

MAY 22 1962

49-168-041-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108186

County of Teton
City of Driggs
No. ..... St. ..... Registration District No. 77 File No. .....
Hospital ..... Primary Registration District No. 2176 Registered No. 123

FULL NAME OF CHILD Harold Jack Driggs
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Dec 10 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Byron H Driggs	FULL MAIDEN NAME	Ruth Amelia Smith
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, (Born alive or stillborn) **at** 5 O' M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Chas J Clark
Physician
(Physician or midwife)

Address Driggs Ida

Filed 1/2/ 1923 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

RECEIVED APR 26 [illegible] BUREAU OF VITAL STATISTICS

Place of Birth (CITY Driggs (ST. _____ (COUNTY Teton

FILE NO. 108186

DATE OF BIRTH Dec. 10th 1923.

SEX OF CHILD Male

FATHER Byron D. Driggs

MOTHER Ruth A. Smith (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Harold Jack Driggs.

Mrs. Byron Driggs

Signature of Father or Mother.

MAR 24 1942

614-112-041-415

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victoria

No. ..... St.

Registration District No. 77 File No. 108188

Hospital ..... Primary Registration District No. 2176 Registered No. 124

FULL NAME OF CHILD Dean Edward Wade

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Dec 17 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Wade	FULL MAIDEN NAME	Mary Alice Davis
RESIDENCE	Victoria Idaho	RESIDENCE	Victoria Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 00 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Martin

Physician

(Physician or midwife)

Address Driggs Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 1/2/ 1923 Martha Marker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

.O A C I T O

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1 6 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Tetonia

(ST. _____

(COUNTY Teton

FATHER G. L. Wade

FILE NO. 108188

DATE OF BIRTH Dec. 12th 1922

SEX OF CHILD Male

MOTHER Mary A. Davis
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dean Edward Wade

Mrs. Geo. L. Wade

Signature of Father or Mother.

DEC 9 1974

495-130-041-866

Form V. S. No. 11-C--25m-7-21-19

RECEIVED JAN 5

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77

File No. 108190

Primary Registration District No. 2176

Registered No. 120

FULL NAME OF CHILD Talbot W Dredge

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Y

Date of Birth 11 (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	K. Henry Dredge	FULL MAIDEN NAME	Easter Howard
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Kaysville
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6-30 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs, Ida

Filed Dec 20 - 1922 Martha Marker
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

213-127-041-553

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lemhi

City of Driggs

Registration District No. 77 File No. 108191

No. St.

Primary Registration District No. 2176 Registered No. 127

Hospital

FULL NAME OF CHILD ~~LYLE DAVID~~ Salsfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 27 1922

FATHER	MOTHER
FULL NAME J. F. Salsfield	FULL MAIDEN NAME Argenta Nelson
RESIDENCE Driggs	RESIDENCE Driggs
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Housewife

WHAT ANESTHETICAL PREPARATION WAS USED IN EVERY CASE? None used

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H. F. Galbraith M.D.
(Physician or midwife)

Address Driggs Idaho

Filed 1/3/1923 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 30 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Union

Certificate No. 108191

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Salkield (Name on Original Certificate) who Born (Was Born or Died) on October 27, 1922 (Date of Event)
in Telonia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 15, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Salkield	Lyle David Salkield
name of mother	Agenta Nelson	Argenta Nelson

Subscribed and sworn to before me this 17th day of Febr, 1942

B. A. Benham

Notary Public, residing at La Grande Oregon

My commission expires Sept 24th 1944
(Seal)

Signed Argenta Salkield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Union

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Febr, 1942

B. A. Benham

Notary Public, residing at La Grande Oregon

My commission expires Sept 24th 1944
(Seal)

Signed W. J. Briggs
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

1942

FEB 28 1949

APR 8 1952

251-176-041-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

County of Teton
City of Victor
No.
Hospital

Registration District No. 77 File No. 108192
Primary Registration District No. 2176 Registered No. 126

FULL NAME OF CHILD Donald Edward Keasley
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Dec 16- 192-

What bactericidal solution was used in eyes? 10% argent.

Number of child of this mother, including present birth 1. Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward John Keasley	FULL MAIDEN NAME	Ethel Lime Powell
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson
Physician
(Physician or midwife)

Address Driggs Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1/3/ 1923 Martha Markee
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1924 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Victor

ST. Idaho

COUNTY Teton

FILE NO. 108192

DATE OF BIRTH Dec 16, 1922

SEX OF CHILD Male

FATHER Edward John Kearsley

MOTHER Ethel Irene Powell (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Donald Edward Kearsley.

E J Kearsley

Signature of Father or Mother.

MAY 17 1941

JUN 5 1969

660-21-E41-365

PLACE OF BIRTH

STATE OF [illegible]
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS
STATE OF [illegible]

CERTIFICATE OF BIRTH 108193

County of Teller
City of Victor
No. ____ Street ____
Registration District No. 77 File No. ____
Hospital ____ Primary Registration District No. 2176 Registered No. 129

FULL NAME OF CHILD Irvie Vera Washbourne
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	Nov 1- 192 4

What bacteriocidal solution was used in eyes? 10% argond

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Geo. S. Washbourne	FULL MAIDEN NAME Vama Cover
RESIDENCE Victor	RESIDENCE Victor
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Colo	BIRTHPLACE Kansas
OCCUPATION Rancheman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Victor (Born alive or stillborn), at 5 - 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A H Culbertson
Physician
(Physician or midwife)

Address Victor Colo

Filed 1/3/1923 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
JAN 30 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Victor

(ST. Idaho

(COUNTY Teton

FILE NO. 108193

DATE OF BIRTH Nov. 1. 1922

SEX OF CHILD Girl

FATHER Geo. L. Woolstenhulme

MOTHER Vanna Lasier
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Louie Vera Woolstenhulme

K

Mrs. George L. Woolstenhulme
Signature of Father or Mother.

SEP 1 1967

JUN 25 1971

266-227.091-249

RECEIVED
JAN 5 1928
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. _____ St.

Hospital _____

Registration District No. 77 File No. 108194

Primary Registration District No. 2176 Registered No. 128

FULL NAME OF CHILD Bula Bowen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Dec -27 1922

FATHER		MOTHER	
FULL NAME	David King Bowen	FULL MAIDEN NAME	Florence Buxton
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

NOTE: ANTISEPTIC SOLUTION MISSED IN EYES 10 d. expired

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Driggs Ida

Registrar

Filed 1/3 1923 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
APR 15 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Bates

(ST. _____

(COUNTY Teton

FILE NO. 108194

DATE OF BIRTH Dec. 27 1922

SEX OF CHILD Female

FATHER David K. Bowen

MOTHER Florence Burton (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Bula Bowen

Mrs Florence B. Bowen

Signature of Father or Mother.

493-202-041-255

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

Registration District No. 77 File No. 108195

Primary Registration District No. 2176 Registered No. 120

FULL NAME OF CHILD Eunice Mickelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Dec (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Theodore Mickelson	FULL MAIDEN NAME	Eva Bevan
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? 10 % argarb

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Ida

Filed 1/3/ 1923 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Tetonia

(ST. Idaho

(COUNTY Teton Co.

FILE NO. 108195

DATE OF BIRTH Dec 2 1922

SEX OF CHILD Female

FATHER Mr. Theo. Mickelsen

MOTHER Eva Bevan (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Eunice Mickelsen

Mrs. Theodore Mickelsen

Signature of Father or Mother

766-208-042-915

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Registration District No. 36

File No. 108196

Hospital home

Primary Registration District No. .....

Registered No. 62

FULL NAME OF CHILD XXXXXX Goodman, DORTHEY FAY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec. 8, 22 192

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Francis Goodman	FULL MAIDEN NAME	Leotta Randall
RESIDENCE	Murtaugh, Idaho	RESIDENCE	Murtaugh
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Dec/18/22 192 J. M. Davis
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 108196

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorthey Fay Goodman (Name on Original Certificate) who was born (Was Born or Died) on Dec. 8. 1922 (Date of Event)
in Murtaugh Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Home family record (Bible Record, Insurance Policy, Etc.) prepared on ✓ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorthey Fay Goodman

Subscribed and sworn to before me this 29th day of April, 1942

Notary Public, residing at Albion Idaho

My commission expires Jan. 10. 1943
(Seal)

Signed Celia Lutta Goodman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Albion Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 1942

Notary Public, residing at Albion, Idaho

My commission expires Jan. 10. 1943
(Seal)

Signed George Francis Goodman
(Signature of Any Credible Person Other Than Previous Year)

Albion Idaho
(Street Address, City, State)

MAY 4 1942

MAY 5 1949

238-21-042-313

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108197

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 36 File No. 63

Hospital home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elizabeth Alvenia Schoenmann
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec. 11, 22 192

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Albert Schoenmann	FULL MAIDEN NAME	Minnie Agnus Tate
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Dec. 20, 1922 J. M. Davis

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

34 3-2 2-042-796

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108198

County of Twin Falls

City of Hansen, St. No.

Registration District No. 36

File No.

Hospital home

Primary Registration District No.

Registered No. 64

FULL NAME OF CHILD Ruth Rosellen Cutler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Dec. 22, 22 192

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Mark Cutler	FULL MAIDEN NAME	Elsie May Grove
RESIDENCE	Hazelton, Idaho	RESIDENCE	Hazelton, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) J. R. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Dec. 30, 1922 192

J. R. Davis
Registrar.

RECEIVED
FEB 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1 4 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Kimberly
(ST. _____
(COUNTY Twin Falls

FILE NO. 108198

DATE OF BIRTH Dec 22-1922

SEX OF CHILD Female

FATHER Mark Cutler

MOTHER Elsie May Grove
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ruth Rosellen Cutler

Mark Cutler.

Signature of Father or Mother.

MAR 4 1943

819-130-042-312

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

Primary Registration District No. 2086

File No. 108199

Registered No. .....

FULL NAME OF CHILD Dean Harding
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Dey	Twin and	2nd	Yes	Dec 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag no 3 1%

Number of ~~child~~ of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Elmer Harding	FULL MAIDEN NAME	Frances S. Tasker
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	Surf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry
(Physician or midwife)

Address 5

Filed Dec 30 1922 Aan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

...RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-130-042-312

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

RECEIVED JAN 9 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108200

Registration District No. 38 File No. .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Dale Harding
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Twin	1st	Yes	Dec 30 192

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer Harding	FULL MAIDEN NAME	Frances Foster
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Kas	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address .....

Filed Dec 30 192 ✓ A A N
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 1 1 1975

DECEASED

959.131-042-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38

File No. 108201

Hospital .....

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Lester Louis Reinke
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Dec 31 1922

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	H. C. Reinke	FULL MAIDEN NAME	Sophie Kirchoff
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Jan 2 1922 AAN
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Twin Falls

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Buhl

ST. Idaho

COUNTY Twin Falls

FATHER H C Reinke

FILE NO. 108201

DATE OF BIRTH Dec 31, 1922

SEX OF CHILD Male

MOTHER Sophie Kirchhoff (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lester Lorine

H C Reinke

Signature of Father or Mother.

793-126-042-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 9 1923 VITAL STATISTICS

CERTIFICATE OF BIRTH 108202

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38 File No. .....

Primary Registration District No. 3086 Registered No. .....

FULL NAME OF CHILD Clarence Luther Gilmer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Dec. 26 1922

What bactericidal solution was used in eyes? Agno 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Jess Gilmer	FULL MAIDEN NAME	Mabel Shank
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Neb.
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at Medaigfort on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address

Filed 1/27 1922

Registrar.

RECEIVED JAN 9 1923 VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Filer

ST. _____

COUNTY Twin Falls

FATHER Jesse L Gilmer

FILE NO. 108202

DATE OF BIRTH Dec 26 1922

SEX OF CHILD Male

MOTHER Mabel Shank
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Clarence Luther

Mrs J. L. Gilmer.
Signature of Father or Mother.

SEP 2 9 1942

231-102.042-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St. ..... District No. 31 File No. 108203

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Benjamin Louren Slatter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	12 2 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ben Slatter	FULL MAIDEN NAME	Helen Chapman
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Colo.,	BIRTHPLACE	Nebr.,
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Phys.
(Physician or midwife)

Address Buhl Ida

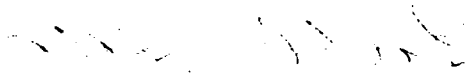
Filed JAN 1 1923 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



893-206-042-796

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 108204

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Marilynn June Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		yes	12-6-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. Hill	FULL MAIDEN NAME	Pearl Brough
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	wht.	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Tenn.	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	H's wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings, M.D.
(Physician or midwife)

Address Buhl, Ida.

Filed JAN 1 1923 J. H. Murphy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 29 1970

108204

DECEASED

715-107-042-666

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108205

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 59 File No. ____

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Barry Lee Gaerte
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	12 7 1922

What bacteriocidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	L. M. Gaerte	FULL MAIDEN NAME	Martha Woods
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 11 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCarthy M.D.
(Physician or midwife)

Address Buhl Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed JAN 1 1923 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

567-709-042-236

PLACE OF BIRTH

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108206

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 39 File No. ____

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Harvey Amos Vogel

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	12-8-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Amos Arthur Vogel	FULL MAIDEN NAME	Marjorie Stockham
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Geo. Jennings M.D.

(Physician or midwife)

Address Buhl Ida.

Filed JAN 1 1923 J. H. Allsopp Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
FEB 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Buhl
(ST. _____
(COUNTY Twin Falls
FATHER Amos Vogel

FILE NO. 108206
DATE OF BIRTH Dec- 8th 1922
SEX OF CHILD Male
MOTHER Marjorie Stockham
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Harvey Amos Vogel

Mrs. A. A. Vogel
Signature of Father or Mother.

OCT 13 1969

638-109-042-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108207

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 31 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Howard Daniel Flynn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	12 9 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wesley Flynn	FULL MAIDEN NAME	Ada Howard
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys
(Physician or midwife)

Address Buhl Idaho

Filed JAN 1 1923 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Buhl
(ST. _____
(COUNTY _____

FILE NO. 108207
DATE OF BIRTH Dec 9, 1922
SEX OF CHILD Male
FATHER Wesley Flynn
MOTHER Ada Howard (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Howard Daniel Flynn

Mrs Wesley Flynn
Signature of Father or Mother.

FEB 2 1973

386-110-042-569

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

RECEIVED JAN 5 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

108208

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Richard Jasper Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jack C. Thompson	FULL MAIDEN NAME	Pearl E. Norris
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Tennessee
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl, Ida

Filed Dec 12 1922 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMAN

N. B. In case of more than one child at birth a SEPARAT and the number of each, in order of

FEB 1 5 1955

813-112-042-763

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108209

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Wilbert James Kacalek
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	12/12 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jas. Kacalek	FULL MAIDEN NAME	Hella Palansky
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	North Da.	BIRTHPLACE	North Da
OCCUPATION	Steam Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky

Phys
(Physician or midwife)

Address Buhl Ida

Filed JAN 1 1923 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1942

813-115-042-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

108210

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 39 File No. ____

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Norman Dale Yates

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	Dec 15 1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	C. G. Yates.	Hattie Martin
RESIDENCE	Buhl	Sawtooth
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Mont.	Mo.
OCCUPATION	Laborer.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.05 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphey M.D.

(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

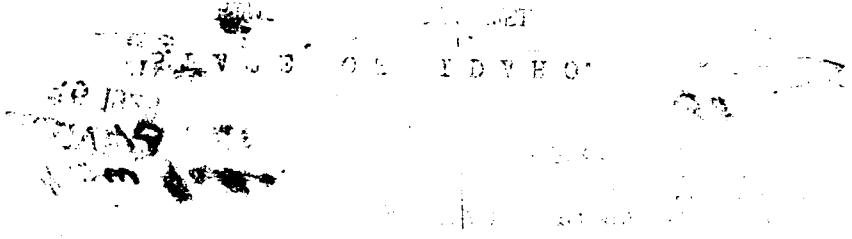
....., 19.....

Registrar.

Filed 12-21 1922 J. N. Murphey Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED JAN 2[illegible] 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Buhl

ST. _____

COUNTY Idaho

FILE NO. 108210

DATE OF BIRTH December 15

SEX OF CHILD Male

FATHER Cecil Yates

MOTHER Miss Hattie Martin (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Norman Hale Yates

Mrs C. G. Yates

Signature of Father or Mother

APR 14 1944

819-116-042-433

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 108211

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	12 16 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo. Hart	FULL MAIDEN NAME	Myrtle McCampbell
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oklahoma	BIRTHPLACE	Tenn
OCCUPATION	Labour	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Address Buhl Ida

Filed JAN 1 1923 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10823

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY _____ FILE NO. 108211

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD Male

FATHER _____ MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

MAY 2 4 1971

26-3-118-42-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 5 1923

CERTIFICATE OF BIRTH 10821 2

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Charles Herman Kollmeyer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	12-18-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Henry Kollmeyer	FULL MAIDEN NAME Antoinette Bergfeld
RESIDENCE Buhl	RESIDENCE Buhl
COLOR wht.	COLOR wht.
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ill
OCCUPATION Farmer	OCCUPATION Hswife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Ge. Jennings
(Physician or midwife)

Address Buhl, Ida.

Give names added from a supplemental report.

....., 19.....

Filed JAN 1 1923 J. H. Murphey
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B. d.

RECEIVED
JAN 31 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Buhl

(ST. _____

(COUNTY Twin Falls

FILE NO. 108212

DATE OF BIRTH Dec 18 - 22

SEX OF CHILD Male

FATHER Henry

MOTHER Antonette Bergfeld
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Charles Herman

Antonette Kollmeyer
Signature of Father or Mother.

SEP 12 1942

MAY 22 1951

24-120-042-857

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 19
BUREAU

CERTIFICATE OF BIRTH

108213

County of Twin Falls
City of Buhl.
No. ..... St.
Hospital .....

Registration District No. 39 File No. .....
Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ROBERT HENRY BUFFINGTON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes.	Dec 20 1927

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	B. F. Buffington.	FULL MAIDEN NAME	Jennie Heard.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Kan.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed 1-7-28 1928 J. N. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Iowa } ss. Certificate No. 108213
County of Mills } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Robert Henry Buffington (Name on Original Certificate) who was born (Was Born or Died) on Dec. 20 - 1922 (Date of Event) in Buhl Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on June 5 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Robert Henry Buffington

Subscribed and sworn to before me this 18 day of March, 1942

C. F. Lemmy
Notary Public, residing at Glenwood Ia

My commission expires July 4/1942
(Seal)

Signed Mrs. B. F. Buffington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Glenwood Iowa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa } ss.
County of Mills }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of March, 1942

C. F. Lemmy
Notary Public, residing at Glenwood Ia

My commission expires July 4/1942
(Seal)

Signed B. F. Buffington
(Signature of Any Credible Person Other Than Previous Year)

Glenwood Iowa
(Street Address, City, State)

APR 11 1949

OCT 16 1950

251-120-042-291

PLACE OF BIRTH

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108214

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39

File No. .....

Hospital .....

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Robert Baclar Svancara

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	12-20-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Baclav James Svancara	FULL MAIDEN NAME	Agnes Fraser
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	wht.	COLOR	wht.
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Geo. Jennings

(Physician or midwife)

Address Buhl, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed JAN 1 1923 J. H. Murphy

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS
STATE OF IDAHO

RECEIVED
1923

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Buhl

(ST. on Farm

(COUNTY Twin Falls

FILE NO. 108214

DATE OF BIRTH Dec 20 1922.

SEX OF CHILD Male

FATHER V. J. Svancara

MOTHER Agnes Hoover Svancara
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Robert Vaclav Svancara

V. J. Svancara
Signature of Father or Mother.

JUL 7 19[illegible]

[illegible] 3 1951

SEP 2 1949

42-121-042-452

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 108215

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Paul Newell Masters
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12 21 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. A. Masters	FULL MAIDEN NAME	Audrey Despain
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Real Estate agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Address Buhl Idaho

Filed JAN 1 1923 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Buhl

(ST. Idaho

(COUNTY Twin Falls

FILE NO. 108215

DATE OF BIRTH Dec. 21, 1922

SEX OF CHILD Male

FATHER W.A. Masters

MOTHER Audrey Elizabeth deSpa
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Paul Newell Masters

Mrs. W.A. Masters

Signature of Father or Mother.

OCT 2 8 1942

317-221-042-766

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

RECEIVED JAN 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 108216

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Rose Kathleen Capron
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	12 21 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	A. B. Capron	FULL MAIDEN NAME	Mabel Poore
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	Trucking	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Address Buhl Ida

Filed JAN 1 1923 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-122-042-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 108217

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD James Edward Shea
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	12 22 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo. B. Shea	FULL MAIDEN NAME	Mildred Roberts
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	South Da.
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Eric Chuky
Phys.
(Physician or midwife)

Address Buhl Ida

Filed JAN 1 1923 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RE... 1923
JAN... VITAL STICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho [redacted] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Buhl

(STATE Idaho

(COUNTY Twin Falls.

FILE NO. 108217

DATE OF BIRTH December 22, 1922

SEX OF CHILD Male

FATHER George B. Shea

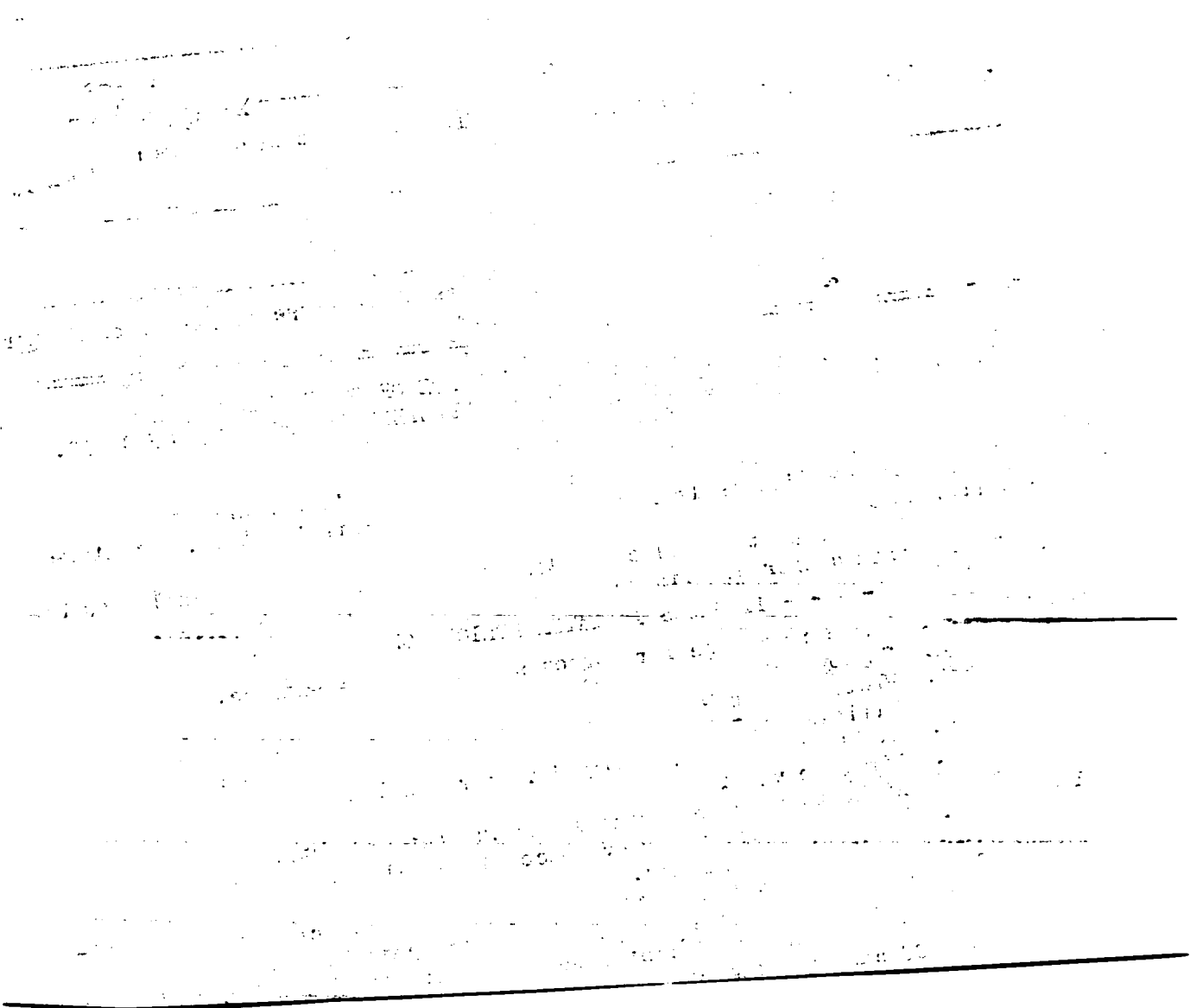
MOTHER Mildred Roberts. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

James Edward Shea

Mrs. George B. Shea.

Signature of Father or Mother.



851-223-042-25

PLACE OF BIRTH

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 108218

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Almeda Maxine Head
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.		yes	12-23-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Marion Head	FULL MAIDEN NAME	Martha Jane Bennett
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	wht.	COLOR	wht.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ky.	BIRTHPLACE	Ky.
OCCUPATION	Farmer	OCCUPATION	Hiswife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. Jennings
(Physician or midwife)

Address Buhl, Ida.

Filed JAN 1 1923 J. H. Amorfley
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN 26 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Burley

(ST. Idaho

(COUNTY Twin Falls

FATHER J M Mead

FILE NO. 108218

DATE OF BIRTH Dec 23 - 1922

SEX OF CHILD Female

MOTHER Martha Jane Bennett
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Almeda Maxine Mead

J M Mead

Signature of Father or Mother.

659-225-042-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 31 File No. 108219

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Evalin Dorthy Werner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	12/25/1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Oscar H Werner	FULL MAIDEN NAME	Louise Back
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Clusky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Buhl Ida

Filed JAN 1 1923 192 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
FEB 2 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Filer

(ST. Idaho

(COUNTY Twin Falls

FILE NO. 108219

DATE OF BIRTH Dec 25

SEX OF CHILD Female

FATHER O H Kerner

MOTHER Louise Bock.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Evelin Dorthy

Mrs O H Kerner

Signature of Father or Mother.

553 PLACE OF BIRTH 366

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108220

County of Twin Falls, Ida. City of R.R. No. St. Registration District No. 37 File No.
Hospital Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Vivian Leonia LENORE Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec. 7 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Oscar Nelson	FULL MAIDEN NAME	May Lowe
RESIDENCE	Twin Falls - R.F.D.	RESIDENCE	Twin Falls - R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ~~born~~ alive (Born alive or stillborn) at 6 30 A. M. on the date above stated.

(Signature) Charles K. Scott
(Physician or ~~midwife~~)
Address Twin Falls - Ida.

Filed Dec. 15-1922 John W. Coughlin
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO,

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, JAN 26 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Twin Falls. FILE NO. 108220

(RR. # 1. DATE OF BIRTH Dec 7. 1922.

(COUNTY Twin Falls SEX OF CHILD Female

FATHER Oscar Nelson MOTHER Mary B Lowe (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Vivian ~~Leonore~~ Nelson
Lenore

Oscar Nelson
Signature of Father or Mother.

15

MAR 12 1944

JAN 27 1943

236-206-042-515

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108221

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

Registration District No. 37.

File No. .....

Primary Registration District No. 2085.

Registered No. .....

FULL NAME OF CHILD Stoddard, Dorothy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	Dec 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Geo B Stoddard	FULL MAIDEN NAME	Grace Van Leuven
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchet

Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Filed Dec. 18 1922 John T. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

ECEIVED
FEB 12 19
REAU OF VITAL
STATISTICS

Boise, Idaho JAN 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Kimberley

ST. _____

COUNTY Twin Falls

FATHER Geo. B. _____

FILE NO. 108221

DATE OF BIRTH Dec. 6

SEX OF CHILD Female

MOTHER Grace Van Leuven
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dorothy

Grace L Stoddard
Signature of Father or Mother.

366-112-042-393

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108222

County of Twin Falls

City of R.F.D.

No. ..... St.

Registration District No. 37

File No. .....

Hospital .....

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Bartley Litz Lower
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Dec. 12 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Samuel S. Lower	FULL MAIDEN NAME	Oka Litz
RESIDENCE	Twin Falls (Co)	RESIDENCE	Twin Falls (Co)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	—

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 pm M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho.

Filed Dec. 18- 1922 John F. Coughlin
Registrar.

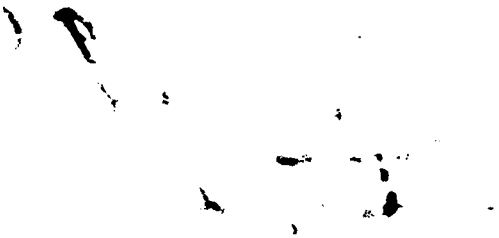
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
JAN 30 1923
VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

JAN 1 [illegible] 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls
(~~St.~~ Route 1
(COUNTY Twin Falls

FILE NO. 108222

DATE OF BIRTH Dec 12, 1922

SEX OF CHILD Male

FATHER Samuel Steven Lower

MOTHER Oka Litz
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Bartley Litz Lower

Oka Litz Lower
Signature of Father or Mother.

DEC 7 1967
MAY 13 1969
FEB 3 1981

12-15-41

985-210-042-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of R.F.D.

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 108223

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Merkle, Betty Rhee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	Yes	Dec 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas W Merkle	FULL MAIDEN NAME	Helen Langdon
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 69 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Lindrek
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed Dec. 18- 1922 John T. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls

Sec. R.7.D.# 1

COUNTY Twin Falls

FILE NO. 108223

DATE OF BIRTH December 10 1922

SEX OF CHILD Female

FATHER Charles W. Merkle

MOTHER Amanda Helen Langdon
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Betty Rhee Merkle

Mrs Chas. W. Merkle

Signature of Father or Mother.

369-215-092-795

PLACE OF BIRTH

County of Twin Falls

City of Hollister

No. ..... St. .....

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 108224

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Helen Lucille Corak

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	10 15 192 2

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Marko Peter Corak	FULL MAIDEN NAME	Ethel Adeline Prentice
RESIDENCE	Hollister Ida	RESIDENCE	Hollister Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or midwife)

Address Box 498 Twin Falls, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 1- 192 22 John T. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho Feb. 1, 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Hollister FILE NO. 108224

(ST. _____ DATE OF BIRTH Oct. 15.

(COUNTY Twin Falls SEX OF CHILD Female

FATHER Pete Craft MOTHER Ethel G. Craft. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Helen Lucille

Mrs. Ethel Craft

Signature of Father or Mother.

713-211-042-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108225

County of Twin Falls

City of Hansen

No. ..... St.

Registration District No. 37.

File No. .....

Hospital .....

Primary Registration District No. 2085.

Registered No. .....

FULL NAME OF CHILD #2 Unnamed Baby Patty (died)
(Certificate of no value without full name of child.)

Sex of Child	Triplet? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe	2 (To be answered only in event of plural births)	Yes	11 - 11 - 1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jos. Ernst. Patty	FULL MAIDEN NAME	Alethe Bonham
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ark	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Hswfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Patty
Father
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Hansen

Filed Dec. 1 1922 John T. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-211-542-365

PLACE OF BIRTH

RECE
JAN
BUREA
STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108226

County of Twin Falls

City of Hansen

No. —— St.

Registration District No. 37

File No.

Hospital —

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Unnamed Baby Patty (died)

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		1	Yes	11 — 11 — 1922

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jos. Ernest Patty	FULL MAIDEN NAME	Alethe Bonham
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Patty

Father

(Physician or midwife)

Address Hansen

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed Dec. 1 1922 John F. Loughlin

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-21-042-265

PLACE OF BIRTH

RECEIVED JAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Registration District No. 37.

File No. 108227

Hospital .....

Primary Registration District No. 2085.

Registered No. .....

FULL NAME OF CHILD 3 Unnamed Baby Patty (died)
(Certificate of no value without full name of child.)

Sex of Child	Triplet ~~or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe	3	Yes	11 - 11 - 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jos. Eras Patty	FULL MAIDEN NAME	Alethe Bonham
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ark.	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Hswfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Patty
Father
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Hansen

Filed Dec. 1 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z-name

389-2070042-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Berger

No. ——— St. Registration District No. 37. File No. 108228

Hospital ——— Primary Registration District No. 2085. Registered No.

FULL NAME OF CHILD Cora ~~Esther~~ BOTHILDA Christiansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe	—		—	Yes	11 - 7 - 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Peter Christian Christiansen	FULL MAIDEN NAME	Annie Brown
RESIDENCE	Berger	RESIDENCE	Berger
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hswfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott, M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Twin Falls

....., 19....

Registrar.

Filed Dec 1 1922 John T. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 4 1943

654-210-042-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108229

County of Twin Falls

City of R.F.D.

No. St. Registration District No. 37. File No.

Hospital Primary Registration District No. 2085. Registered No.

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Martha Charlotte Weddle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	11-10-1922

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Waldeman Weddle	FULL MAIDEN NAME	Grace Sullivan
RESIDENCE	Berger	RESIDENCE	Berger
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mo.	BIRTHPLACE	Kan
OCCUPATION	Rancher	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

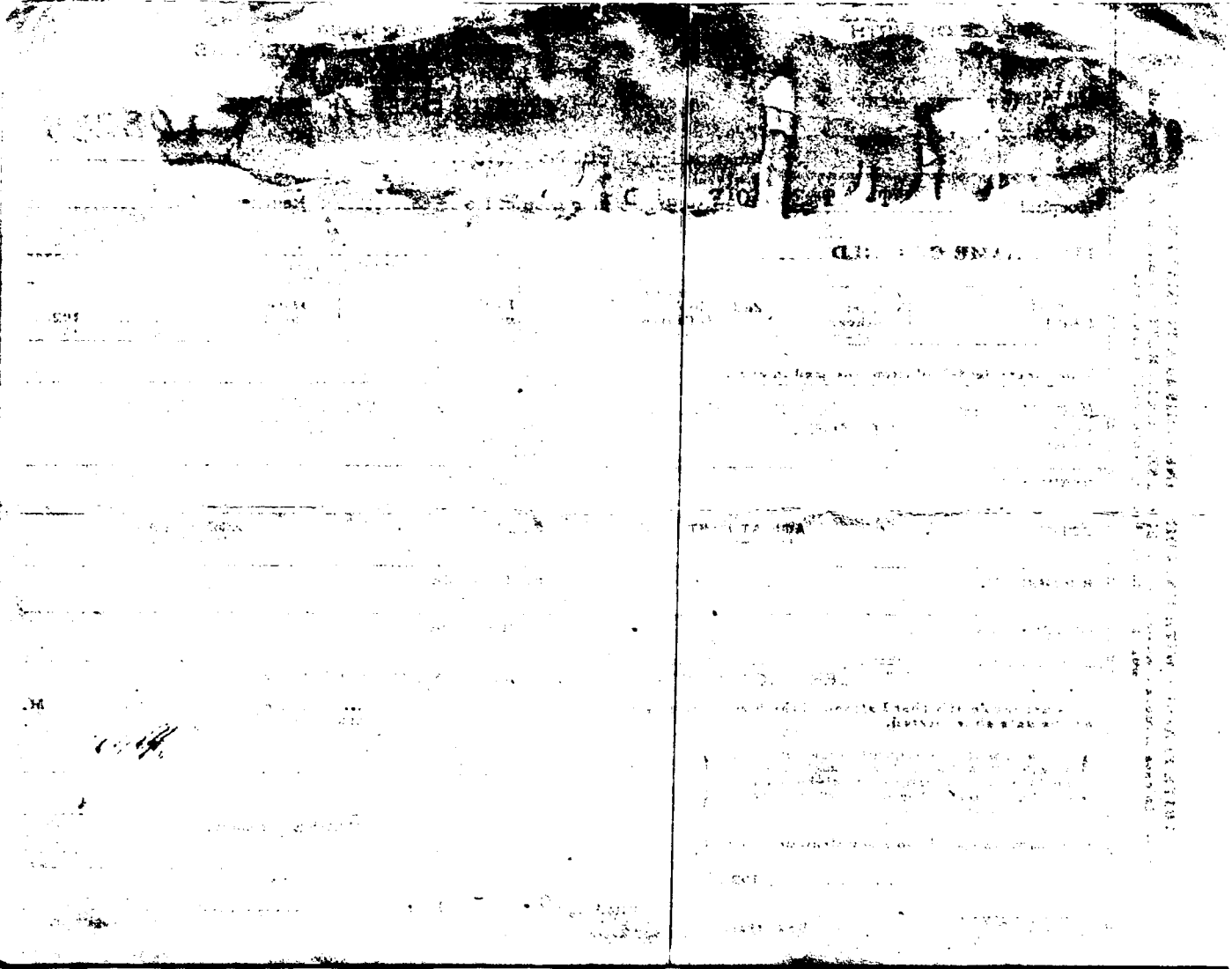
Registrar.

Address Twin Falls

Filed Dec. 23- 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls
ST. R #1 -
COUNTY Twin Falls

FILE NO. 108229

DATE OF BIRTH Nov-10-

SEX OF CHILD Female

FATHER Waldemar -

MOTHER Grace A. Sullivan
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Martha Charlotte Weddle

Waldemar Weddle

Signature of Father or Mother.

MAR 10 1953

469-131-042-947

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108230

County of Twin Falls. City of R.F.D. No. St.

Registration District No. 37. File No.

Hospital Primary Registration District No. 2085. Registered No.

FULL NAME OF CHILD Frank Richard Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	10-31-1922

What bacteriocidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fred Morris	FULL MAIDEN NAME	Gladys Rupthard
RESIDENCE	Dyer St. Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mich	BIRTHPLACE	Nebr.
OCCUPATION	Labr.	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Mason

(Physician or midwife)

Address Twin Falls

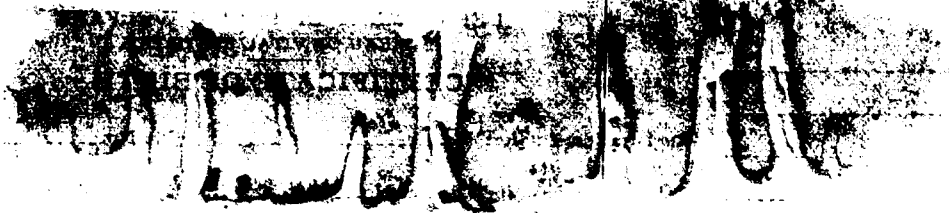
Filed Dec. 23, 1922 John F. Loughlin
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
JAN 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO. JAN 18 1923

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls. FILE NO. 108230

ST. 615 Tyler St. DATE OF BIRTH 31 of October

COUNTY Twin Falls Co. SEX OF CHILD Male

FATHER Wm Fred Morris MOTHER Gladys Rupard (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Frank Richard Morris.

Mrs Gladys Morris

745205042259

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of

Registration District No. 37

File No. 10231

No. St.

Primary Registration District No. 2 2085

Registered No.

Hospital

FULL NAME OF CHILD Mary Lois Gunning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec 5 1922

FATHER		MOTHER	
FULL NAME	Roy Morton Gunning	FULL MAIDEN NAME	Sophia A Berke
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Emma C. Crossland
Osteopathic physician
(Physician or midwife)

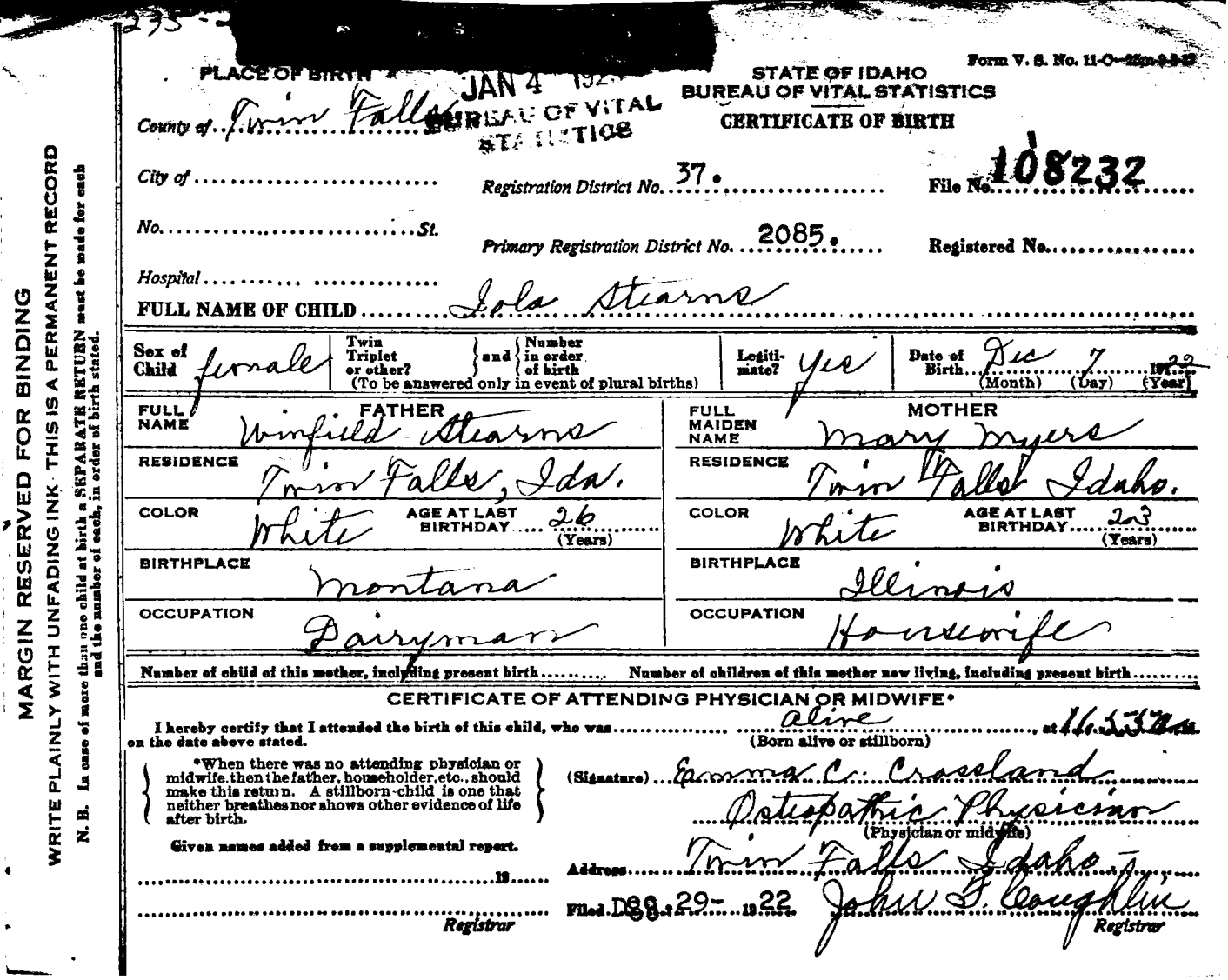
Address Twin Falls, Idaho.

Filed Dec. 29 1922 John T. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



235 -

PLACE OF BIRTH

JAN 4 192

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37.

Primary Registration District No. 2085.

File No. 108232

Registered No. .....

FULL NAME OF CHILD Iola Stearns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Winfield Stearns	FULL MAIDEN NAME	Mary Myers
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Illinois
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 16.55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma C. Crossland

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed Dec 29 1922 John F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1943

619-110-042-995

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37

File No. 108233

Hospital .....

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD John Farrar

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	12/10/1922

What bacterieidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. G. Farrar	FULL MAIDEN NAME	Luella Turner
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Fike

(Physician or midwife)

Address Twin Falls, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 29- 1922 John T. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1942

619-218'042-248

Form V. S. No. 11-C—25m-1-1-13

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Twin Falls

City of Amsterdam

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37.

File No. 108234

Primary Registration District No. 2085.

Registered No. .....

FULL NAME OF CHILD Alice Rose Farmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	12 (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Thomas Farmer	FULL MAIDEN NAME	Bess Celestia Kuhns
RESIDENCE	Amsterdam	RESIDENCE	Amsterdam
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Wesson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed Dec. 29 1922

John F. Coughlin
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-220-042-912

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 1923 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

Registration District No. 37.

File No. 108235

No. ..... St.

Primary Registration District No. 2085.

Registered No. .....

Hospital .....

FULL NAME OF CHILD Irma Elizabeth Kulm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	12 (Month) 20 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Matthew Kulm	FULL MAIDEN NAME	Elizabeth Zakel
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Austria
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Weaver

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed Dec. 29- 1922

John F. Coughlin
Registrar

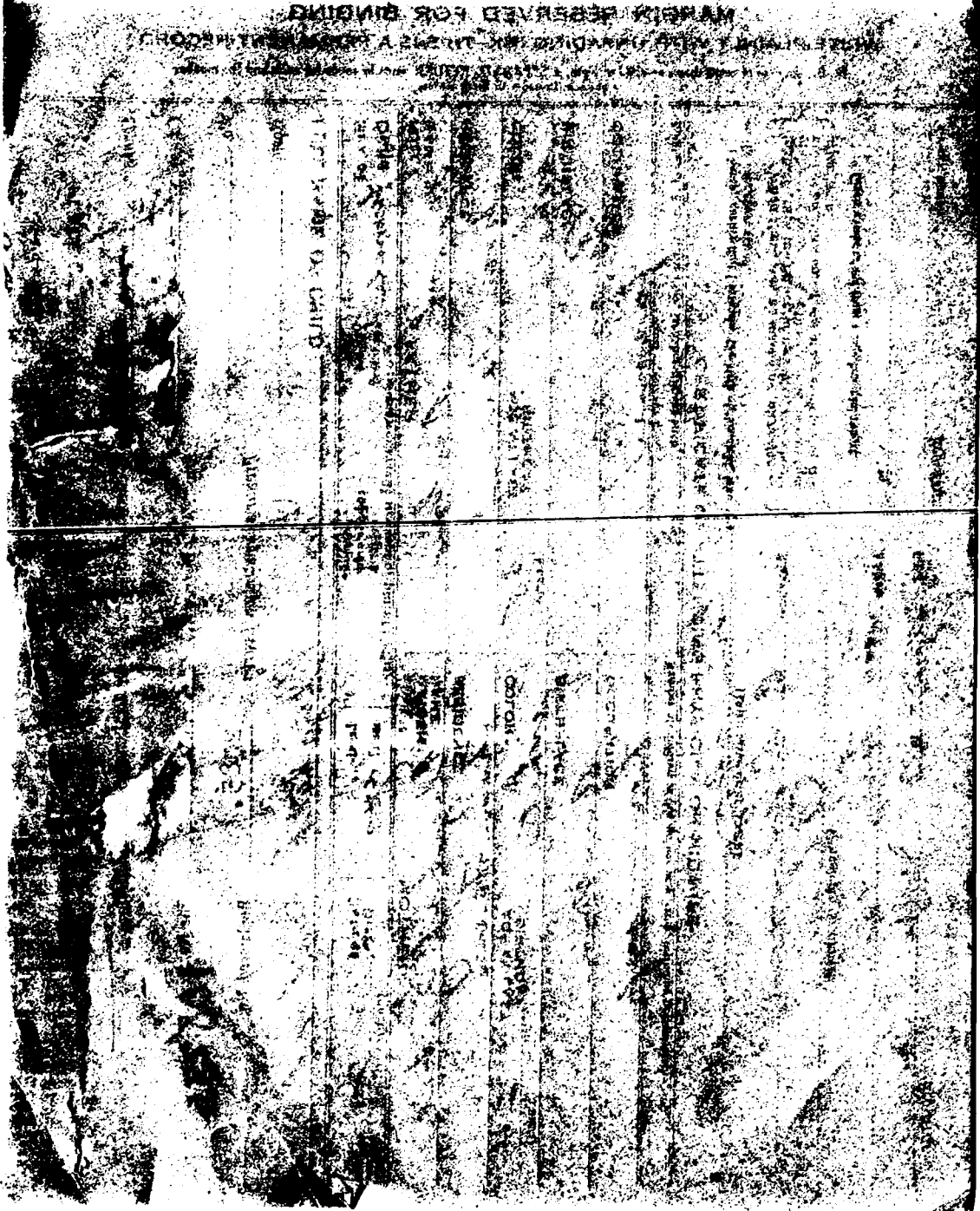
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

RECEIVED JAN 1923 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE.

JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Twin Falls ST. Idaho COUNTY _____

FILE NO. 108235

DATE OF BIRTH Dec. 20-1922

SEX OF CHILD Female

FATHER Matthew Kulm

MOTHER Elizabeth Jakel (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Anna Elizabeth Kulm

Mrs Elizabeth Kulm

Signature of Father or Mother.

819129.042-719

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37.

File No. 108236

No. — St.

Primary Registration District No. 2085.

Registered No.

Hospital —

FULL NAME OF CHILD Cleo Sterling Hartley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	12-29-1922

FATHER		MOTHER	
FULL NAME	Clarence E. Hartley	FULL MAIDEN NAME	Ruby Garrison
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8-15 a M. on the date above stated.

(Signature) H H Leete

Twin Falls Ida

(Physician or midwife)

Address Twin Falls, Ida

Filed Dec. 29-22 19

John F. Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JAN 2[illegible] 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE. JAN 18 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls FILE NO. 108236

(ST. Addison DATE OF BIRTH Dec. 29, 1922

(COUNTY Twin Falls SEX OF CHILD Male

FATHER C.S. Hartley MOTHER Ruby Garrison (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Cles Sterling Hartley

Mrs. C. S. Hartley

Signature of Father or Mother

c.c. 6/6/41. w.h.

466-118-042-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108237

County of Twin Falls

City of R.F.D.

No.

Registration District No. 37. File No.

Hospital

Primary Registration District No. 2085. Registered No.

FULL NAME OF CHILD Ralph Thereon Downing
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Dec. 17 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph C. Downing	FULL MAIDEN NAME	May Jensen
RESIDENCE	Filer - Rfd. Route II	RESIDENCE	Filer Rfd. Route II
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was ..... at 6 P. M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott
(Physician or ~~midwife~~)

Address Twin Falls - Idaho

Filed Dec. 30. 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-226-042-259

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108238

Registration District No. 37. File No. .....

Primary Registration District No. 2085. Registered No. .....

FULL NAME OF CHILD Mary Elizabeth Cozad

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	12 (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Roy Cozad	FULL MAIDEN NAME	Alice Keith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Colton Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. H. Rouse, MD

157 3rd Ave N.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed Dec. 30. 1922

John F. Coughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 17 1972

249.205.042-442

PLACE OF BIRTH

RECEIVED JAN 4 19[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

108239

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. 1150 Eleventh St. Ave. E.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Geraldine Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec 5 1922

FATHER

FULL NAME: Ralph Beatty Smith

RESIDENCE: Twin Falls.

COLOR: white

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Iowa.

OCCUPATION: Abstractor and Attorney.

MOTHER

FULL MAIDEN NAME: Cora Mabel Mussell

RESIDENCE: Twin Falls

COLOR: white

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Oregon.

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11. P. M. on the date above stated.

(Signature) Hal Bieler

M. D.

(Physician or midwife)

Address Twin Falls, Ida

Filed Dec 18 1922

John F. Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-116-642-415

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 4 1923 DEPT. OF PUBLIC WELFARE VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. 136 7 E St.
Registration District No. 37
File No. 108240
Hospital
Primary Registration District No. 1085
Registered No.

FULL NAME OF CHILD Woods, Thomas James
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Dec 16 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	F. Woods	FULL MAIDEN NAME	Winifred E. Davies
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Minn.	COLOR	White
OCCUPATION	real estate.	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Pa.
		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Chandler
Physician
(Physician or midwife)
Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Dec. 18-22 192.. John F. Coughlin Registrar.

Dear Madam: Boise, Idaho _____ 1923.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (CITY Twin Falls
(ST. Idaho
(COUNTY Twin Falls

FILE NO. 10824

DATE OF BIRTH Dec. 16th, 1922

SEX OF CHILD Male

FATHER Thomas J. Woods

MOTHER Winifred E. Woods
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Thomas James Woods

Thomas James Woods

Signature of Father or Mother.

249-205 042-275

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 375 Harrison St. Registration District No. 37. File No. 108241

Hospital Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Mary Virginia Smith
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec 5 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol 10/10

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Davis H. Smith	FULL MAIDEN NAME	Nellie Sparaw
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	North Carolina	BIRTHPLACE	Kansas
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 30 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed Dec. 18- 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls.
ST. 375 Harrison
COUNTY Twin Falls

FILE NO. 108241
DATE OF BIRTH Dec 5. 1922
SEX OF CHILD Female
FATHER Davis H. Smith
MOTHER Nellie A Sperard
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Mary Virginia Smith

Nellie A Smith.

Signature of Father or Mother.

DEC 6 1954

236-117-042-953

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108242

County of Twin Falls.

City of Twin Falls.

No. Poplar Ave. St.

Registration District No. 37. File No.

Hospital Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	Dec. 17 192 2

What bacteriacidal solution was used in eyes? Ag. No. 3 10 %

Number of child of this mother, including present birth. one. Number of child of this mother now living, including present birth. one.

FATHER	MOTHER
FULL NAME: Harold Storey.	FULL MAIDEN NAME: Wilma Zeller.
RESIDENCE: Heyburn, Ida.	RESIDENCE: Heyburn, Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE:	BIRTHPLACE: N.D.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive, at 5----P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Conaghlen

Physician.
(Physician or midwife)

Address Twin Falls, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 18- 22

John F. Conaghlen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-214-042-154

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37. File No. 108243

Primary Registration District No. 1085. Registered No. .....

FULL NAME OF CHILD Anna Ruth Gooding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes.	Dec. (Month) 14. (Day) 1922. (Year)

FATHER		MOTHER	
FULL NAME	Ira Guthrie Gooding	FULL MAIDEN NAME	Maude Claine Anderson
RESIDENCE	Castleford.	RESIDENCE	Castleford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Texas.
OCCUPATION	Water Master	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Bieler

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Dec. 19-22 19.... John T. Coughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1945

APR 1 3 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 215-210-542-295

RECEIVED JAN 4 1923 STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108244

County of Twin Falls

City of Twin Falls

No. ____ St.

Registration District No. 37 File No. ____

Hospital County Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD Virginia Elizabeth Sandine

(Certificate of no value without full name of child.)

Sex of Child: Girl. Twin Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) Legitimate? yes Date of birth: Dec 10 (Month) (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Erie Verner Sandine	FULL MAIDEN NAME: Virginia Ruth Kruger
RESIDENCE: Kimberly Idaho	RESIDENCE: Kimberly Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: New York City	BIRTHPLACE: New York City
OCCUPATION: School Teacher	OCCUPATION: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 00 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

(Physician or midwife)

Address Kimberly, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 22 1922 John F. Coughlin
Registrar.

968-12-642-364

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls.

No. 318 Blue Lakes Blvd.

Registration District No. 37.

File No. 108245

Hospital

Primary Registration District No. 1085.

Registered No.

FULL NAME OF CHILD Theodore Roy

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.				Yes.	Dec. 12 1922

What bacteriecidal solution was used in eyes? Ag No3 10%

Number of child of this mother, including present birth 6

Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Adolph Roy.	FULL MAIDEN NAME	Mary Toupin.
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35.	AGE AT LAST BIRTHDAY (Years)	31.
BIRTHPLACE	Ill.	BIRTHPLACE	Minn.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 3-15 P. M. on the date above stated.

(Signature) John L. Coughlin

Phy.
(Physician or midwife)

Address Twin Falls.

Filed Dec. 12- 1922

John L. Coughlin
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 108245

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Sheridan Roy (Name on Original Certificate) who was born (Was Born or Died) on Dec 12. 1922 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Theodore Roy

Subscribed and sworn to before me this 5th
day of May, 1943.

Notary Public, residing at Twin Falls Idaho

My commission expires April 30. 1946
(Seal)

Signed Lewis Roy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 7 1943

MAY 1 1 1942

383-123-042-415

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37.

File No. 105246

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Tyler, Raymon Harvey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	11 23 1922

FATHER		MOTHER	
FULL NAME	Dorus Harvey Tyler	FULL MAIDEN NAME	Lenora Davidson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Rockland, Idaho	BIRTHPLACE	Darby, Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) B H Rouse, M.D.

Physician
(Physician or midwife)

Address 151 3rd ave N. Twin Falls

Filed Dec 5- 1922 John F. Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

DECEASED

dup DO 1922-296565

RECEIVED
FEB 14 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho February 14 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Twin Falls
(ST. 288 Van Buren St
(COUNTY Twin Falls

FILE NO. 108246

DATE OF BIRTH November 23, 1922

SEX OF CHILD Male

FATHER Doris Harvey Tyler

MOTHER Lenora S. C. Davidson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Raymon Harvey Tyler

Doris Harvey Tyler

Signature of Father or Mother.

FEB 19 1942

294-226-642-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls. City of Twin Falls No. ..... St.

Registration District No. 37 File No. 108247

Hospital County Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Verna Simmons
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	Nov. 26. 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Mr John Simmons	FULL MAIDEN NAME Gay Elenor Love.
RESIDENCE Buhl Idaho.	RESIDENCE Buhl Idaho.
COLOR White	AGE AT LAST BIRTHDAY 38. (Years)
	COLOR White. AGE AT LAST BIRTHDAY 28. (Years)
BIRTHPLACE Moline Kansas	BIRTHPLACE Ethel Mississippi
OCCUPATION Farming.	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 8- 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-222-042-689

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108248

County of Twin Falls

City of Twin Falls

No. 327-7E St.

Registration District No. 37.

File No.

Hospital

Primary Registration District No. 1085.

Registered No.

FULL NAME OF CHILD — Atkinson, Mary Louise
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	\		\	Yes	Nov 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	B H Atkinson	FULL MAIDEN NAME	Mable B White.
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls, Idaho
COLOR	White. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mich.
OCCUPATION	Mgr. Gem State Lumber Co	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Loudrek
Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Dec. 5 1922 John T. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 1 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

JAN 12 1923
Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls
ST. 327-7th Ave. E.
COUNTY Twin Falls

FILE NO. 108248
DATE OF BIRTH Nov. 22, 1922
SEX OF CHILD Female
FATHER B. H. Atkinson
MOTHER Mabel B. Atkinson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Mary-Louise

Mabel B. Atkinson
Signature of Father or Mother.

JUL 13 1942

142-224.042-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1928

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 565 4th Ave N. St. Registration District No. 37. File No. 108249

Hospital Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Joan Austin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov. 24 1927

What bacteriocidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Herbert L. Austin	FULL MAIDEN NAME	Lillian Conrad
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Ohio
OCCUPATION	Dist. Manager, Gen. Lumber	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.30 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician
(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 5- 1927 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls.
(ST. 4th Ave. North
(COUNTY Twin Falls

FILE NO. 108249

DATE OF BIRTH Nov. 24, 1922

SEX OF CHILD Female

FATHER Herbert L. Austin

MOTHER Lillian Conrad
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lois Austin

JUL 7 1945

SEP 20 1967

295-226-042-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of " "

No. 1238 6th ave E St.

Hospital

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 1082

Registration District No. 37. File No.

Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Margaret Marie Breeding
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov 26 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John L Breeding	FULL MAIDEN NAME	Frances Powell
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Works C.W & M.	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5-45 PM M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Twin Falls Idaho

Filed Dec. 5 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 27 1923

STATE OF IDAHO,

DEPARTMENT OF PUBLIC WELFARE.

JAN 28 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls
(ST. Idaho
(COUNTY Twin Falls

FILE NO. 108250

DATE OF BIRTH Nov. 26 - 1922

SEX OF CHILD Female

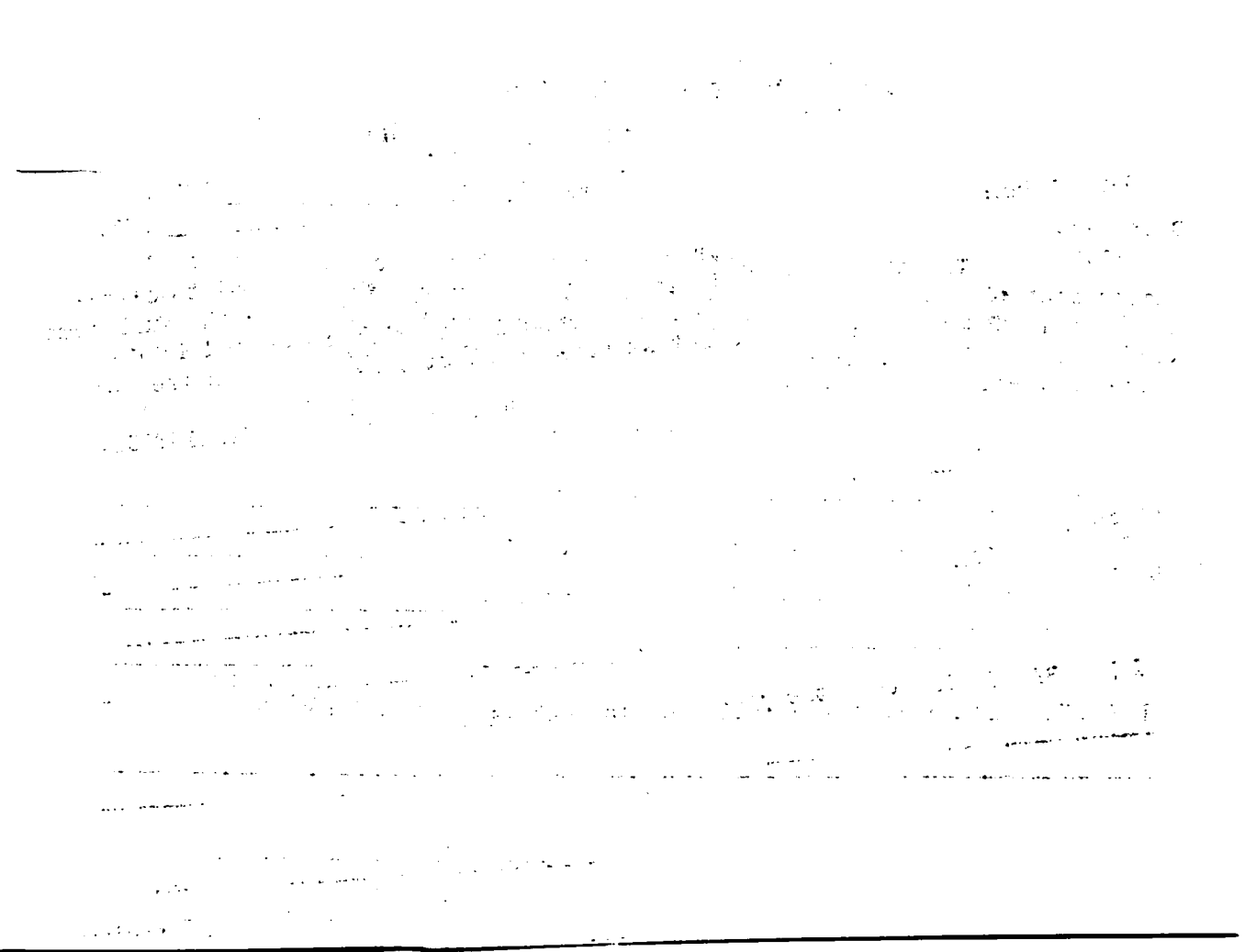
FATHER Jno I Breeding MOTHER Francis A Powell (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Margaret Marie Breeding

Francis A Breeding

Signature of Father or Mother



515-212-042 935

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls, Ida.

City of Twin Falls.

No. 130-Alexander St. Registration District No. 37. File No. 108251

Hospital Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD (Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female.			yes	Dec. 12 1922

What bactericidal solution was used in eyes? Ag No3 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Harold Navin.	FULL MAIDEN NAME: Melvina Glenn.
RESIDENCE: Twin Falls.	RESIDENCE: Twin Falls.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY (Years): 24	AGE AT LAST BIRTHDAY (Years): 20
BIRTHPLACE: Wash.	BIRTHPLACE: Idaho.
OCCUPATION: Floorman in Hotel.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 2-25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Coughlin

Phy. (Physician or midwife)

Address Twin Falls. Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec. 12- 1922 John T. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 855

297-1307/642-

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108252

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 35.

File No. .....

Hospital .....

Primary Registration District No. 1085.

Registered No. .....

FULL NAME OF CHILD Malcolm Archa Siggins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9 30 1922

What bactericidal solution was used in eyes? ag No 3 17.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Archa B. Siggins	FULL MAIDEN NAME	Alta Henderson
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Maine
OCCUPATION	Day laborer & carpenter	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike
Physician
(Physician or midwife)

Address Twin Falls Ida

Filed Dec. 1- 1922 John S. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Twin Falls, Idaho
(ST. 129 Addison West
(COUNTY Twin Falls.

FILE NO. 108252

DATE OF BIRTH September 30, 1922

SEX OF CHILD Male

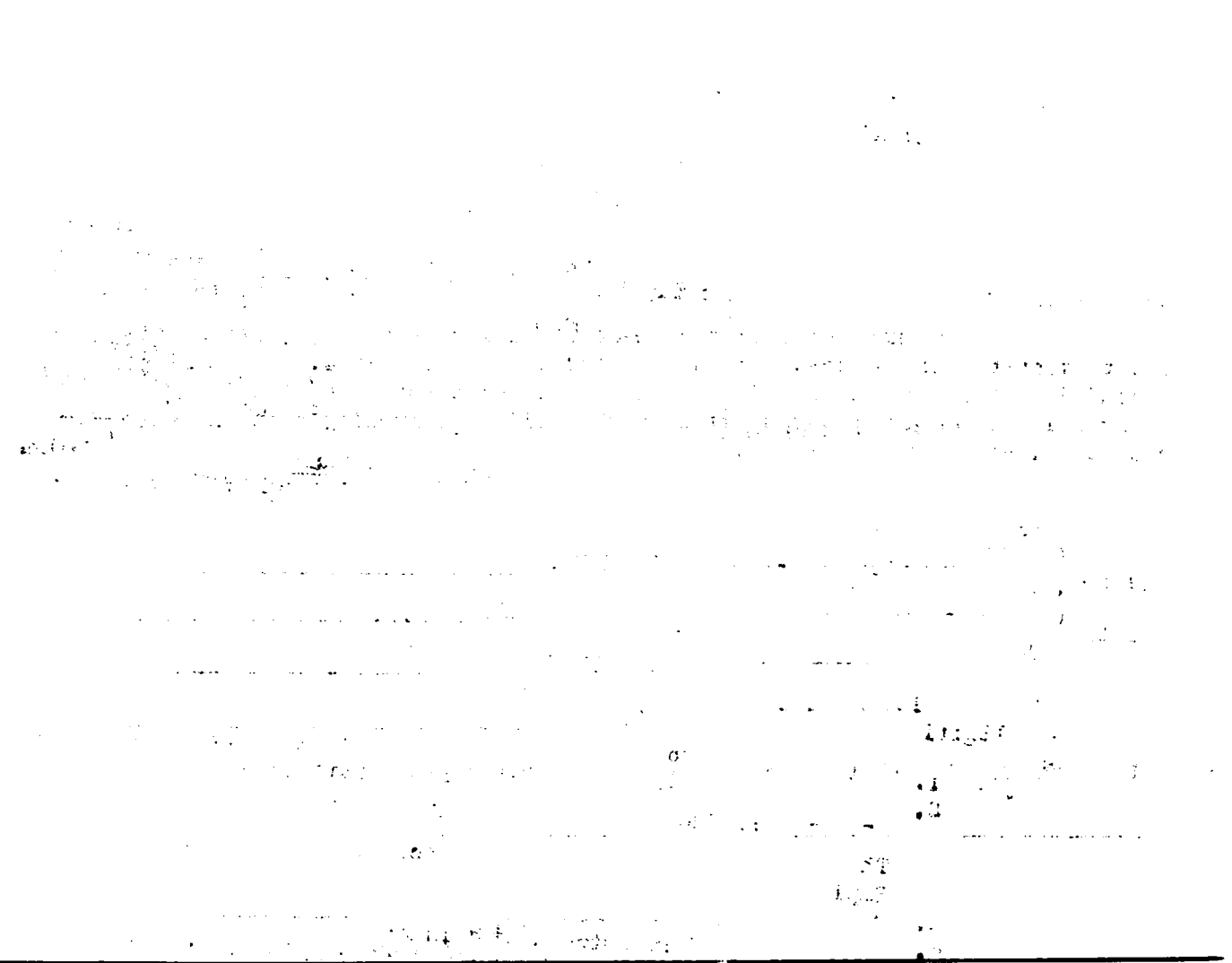
FATHER Archa B. Siggins

MOTHER Alta G. Henderson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Malcolm Archa Siggins

Mrs. Archa B. Siggins.
Signature of Father or Mother.



551-130-042-689

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108253

County of Twin Falls

City of Twin Falls

No. ..... St. ..... Registration District No. 37. ..... File No. .....

Hospital ..... Primary Registration District No. 1085. ..... Registered No. .....

FULL NAME OF CHILD WILLIAM BRICE Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	9 30 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Roy J. Evans	FULL MAIDEN NAME	Estella Whittington
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Twin Falls, Ida.

Filed Dec. 1- 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 108253
Date Filed APR 6 '42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Evans (Name on Original Certificate) who Born (Was Born or Died) on Sept. 30, 1922 (Date of Event)
in Twin Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	William Brice Evans

Subscribed and sworn to before me this 3rd
day of April, 1942.
Lewis E. Hall
Notary Public, residing at Twin Falls, Ida.
My commission expires May 25, 1943
(Seal)

Signed Evan J Evans
Estella N. Evans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1, Twin Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

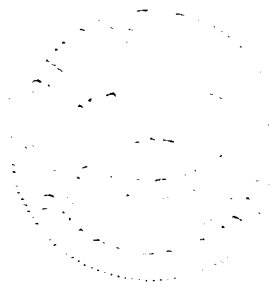
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of April, 1942.
Rose M. Williams
Notary Public, residing at Twin Falls, Idaho
My commission expires June 15, 1943
(Seal)

Signed A. M. Fisher
(Signature of Any Credible Person Other Than Previous Year)
Twin Falls - Idaho
(Street Address, City, State)

APR 9 1942

SEP 13 1961



766-231-012-443

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108254

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37.

File No. ....

Hospital ....

Primary Registration District No. 1085.

Registered No. ....

FULL NAME OF CHILD Irma Lucille Goodnight

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	10 31 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Ernest Rome Goodnight	FULL MAIDEN NAME Dora Irene Mullins
RESIDENCE Twin Falls Idaho	RESIDENCE Twin Falls Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Colo	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 1 1922 John V. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

RECEIVED JAN 1923 VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear [redacted]:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: CITY Twin Falls; ST. [illegible]; COUNTY Twin Falls

FILE NO. 108254

DATE OF BIRTH October 31

SEX OF CHILD Female

FATHER Ernest Bone Goodnight

MOTHER Dora Irene Mullins (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Irma Lucille Goodnight

Mrs. E. R. Goodnight

Signature of Father or Mother.

DEC 3. 1943

OCT 2 6 1959

169-27.042-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. 108255

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Avon Jeeline Morehouse
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	10 7 192-

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ralph Edgar Morehouse	FULL MAIDEN NAME	Mary Elsie Harbert
RESIDENCE	Hollister Idaho	RESIDENCE	Hollister Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	no
OCCUPATION	Postmaster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Evans

Physician
(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 1- 192 John S. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
JAN 29 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 8 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: CITY Twin Falls; ST. Idaho; COUNTY Twin Falls

FILE NO. 106255

DATE OF BIRTH Oct 7th 1922

SEX OF CHILD Female

FATHER Ralph E. Morehouse

MOTHER Elsie Halbert (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Avon Joeline Morehouse

Ralph E. Morehouse

Signature of Father ~~or Mother~~.

FEB 4 1944

294-115-042-386

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37.

File No. 108256

Hospital .....

Primary Registration District No. 1085.

Registered No. .....

FULL NAME OF CHILD Arthur Wm. Bruce
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10 15 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Munroe Bruce	FULL MAIDEN NAME	Idela Josephine Thompson
RESIDENCE	Twin Falls, Ida. 119-5th St. South.	RESIDENCE	Twin Falls, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn	BIRTHPLACE	Miss.
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Address Box 498 Twin Falls, Ida.

Filed Dec. 1 1922 John T. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 2 1923
BUR

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth
CITY Twin Falls
ST. 119 Sos St
COUNTY
FATHER R. M. Bruce

FILE NO. 108256
DATE OF BIRTH Oct. 15, 1922
SEX OF CHILD Male
MOTHER Idela J. Thompson (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Arthur William Bruce

Mrs. R. M. Bruce
Signature of Father or Mother.

363-207-042-356

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. 108257

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Maida Altha Lotspeich
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	11 7 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Henry Benton Lotspeich	FULL MAIDEN NAME Irma Irene Lohnes
RESIDENCE Twin Falls Ida	RESIDENCE Twin Falls, Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Mo	BIRTHPLACE Kansas
OCCUPATION Laborer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. D. Weaver
A Physician
(Physician or midwife)

Address Twin Falls, Ida.

Filed Dec. 1 1922 John S. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls
(ST. Idaho
(COUNTY Twin Falls

FILE NO. 108257

DATE OF BIRTH Nov 7 - 1922

SEX OF CHILD Female

FATHER H B Latspeich

MOTHER Irma Fran Leahner
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Maida Altha Latspeich

Henry Benton Latspeich
Signature of Father or Mother.

SEP 3 195

4/19-116 to 42-719

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 4 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108258

County of Twin Falls.

City of Twin Falls.

Registration District No. 37. File No.

No. 452 Second Ave St. W.

Primary Registration District No. 1085. Registered No.

Hospital

FULL NAME OF CHILD Donald Glen Martyn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes.	Nov. 16 1922

FATHER		MOTHER	
FULL NAME	Amos S. Martyn	FULL MAIDEN NAME	Mabel Parrott
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Canada.	BIRTHPLACE	Wis.
OCCUPATION	Farming.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

(Signature) Hal Bieler M.D.
(Physician or midwife)

Address Twin Falls, Ida.

Filed Dec. 1- 1922 John T. Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941

MAR 19 1968

395-121-042-819

[redacted]

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED [redacted] JAN 4 1923

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 638 Second W. St.

Registration District No. 37

File No. 108259

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD John Cecil Livingston Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes.	Nov. 21 1922

FATHER

FULL NAME John C. Livingston

RESIDENCE Twin Falls.

COLOR white

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION Farming.

MOTHER

FULL MAIDEN NAME Hazel V. Haight

RESIDENCE Twin Falls.

COLOR white

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Hal Bieler M. D.

(Physician or midwife)

Address Twin Falls, Ida.

Filed Dec. 1 1922

John T. Coughlan

Registrar

[redacted]

JUN 8 1942

386-12-242-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108260

County of Twin Falls
City of Twin Falls
No. ..... St. .....
Registration District No. 37 File No. .....
Hospital County
Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD John Ronald Thorp.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.	1st	Yes	Nov 21 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME Mr John Garfield Thorp.	FULL MAIDEN NAME Nellie Lorena Bullis
RESIDENCE Twin Falls.	RESIDENCE Twin Falls.
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Grinnell Iowa.	BIRTHPLACE Grinnell Iowa.
OCCUPATION Manager of Auto Paint Shop.	OCCUPATION Home Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 00 P.m. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.
(Physician or ~~midwife~~)
Address Twin Falls, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Dec. 1- 1922 John F. Coughlin
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-213-042-895

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 420 - 6th. North

Registration District No. 37.

File No. 108261

Primary Registration District No. 1085.

Registered No. 5 PAV

Hospital

FULL NAME OF CHILD Phyllis Hoover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	11	13	1922

FATHER	MOTHER
FULL NAME: Macy S. Hoover	FULL MAIDEN NAME: Nellie Hincheliff
RESIDENCE: 420 Sixth Ave. North	RESIDENCE: 420 Sixth Ave. N.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 48	AGE AT LAST BIRTHDAY (Years): 38
BIRTHPLACE: Chase Penn.	BIRTHPLACE: Seward, Nebr.
OCCUPATION: Teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

(Signature) B. H. Rouse, M.D.

Reg No. M. 1210

(Physician or midwife)

Address 137 Third Ave N. Twin Falls

Filed Dec. 1-- 1922 John F. Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1943

75-130-042-239

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923

CERTIFICATE OF BIRTH

108262

County of Twin Falls.

City of Twin Falls. BUREAU OF VITAL STATISTICS

Registration District No. 37. File No.

No. Walnut St.

Primary Registration District No. 1085. Registered No.

Hospital

FULL NAME OF CHILD Rae Clinton Preacher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	Oct. 30. 1922.

FATHER		MOTHER	
FULL NAME	James Noah Preacher	FULL MAIDEN NAME	Rena Etta Streeter
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	[illegible]. Mo.	BIRTHPLACE	Michigan
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal P. Ieder
M. D.
(Physician or midwife)

Address Twin Falls.

Given names added from a supplemental report.

19

Registrar

Filed Dec. 1 19 22 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1962

235-205-042-354

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

108263

County of Twin Falls

City of Twin Falls

No. 614 4th. E. St.

Registration District No. 37. File No.

Primary Registration District No. 1085. Registered No.

Hospital

FULL NAME OF CHILD Helen Irene Stephens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female			yes.	Nov.	5	1922.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben. F. Stephens	Edith Tedford
RESIDENCE	Twin Falls.	Twin Falls.
COLOR	white	white
AGE AT LAST BIRTHDAY	41 (Years)	23 (Years)
BIRTHPLACE	Okla.	Ill.
OCCUPATION	Farming.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Hal Bieler M. D.

(Physician or midwife)

Address Twin Falls.

Filed Dec. 1 1922

John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 2 0 1976

386-108-012-296

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Twin Falls

CERTIFICATE OF BIRTH

City of Twin Falls

Registration District No. 37.

File No. 108264

No. 521 Fourth W. St.

Primary Registration District No. 1085.

Registered No.

Hospital ✓

FULL NAME OF CHILD Thomas, Zelma Loraine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	Nov (Month) - 8th (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman E Thomas	FULL MAIDEN NAME	Linda M. Brothers
RESIDENCE	Twin Falls Ida 521 Fourth W	RESIDENCE	Twin Falls Ida 521 Fourth W
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Douglas Co Mo	BIRTHPLACE	Wellington Kans
OCCUPATION	Carpenter	OCCUPATION	Hwy

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Hexander
Phy
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho

Registrar

Filed Dec. 1 1922 John F. Coughlin Registrar

Ag NO3 1% in Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Murtfall

ST. 4 ave nw

COUNTY Murtfall

FATHER M E Thomas

FILE NO. 108264

DATE OF BIRTH 4 of Nov 1922

SEX OF CHILD: Female

MOTHER Lo M Thomas
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Jelma Loraine

Mrs M E Thomas

Signature of Father or Mother.

JUN 12 1945

493-115-042-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Idaho

No. ..... St. ..... Registration District No. 37. ..... File No. 108265

Hospital County ..... Primary Registration District No. 1085. ..... Registered No. .....

FULL NAME OF CHILD Seth Millington
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 15 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Seth M. Low	FULL MAIDEN NAME	Winifred Coe
RESIDENCE	Twin Falls Ida. Route 2	RESIDENCE	Twin Falls Ida. Route 2
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Providence Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Sugar Beet Fact. Supt.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin
Phy.
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Twin Falls, Ida.

Filed Dec. 1-- 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEI
JAN 27 192
BUR

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 28 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls
(ST. Idaho
(COUNTY Twin Falls

FILE NO. 108265

DATE OF BIRTH Nov 15 1922.

SEX OF CHILD Male

FATHER Seth M Sow

MOTHER Winifred Cole.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Seth Millington Sow

Winifred C Sow.

Signature of Father or Mother.

- - - - IT SHOWS AT LATER PERIOD_____ES; - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

* * * * * * * * *

[illegible]

[illegible]

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public [illegible] to determine the child has [illegible] birth.

- - - - IT SHOWS AT LATER PERIOD OF [illegible] - - -

1. The correct age for purposes of school attendance.
2. [illegible]
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.

(158-226-042-264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108266

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

County of Twin Falls.

City of Twin Falls.

No. #7-Bungalow Apts. St. 2nd Ave. E. Registration District No. 37. File No.

Hospital Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Ruth Minelle Meyer. RUTH MINELLE MEYER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female.		yes.	Nov. 26 1922

What bactericidal solution was used in eyes? Ag No. 3 10%

Number of child of this mother, including present birth 3. Number of child of this mother now living, including present birth 3.

FATHER

FULL NAME: James E. Meyer.

RESIDENCE: Twin Falls.

COLOR: White. AGE AT LAST BIRTHDAY: 27. (Years)

BIRTHPLACE: Texas.

OCCUPATION: Warehouseman, Sugar Factory.

MOTHER

FULL MAIDEN NAME: Vevian E. Bouchelle.

RESIDENCE: Twin Falls.

COLOR: White. AGE AT LAST BIRTHDAY: 28. (Years)

BIRTHPLACE: Texas.

OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

Twin Falls, Ida.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 1-- 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1942

[redacted]IRTH

466-227-043-279

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Valley

City of 2 miles east of Arling, Ida.

No. ..... St.

Registration District No. 15

File No. 108270

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Margaret Dell Downend.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	-		-	Yes	Dec 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver Nitrate Solution.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Oscar Downend	FULL MAIDEN NAME	Margaret Ann Spickelmire
RESIDENCE	Arling, Idaho.	RESIDENCE	Arling, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Rutledge M. D.

(Physician or midwife)

Address Cascade, Idaho.

Filed Jan 1923 Stella Cain
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

346-126-043 168

RECEIVED JAN 13 192 VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Hospital

Registration District No. 15

File No. 108271

Primary Registration District No.

Registered No.

FULL NAME OF CHILD WESLEY ELMER LUOMA
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	10-26 1922

What bactericidal solution was used in eyes? Ag nos

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmer Luoma	FULL MAIDEN NAME	Esther Johnson
RESIDENCE	Arling	RESIDENCE	Arling
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Finland	BIRTHPLACE	Dy.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Hoggle
Phys
(Physician or midwife)

Address Cascade Ida

Filed 1-13 1923

Stella Cain
Dep Registrar.

Give names added from a supplemental report.

....., 19...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Asotin }

Certificate No. 108271

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Elmer Luoma (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 26, 1922 (DATE OF EVENT) in Arlington, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 8, 1923 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Elmer Luoma	Wesley Elmer Luoma

Subscribed and sworn to before me this 17th day of January, 19 42

Bert C Halsey

Notary Public, residing at Clarkston

My commission expires Dec. 6, 1944

(SEAL)

Signed Elmer K. Luoma.

(SIGNATURE OF PARENT OR ~~ATTENDANT IF CORRECTING A BIRTH RECORD, OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.~~)

RFD #1, Box 145, Clarkston, Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....

(SEAL)

Received for filing on JAN 29 1943 By .....

(REGISTRAR'S SIGNATURE)

DEC 3 1943

396-113-643

PLACE OF BIRTH 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of 2 miles north Smiths Ferry

No. ..... St.

Registration District No. 15 File No. 108272

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Leonard Leroy Crawford
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? — and — Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	Yes	Dec. 13, 1922

What bactericidal solution was used in eyes? 1% Solution Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joe Crawford	FULL MAIDEN NAME	Mabel Elizabeth Hawkins
RESIDENCE	Smiths Ferry, Idaho	RESIDENCE	Smiths Ferry, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Washington.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 1:30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Rutledge M. D.
(Physician or midwife)

Address Cascade, Idaho

Filed Jan 1923 Stella Carr Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-125-043 7162

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

No. ..... St.

Registration District No. 15 File No. 108273

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Carl Clayton Kitchen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 25 1922

What bactericidal solution was used in eyes? 1% Silver nitrate Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Carl Clayton Kitchen	FULL MAIDEN NAME: Norah Sarah Jane Goode
RESIDENCE: Cascade, Idaho.	RESIDENCE: Cascade, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Michigan.	BIRTHPLACE: Michigan
OCCUPATION: Lumberman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Rutledge M. D.
(Physician or midwife)

Address Cascade, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan. 13 1923 Stella Cain Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1972

SEP 16 1974

OCT 1942

SEP 18 1943

666-115
044-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] S. No. 11-C—25m-9-8-17

PLACE OF [redacted] BUR[redacted]

RECEIVED JAN 3 1923 BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Washington.

City of Midvale. Registration District No. 87 File No. 108274

No. ..... St. Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas Clinton Ward

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			yes.	Oct. 15 1922

FATHER	MOTHER
FULL NAME Thos Clark Ward	FULL MAIDEN NAME Jessie B Laird
RESIDENCE Midvale Idaho	RESIDENCE Midvale Idaho
COLOR White. AGE AT LAST BIRTHDAY 37 (Years)	COLOR White. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Nebraska
OCCUPATION school Teacher	OCCUPATION Home Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5. 6. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmuck M.D.

(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-10-1923 F. A. Schmuck Registrar

793-130-844-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 108275

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD James Lewis Pickett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male.		yes.	Oct. 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Henry Pickett	FULL MAIDEN NAME	Irene Huntley
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	California	BIRTHPLACE	Calif.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale Idaho

Filed 10-30 1922

F. A. Schmidt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

161-112 2044-818

PLACE OF BIRTH

RECEIVED JAN 5 1923

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Emmett

Registration District No. 87

File No. 10827C

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Howard Newton DOAK ~~Doak~~

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.				yes.	Nov. 12 1922

	FATHER	MOTHER
FULL NAME	G Wayne ~~Doak~~ DOAK	
FULL MAIDEN NAME		Olga Helen Hahn
RESIDENCE	Emmett Idaho	Emmett Idaho
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Oregon.	Germany
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schramm M.D.

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 12 1922 F. A. Schramm Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 108276

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (BIRTH OR DEATH)
for Howard Newton Doke (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on November 17th 1942 (DATE OF EVENT)
in Midvale Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
SurName	Doke	Doak

Subscribed and sworn to before me this 4th day of March, 1943.

Notary Public, residing at Weiser

My commission expires March 15 1945
(SEAL)

Signed Anthony W Doak
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Weiser, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 1 3 1943

FEB 21 1952

694-115-044-413

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 108277

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lowell Widner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct. (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Nathaniel Widner	FULL MAIDEN NAME	Amelia Watkins
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed 12-10 1922 F. A. Schmidt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1971

692-229044-219

PLACE OF BIRTH

RECEIVED JAN 9 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Washington

City of Midvale

Registration District No. 67

File No. 108278

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lila Marie Wikoff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 29, 1922

FATHER		MOTHER	
FULL NAME	Francis Allmond Wikoff	FULL MAIDEN NAME	Mary Edith Barlow
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmuck M.D.
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Jan 1 1923 F. A. Schmuck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1943

866-212-044-866

PLACE OF BIRTH

Form V-S No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City Emmett

Registration District No. 87 File No. 108279

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Dora Elenor~~ DORA ELEANOR HOOD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.		yes.	Dec. 12 1922

FATHER		MOTHER	
FULL NAME	Joel Franklin Hood	FULL MAIDEN NAME	Ruby Blanch Hood
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White.	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ark	BIRTHPLACE	Ill.
OCCUPATION	Farmer.	OCCUPATION	Home Wife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Idaho

..... Registrar

Filed 12-12-1922 F. A. Schmitz Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington

Certificate No. 108279

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for ~~Dorris Hood~~ Dora Eleanor Hood (Name on Original Certificate) who born (Was Born or Died) on Dec 12 1922 (Date of Event)

in Midvale Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mothers statement (Bible Record, Insurance Policy, Etc.) prepared on Aug. 29th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorris	Dora Eleanor Hood

Subscribed and sworn to before me this 29th day of August 1942

J. H. Goodnight

Notary Public, residing at Midvale Idaho

My commission expires May 10th 1944
(Seal)

Signed Ruby B. Hood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Midvale Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 31 1942

SEP 1 1942

595-106-044-895

PLACE OF BIRTH

RECEIVED
JAN 3 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Emmett

Registration District No. 17

File No. 108280

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Elmer Gay Kilborn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.		yes.	Nov. 6 1922

FATHER	MOTHER
FULL NAME Jas Marion Kilborn	FULL MAIDEN NAME Emma Anna Hunt
RESIDENCE Emmett Idaho	RESIDENCE Emmett Id
COLOR White. AGE AT LAST BIRTHDAY 35 (Years)	COLOR White. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho	BIRTHPLACE N Y
OCCUPATION Farmer.	OCCUPATION Home Wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9 8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz M.D.

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-10-1922 F. A. Schmitz

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

County of Washington

City of Weiser

No. ..... St. ..... District No. 86 File No. 108281

Hospital ..... Primary Registration District No. 1010 Registered No. 38

FULL NAME OF CHILD Harry Calvin Ledington

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 2nd 1922

What bacteriocidal solution was used in eyes? A. GN 0.31% Sol.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Calvin Ledington	FULL MAIDEN NAME	Bertha Lyons
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton MD

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Nov 3 1922 W R Hamilton

Registrar.

dup of 1922-344494

LEDINGTON

895-228-04K-267

PLACE OF BIRTH

STATISTICS
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 4 1923
RECEIVED

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. ..... St.
Hospital

Registration District No. 86
Primary Registration District No. 2112

File No. 108282
Registered No. 39

FULL NAME OF CHILD Treva Hindmarsh
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	10-25-1922

What bactericidal solution was used in eyes? Ag No. 3 1% sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Geo. Bird Hindmarsh	FULL MAIDEN NAME	Myrtle Soper
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Provo Utah.	BIRTHPLACE	N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Ernest O. Feeney
Physician
(Physician or midwife)

Address Weiser Idaho

Filed Dec 30 1922 M R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho ____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Weiser

~~ST.~~ Rt 1 Box 142

COUNTY Washington

FILE NO. 108282

DATE OF BIRTH October 28 1

SEX OF CHILD Female

FATHER S B Hindmarsh

MOTHER Myrtle Soper (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Reta Hindmarsh

RECEIVED FEB 28 1923 BUREAU OF VITAL STATISTICS

Mrs S B Hindmarsh

Signature of Father or Mothe

e

122

815-201-044-414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 108283

Primary Registration District No. 1010 Registered No. 40

FULL NAME OF CHILD Majorie Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	11-1-1922

What bactericidal solution was used in eyes? Ag. No. 3 1/90 sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred George Hansen	FULL MAIDEN NAME	Harriet Maughan
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Cardston, Alberta, Canada	BIRTHPLACE	Preston Ida.
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:44 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address Weiser Idaho

Filed Dec 30 1922 W. R. Hamilton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1948

73-203-644-46

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1923

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86 File No. 108284

Hospital ____ Primary Registration District No. 1010 Registered No. 41

FULL NAME OF CHILD Julia Ellen Glasby
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	11 - 3 1922

What bactericidal solution was used in eyes? Arg. Nu 3 1% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Wells Glasby	FULL MAIDEN NAME	Rae Montgomery
RESIDENCE	Huntington Ore.	RESIDENCE	Huntington Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Concordia Kansas	BIRTHPLACE	Buffalo Mo.
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Ernest A Finney

Physician
(Physician or midwife)

Address Weiser Idaho

Filed Dec 30 1922 W R Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 3 1941

MAR 7 1975

345-105-044-859

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86

File No. 108285

Hospital ____

Primary Registration District No. 1010

Registered No. 42

FULL NAME OF CHILD Clifford Loyd Dueller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	11-0 1922

What bactericidal solution was used in eyes? Ag. No. 3 1/2 sol.

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Albert Dueller	FULL MAIDEN NAME	Magaret Herzog
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Berne Switzerland	BIRTHPLACE	Paris Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 30 1922 W. R. Hamilton

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

137-26-044-793

PLACE OF BIRTH

RECEIVED
JAN 4 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. ____ St.
Hospital

Registration District No. 86
Primary Registration District No. 212

File No. 108286
Registered No. 43

FULL NAME OF CHILD Eulah Jewell McGinnis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	11-6-1922

What bactericidal solution was used in eyes? Arg. No. 3 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Noah Webster McGinnis	FULL MAIDEN NAME	Ella Giles
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Cambridge, Ida.	BIRTHPLACE	Bebler City Kas.
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Feimey
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 30 1922 W R Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1942

556-209-044-219

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108287

County of Washington
City of Weiser
No. ____ St.
Hospital ____

Registration District No. 56
Primary Registration District No. 1010.
File No. ____
Registered No. 44

FULL NAME OF CHILD Osie Nora Newkirk
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	11 - 9 1922

What bactericidal solution was used in eyes? Ag. No. 3 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Oscar Newton Newkirk	FULL MAIDEN NAME: Fanny Barnes
RESIDENCE:	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Grants Lick Ky.	BIRTHPLACE: Coeur d'Alene
OCCUPATION: Farmer and Trapper	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address .....

Filed Dec 30 1922 W. R. Stumbo
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 108287

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD Female

FATHER _____ MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of King

Certificate No. 108287

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Nov. 9, 1922 (Date of Event)
in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Cert. of Charles Arthur Greer prepared on 5/17/41 (Give Date), are:
Church Record PRESBYTERIAN (Insurance Policy, Etc.) April 1, 1934 viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Osie Nora Newkirk
[redacted]	[redacted]	[redacted]

Subscribed and sworn to before me this 13th day of April, 1957.
Frances Davis
Notary Public, residing at Seattle, Wash
My commission expires June 3, 1957
(Seal)

Signed Faith Barnes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
603 - 3rd W #204, Seattle 99, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 1957.
Notary Public, residing at Seattle
My commission expires Aug 18-1959
(Seal)

Signed Josie J. MacWatters
(Signature of Any Credible Person)
7214 5th Ave N.W.
(Street Address, City, State)
Seattle 7, Wash.

FORM DPH 55. 155

JUL 15 1957

462-121-04X-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 1 1923 BUREAU OF VITAL STATISTICS

County of Washington
City of Weiser
No. ____ St.
Hospital ____
Registration District No. 86 File No. 108288
Primary Registration District No. 2112 Registered No. 45

FULL NAME OF CHILD John Duncan Ross Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 21 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	John Duncan Ross	Mabel Florence Mills
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Weiser Idaho	Mich
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Valentine
Physician
(Physician or midwife)

Address Weiser Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 20 1922 W. B. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-123.044-284

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... Registration District No. 56 File No. 108289

Hospital ..... Primary Registration District No. 2112 Registered No. 46

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD George Sheridan Andrus
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov 23 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chauncey Andrus	FULL MAIDEN NAME	Alvira Shurtz
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Mont
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walshaw

Physician
(Physician or midwife)

Address Weiser Ida

Filed Jan 30th 1922 W. R. Hamilton
Registrar.

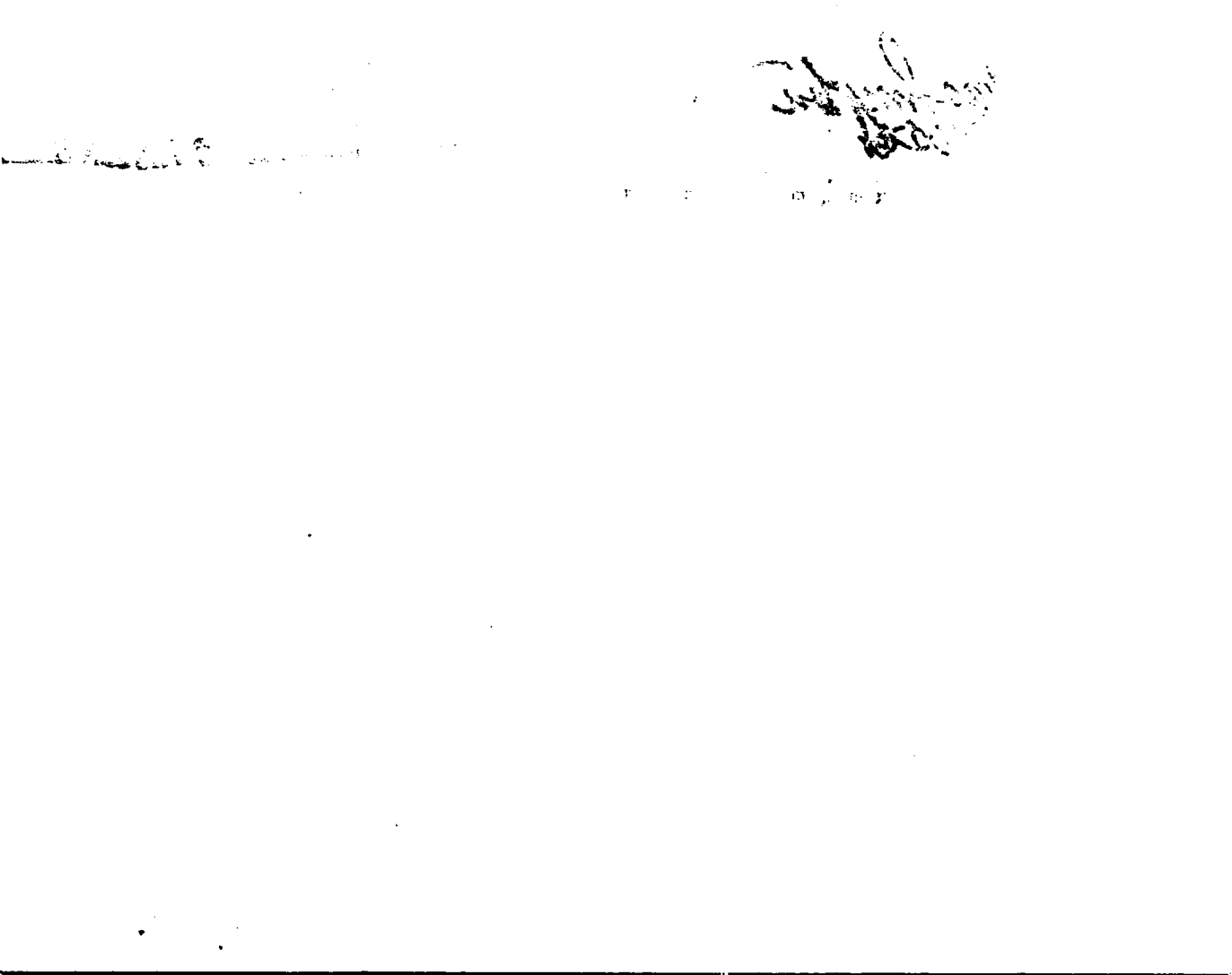
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho [illegible] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Weiser

ST. _____

COUNTY Washington

FILE NO. 108289

DATE OF BIRTH Nov. 23 - 1922

SEX OF CHILD Male

FATHER Chauncey Arnold Andrus

MOTHER Sarah Alvira Shultz
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

George Sheridan Andrus

Alvira Andrus

Signature of Father or Mother.

S75-225-04 221

PLACE OF BIRTH
Amended 4-13-82

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. ____ St.
Hospital ____

Registration District No. 86
Primary Registration District No. 1010

File No. 108290
Registered No. 47

FULL NAME OF CHILD Mattie Eva Jean Erwin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	11-25-1922

What bactericidal solution was used in eyes? Arg. nos 1/2% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER

FULL NAME: Son Leslie Erwin
RESIDENCE: Weiser Ida.
COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Neb Oklahoma
OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Genevieve Skaggs
RESIDENCE: Weiser Ida.
COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Lawrington Kas.
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Erwin
Physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 30th 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2-0 1971

12/18/81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 13 3 53 PM '82

State of Idaho
County of Ada } ss.

Certificate No. 108290
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Mattie Evagene Ervin (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 25, 1922 (Date of Event)

in Weiser, ID Washington (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's middle name	Evagene	Eva Jean

Subscribed and sworn to before me this 18th day of Dec., 1981.

Notary Public, Linda Adamson

Residing at Nampa

My commission expires April 3, 1985

(Seal)

Eva Gaeneglaad
Signature of Applicant

1301 Empire Way
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Social Security card gives naem as Eva Jean Youngblood #519-40-0547, card obviously old. Viewed by V.S.

Certificate of Group Life Insurance issued by the Metropolitan Life Ins. Co. gives name as Eva Jean Youngblood. Policy issued January 22, 1953. Serial number 391488.
Viewee by
VS

APR 13 1982

396-225-0444-613

PLACE OF BIRTH

RECEIVED
JAN 4 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. ____ St.
Hospital

Registration District No. 56
Primary Registration District No. 2/12

File No. 108291
Registered No. 48

FULL NAME OF CHILD Dorothy Irene Crow
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	11-25-1922

What bactericidal solution was used in eyes? Arg. No. 2 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wesley Ira Crow	FULL MAIDEN NAME	Pearl Cora Wallace
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	St Paul Nebr.	BIRTHPLACE	Cameron Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:38 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 26 1922 W R Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-126-044-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

County of Washington
City of Weiser
No.
Hospital

Registration District No. 86 File No. 108292
Primary Registration District No. 2112 Registered No. 49

FULL NAME OF CHILD Marvin Nickels Carter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11-26-22 1922

What bactericidal solution was used in eyes? Ag No. 3 1% sol.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Alexander Davis Carter	FULL MAIDEN NAME Ethel Rodelia Hill
RESIDENCE Weiser Ida.	RESIDENCE Weiser Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 50 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Eagle Valley Ore.	BIRTHPLACE Baker Oregon
OCCUPATION Farmer.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Ernest A. Finney
Physician
(Physician or midwife)

Address

Filed Dec 30th 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 02 1922-D50-165

419-130-044-015

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital

Registration District No. 86

Primary Registration District No. 1010

File No. 108293

Registered No. 50

FULL NAME OF CHILD Raul Sanders Markland

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	11 - 30 1922

What bactericidal solution was used in eyes? Ag. Nit. 1% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralph Preston Markland	FULL MAIDEN NAME	Vera May Sanders
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pittsburg Pa.	BIRTHPLACE	LaVerne Minn
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 1:30 p. m. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address

Filed Dec 31st 1922 W. R. Hamilton Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

411-101-044-345

County of Washington

City of Weiser.

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 108291

Primary Registration District No. 1010 Registered No. 51

FULL NAME OF CHILD William Joseph Mayo.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 4 1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	William R. Mayo.	FULL MAIDEN NAME Blanche Cunningham
RESIDENCE	Weiser Idaho	RESIDENCE Weiser Idaho
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Indiana	Kansas.
OCCUPATION	R.R. Mail Clerk.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton MD

(Physician or midwife)

Address Weiser Idaho

Filed Dec 10 1922 W R Hamilton

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

NOV 25 1942

AUG 11 1948

551-202-044-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 108295

County of Washington
City of Weiser
No. ..... St. .....
Hospital .....
Registration District No. 86
Primary Registration District No. 2112
Registered No. 62

FULL NAME OF CHILD Morgan Ellen Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 2nd 1922

What bactericidal solution was used in eyes? Ag No 3 1%.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME John D. Evans.	FULL MAIDEN NAME Ellen Lowther.
RESIDENCE Weiser Ida R.F.D. No 1	RESIDENCE Weiser - Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Kansas.	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser Ida

Filed Dec 10 1922 W R Hamilton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1970

108139

693-105-044-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86 File No. 108296

Hospital ____ Primary Registration District No. 1010 Registered No. 53

FULL NAME OF CHILD William David Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	12-5-1922

What bactericidal solution was used in eyes? Ag No 3 1% sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Hugh Edwards Williams	FULL MAIDEN NAME	Gertrude Charlton
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Waukegan Ill.	BIRTHPLACE	Byerton Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:33 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A. Finney
Physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 30 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 5 1944

MAY 7 1954

356-105044-141

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. W. Main & First St. Registration District No. 86 File No. 108297

Hospital Primary Registration District No. 1010 Lewellen Registered No. 54

FULL NAME OF CHILD John Elias ~~Lewellen~~ LEWALLEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Dec 5 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John ~~Lewellen~~ LEWALLEN	FULL MAIDEN NAME	Eva J Adams
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Ida
OCCUPATION	Section man	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Weiser Idaho

Filed Dec 30th 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 108297

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Elias Lewallen (Name on Original Certificate) who was born (Was Born or Died) on December 5, 1922 (Date of Event)
in Weiser Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by physicians records (Bible Record, Insurance Policy, Etc.) prepared on December 26th 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Lewellyn	Lewallen
Name	John Elias	John Elias

Subscribed and sworn to before me this 28th
day of July, 1942
Est R Rowles
Notary Public, residing at Weiser Idaho
My commission expires December 10, 1944
(Seal)

Signed John William Lewallen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 4 Weiser Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of July, 1942
Est Rowles
Notary Public, residing at Weiser Idaho
My commission expires December 10, 1944
(Seal) JUL 30 1942

Signed Eva Jane Lewallen
(Signature of Any Credible Person Other Than Previous Year)
Rt. 4 Weiser Idaho
(Street Address, City, State)

JUL 31 1942

OCT 19 1954

765-228-044-867

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 6th & N Com. St.

Registration District No. 56

File No. 108298

Hospital

Primary Registration District No. 1210

Registered No. 55

FULL NAME OF CHILD Charlotte Dorothy Connor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec 8 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Hamilton Connor	FULL MAIDEN NAME	Dorothy Hopper
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Nebr	BIRTHPLACE	Weiser Ida
OCCUPATION	Day laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

Physician
(Physician or midwife)

Address Weiser Ida

Filed Dec 30th 1922 W R Hamilton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-107-044-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. W 3rd St.

Registration District No. 56 File No. 108299

Hospital

Primary Registration District No. 1010 Registered No. 56

FULL NAME OF CHILD Roscoe Vernon Caldwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 9 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Samuel Roscoe Caldwell	FULL MAIDEN NAME	Eva Atteberry
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Wash.
OCCUPATION	Produce Dealer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse
Physician
(Physician or midwife)

Address Weiser Ida

Filed Dec 30 1922 W R Hamilton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-11-694-213

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Washington — RECEIVED — 1923

City of Weiser

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 56 File No. 108300

Hospital ..... Primary Registration District No. 910 Registered No. 57

FULL NAME OF CHILD Vernon Hayes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 11 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clifford E. Hayes	FULL MAIDEN NAME	Lillie Daling
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Weiser Ida
OCCUPATION	farmer	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Walker
Physician
(Physician or midwife)

Address Weiser Ida

Give names added from a supplemental report.

....., 19.....

Filed Dec 31 1922 W B Saunders
Registrar.

.....
Registrar.

OCT 2 9 1969
SEP 1 2 1972

MAY 2 8 1942

[redacted] 255-21-044-354

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 1923

CERTIFICATE OF BIRTH

File No. 108301

County of Washington
City of Weiser
No. R Y Draw St.
Registration District No. 86
Hospital
Primary Registration District No. 2112
Registered No. 58

FULL NAME OF CHILD Evelyn Benson
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec 11th (Month) (Day) 1922 (Year)

What bactericidal solution was used in eyes? Arg Nos 1% Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Aaron C. Benson	FULL MAIDEN NAME Fanny Menchaca
RESIDENCE Weiser Idaho	RESIDENCE Weiser Idaho
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer & Dairyman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton MD
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 30 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1976

924 113-044-415

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108302

County of Washington
City of Weiser
No. 1st & Washington St.
Hospital

Registration District No. 86
Primary Registration District No. 1910
File No.
Registered No. 59

FULL NAME OF CHILD Melvin Cooper Ibey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 17 1922

What bacterioidal solution was used in eyes? Arg. Nos. 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Melvin Ibey.	FULL MAIDEN NAME	Mildred Maudrill
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Alberta Canada.	BIRTHPLACE	Colorado.
OCCUPATION	Candy maker.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec 15th 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/7/41 Z.J.

142-214-084-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
VITAL

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. E. 10th & Court St.
Hospital

Registration District No. 56
Primary Registration District No. 1010
File No. 105303
Registered No. 60

FULL NAME OF CHILD Audrey Phyllis Amberg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec 14 1922

What bactericidal solution was used in eyes? None used

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David W. Amberg	FULL MAIDEN NAME	Marjorie Griffin
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ky	BIRTHPLACE	Wyo.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Wolverton
Physician
(Physician or midwife)

Address Weiser Ida

Filed Dec 20 1922 W. R. Reynolds
Registrar.

Give names added from a supplemental report.

....., 19.....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated, and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

City of [illegible]

No. N. 3rd St. Registration District No. 86 File No. 108304

Hospital Primary Registration District No. 1010 Registered No. 61

FULL NAME OF CHILD Bobbie Lenel Napier
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec 23 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harlan Napier	FULL MAIDEN NAME	Blanch Brown
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ky	BIRTHPLACE	Ark
OCCUPATION	Merchant	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walechouse
Physician
(Physician or midwife)

Address Weiser Ida

Give names added from a supplemental report.

....., 19.....

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Registrar.

Filed Dec 30th 1922 W. R. Hamilton
Registrar.

APR 4 1969

46R-224:044-133

1152

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. 543 W. Idaho St.
Hospital

Registration District No. 86
Primary Registration District No. 1010.

File No. 108305
Registered No. 62

FULL NAME OF CHILD Harriet Louise Moulton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	# and	1	Yes	12 24 1922

(To be answered only in event of plural births)

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ira N. Moulton	FULL MAIDEN NAME	Lucille Allenbaugh
RESIDENCE	Wilder, Idaho	RESIDENCE	Wilder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 9.55 P.M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.
(Physician or midwife)

Address Weiser, Idaho.

Filed Dec 20 1922 W. R. Moulton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1967

613-226-044-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Registration District No. 56 File No. 108306

Hospital ..... Primary Registration District No. 2112 Registered No. 63

FULL NAME OF CHILD Margaret Eileen Watts
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec 26 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Gelva B. Watts	FULL MAIDEN NAME	Ella May Graham
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse
Physician
(Physician or midwife)

Address Weiser Ida

Filed Dec 30th 1922 W. R. Hamilton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-226-044-643

1153

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. 45 W. Park St.
Hospital

Registration District No. 86
Primary Registration District No. 10/6

File No. 108307
Registered No. 65

FULL NAME OF CHILD Mary Ethel Zink
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? #	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	1	Yes	12 26 1922

What bacterioidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert W. Zink	FULL MAIDEN NAME	Ethel Mary Fuller
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Wyoming
OCCUPATION	Printer	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. B. Shirley, M.D.
Weiser, Idaho.
(Physician or midwife)

Address .....

Filed Dec 30th 1922 W. R. Hamelton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-129-044-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 19[illegible]
BUREAU OF [illegible]

CERTIFICATE OF BIRTH

File No. 108308

County of Washington
City of Weiser
No. 1044 N. 3rd St.
Hospital
Registration District No. 86
Primary Registration District No. 1016
Registered No. 66

FULL NAME OF CHILD Leslie Earl McMinn,
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 29th 1922

What bacteriocidal solution was used in eyes? Ag No3, 1%.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William H. McMinn,	Julia Sims,
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Idaho,	Kansas,
OCCUPATION	Carpenter,	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser Ida

Filed Dec 30th 1922 W. R. Hamilton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 17, 1940.

Rec'd January 4, 1923

353.208.042-9/4

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 108309
Local Reg. No.
Reg. Dist. No. 37

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: County

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): DOROTHY b. (Middle): DALPHINE c. (Last): LETSCH

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 8, 1922

Born 2:30A.M.

FATHER OF CHILD

7. FULL NAME

a. (First): Reinhold b. (Middle): Carl c. (Last): Letsch

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Barstow, Illinois

10. USUAL OCCUPATION:

11. KIND OF BUSINESS OR INDUSTRY: Real Estate

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Beulah b. (Middle): c. (Last): Ramsey

13. AGE (At time of this birth): 43 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Virginia

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Beulah Letsch Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John F. Coughlin

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Twin Falls, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Dec. 1, 1922

22. REGISTRAR'S SIGNATURE: John F. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

OF VITAL STATISTICS, BOISE, IDAHO.

correspondence to DIVISIO

Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____

LENGTH OF PREGNANCY _____ WEEKS

WEIGHT AT BIRTH _____ LBS. _____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES X NO _____

BIRTH INJURY TO INFANT

_____ YES IF YES, DESCRIBE

_____ NO

CONGENITAL MALFORMATIONS OF INFANT

_____ YES IF YES, DESCRIBE

_____ NO

AUG 29 1967

4-39 708-042-418

PLACE OF BIRTH

RECEIVED JAN 4 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida

No. ..... St.

Registration District No. 37 File No. 10870

Hospital County Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Margaret Viola McCabe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Nov 8 1922

What bacterieidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter W McCabe	FULL MAIDEN NAME	Viola Isabel Mahoney
RESIDENCE	Filer Ida R 1	RESIDENCE	Filer Ida R 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ashdale Washington	BIRTHPLACE	Chanute Kans.
OCCUPATION	Farmer	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 8 00 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W Coughlin

Phy.
(Physician or midwife)

Address Twin Falls, Ida.

Give names added from a supplemental report.

....., 19.....

Filed Dec. 1 1922 John W. Coughlin
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup OE 1922-315171

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Twin Falls. FILE NO. 108210

ST. County Hospital DATE OF BIRTH Nov. 8, 1922

COUNTY Twin Falls. SEX OF CHILD Female

FATHER Walter W. McCabe MOTHER Viola Isabel Maloney.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Margaret Viola McCabe

Mrs. Viola I. McCabe.

Signature of Father or Mother.

MAR 5 1986

235-109-042-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls Ida.
No. ..... St.
Hospital County

Registration District No. 37. File No. 108311
Primary Registration District No. 1085. Registered No. .....

FULL NAME OF CHILD Charles Robert Steavens Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	11 9 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Robert Steavens	FULL MAIDEN NAME	Emma Louise Blager
RESIDENCE	1203-6 Ave E. Twin Falls Ida	RESIDENCE	1203 - 6 Ave E. Twin Falls Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Greeley Col	BIRTHPLACE	Germany
OCCUPATION	Newspaper man	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 05 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Degal
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address McCornick Bldg

Filed Dec; 1 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STEVENS

NOT

dup of 1922-308199 + 318748

693-22-0842-796

PLACE OF BIRTH

AMENDED CHILD'S NAME & BIRTH DATE & MOTHER'S MAIDEN NAME 6-21-00 MS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108312

County of Twin Falls

City of Twin Falls,

No. 1335-7th Ave, E St.

Hospital

Registration District No. 37.

Primary Registration District No. 1085.

File No.

Registered No.

FULL NAME OF CHILD MARGARET WILSON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes.	11-21-22

What bactericidal solution was used in eyes? Ag No-3 - 1%

Number of child of this mother, including present birth: one

Number of child of this mother now living, including present birth: one

FATHER	MOTHER
FULL NAME: Fred Wilson.	FULL MAIDEN NAME: Ada ~~Gronemann.~~ GRONEMAN
RESIDENCE: Twin Falls, Ida.	RESIDENCE: Twin Falls, Ida.
COLOR: White	COLOR: White.
AGE AT LAST BIRTHDAY: 52. (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: ~~Michigan.~~	BIRTHPLACE: Utah.
OCCUPATION: Framer.	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. at 4:50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

Phy. (Physician or midwife)

Address Twin Falls, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 1 192 2

John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

6-14-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
00 JUN 20 PM 2:25

State of California
County of Yolo } ss.

Certificate No. 1922-108312
Date Filed JAN. 4, 1923

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED WILSON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 21, 1922 (Date of Event)

in TWIN FALLS (TWIN FALLS) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED WILSON	MARGARET WILSON
CHILD'S BIRTH DATE	NOV. 21, 1922	NOV. 20, 1922
MOTHER'S MAIDEN NAME	ADA GRONEMANN	ADA GRONEMAN

Subscribed and sworn to before me this 19 day of June, 2000

Notary Public, Bianca Filak
Residing at Davis, CA
My commission expires 2-21-03

X Margaret H. Mikkelsen
Signature of Applicant

X 617 Oeste Dr. Davis, CA
Street Address, City, State

BIANCA FILAK
COMM. # 1211310
NOTARY PUBLIC-CALIFORNIA
YOLO COUNTY
My Commission Expires FEB. 21, 2003

MEP-1

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of California
County of Yolo } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____
Residing at _____
My commission expires _____

Supporting Signature

Street Address, City, State

(Seal)

N. M.

CERTIFICATE OF BLESSING FROM THE LDS CHURCH SHOWS MARGARETT WILSON BORN NOV. 20, 1922 IN TWIN FALLS (TWIN FALLS) ID WAS BLESSED JAN. 7, 1923 VIEWED VS.

CERTIFICATE OF BAPTISM AND CONFIRMATION FROM THE LDS CHURCH SHOWS MARGARET WILSON BORN NOV. 19, 1922 IN TWIN FALLS ID WAS BAPTIZED MAR. 29, 1931 VIEWED VS.

CERTIFICATE OF MARRIAGE STATE OF LOUISIANA SHOWS MARGARET WILSON THE BRIDE BORN NOV. 20, 1922 IN IDAHO THE GROOM DUANE SOREN MIKKELSEN WERE MARRIED AUG. 18, 1943 IN NEW ORLEANS VIEWED VS.

SIBLING'S CERTIFICATE OF BLESSING FROM THE LDS CHURCH SHOWS THE MOTHER'S MAIDEN NAME ADA GRNEMAN DATE OF BLESSING 5/4/1930 VIEWED VS.

SIBLING'S CERTIFICATE OF BIRTH FROM STATE OF UTAH SHOWS THE MOTHER'S MAIDEN NAME ADA GRONEMAN FILE #1934-767 VIEWED VS.

155-130-062-753

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108313

County of Twin Falls

City of Twin Falls Ida

No. ____ St. Registration District No. 37. File No. ____

Hospital County Primary Registration District No. 1085. Registered No. ____

FULL NAME OF CHILD Not Named (died)

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 30 1922

What bacterieidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1. Number of child of this mother now living, including present birth 1.

	FATHER	MOTHER
FULL NAME	Wm Geo. Jennings	Adaline Peters
RESIDENCE	Buhl. Ida.	Buhl Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	22
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Doctor.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.

(Physician or ~~midwife~~)

Address Buhl. Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec. 1 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-101-042-693

PLACE OF BIRTH

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. ..... St.
Hospital County

Registration District No. 37 File No. 108314
Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Harry J. Benoit Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11 - 1 - 192 2

What bacterieidal solution was used in eyes? Silver Nitrate 1% .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Harry J Benoit	FULL MAIDEN NAME	Lesley Williams
RESIDENCE	1326 - 11th ave E Twin Falls	RESIDENCE	Twin Falls
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Crookston Minn	BIRTHPLACE	Ketchum Ida
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Coughlin
Physician.
(Physician or midwife)

Address Twin Falls, Ida.

Give names added from a supplemental report.

....., 19.....

Filed Dec. 1 - 1922 John T. Coughlin
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1954
SEP 9 1958

296-220-642-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1923

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Idaho

No. ..... St.

Registration District No. 37. File No. 108315

Hospital County. Primary Registration District No. 1085. Registered No. .....

FULL NAME OF CHILD Fannie May Browning.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.		2nd.	yes	Nov. 20th 1922.

What bacteriecidal solution was used in eyes? Silver nitrate Sol 1%.

Number of child of this mother, including present birth. two. Number of child of this mother now living, including present birth. 2.

FATHER		MOTHER	
FULL NAME	Mr. John Oscar Browning	FULL MAIDEN NAME	Sadie Scott.
RESIDENCE	437 Walnut St. Twin Falls.	RESIDENCE	437 Walnut St. Twin Falls Idaho.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Albany Ind.	BIRTHPLACE	Cerrogorda Ill.
OCCUPATION	Farming.	OCCUPATION	House Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 35 AM. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) T. W. Wilson
Physician
(Physician or midwife)

Address Twin Falls Idaho.

Filed Dec. 1-22 192.. John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 8 1944

652-117-042-396

PLACE OF BIRTH

RECEIVED JAN 4 19 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 108316

County of Twin Falls

City of Twin Falls

No. County Hosp St. Registration District No. 37

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Stanley A Webber Jr.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov 17 1922

What bacteriolidal solution was used in eyes? Silver Nitrate Sol 1%

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Stanley A Webber	Edith A Crooksland
RESIDENCE	Buhl Ida	Buhl Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Detroit Mich	Bowan Ill
OCCUPATION	Lumberman	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 1 -- 1922 John F. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-227-852-849

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. ____ St.
Hospital County Hospital

Registration District No. 57 File No. 106517
Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD Karen Maxine Blackburn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	10-27-1922

What bacterieidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Phillip T. Blackburn	FULL MAIDEN NAME: Cecil Hurst
RESIDENCE: Buhl, Idaho	RESIDENCE: Filer, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 18 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Richfield, Utah	BIRTHPLACE: Hagerman, Idaho
OCCUPATION: Student	OCCUPATION: Student

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M. D.

Filer, Idaho
(Physician or midwife)

Address ____

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed Dec 1, 1922 John F. Caughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-215-042-394

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 105318

County of Twin Falls

City of Twin Falls

No. ____ St.

Hospital County

Registration District No. 37

Primary Registration District No. 1085

Registered No. ____

FULL NAME OF CHILD Patricia Evelyn Beem
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		2nd.	Yes.	Nov 15 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Edwin Arthur Beem	Helen Marie Crumpo
RESIDENCE	Twin	Twin Idaho
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	So Dak.	Minn
OCCUPATION	Merchant	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. A. A. Newberry
(Physician or midwife)

Address Twin Falls, Ida.

Filed Dec. 1 1922 John L. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

893-2.17.042-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 108319

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration No. 37.

Hospital ..... Primary Registration District No. 1085. Registered No. .....

FULL NAME OF CHILD Catherine Mary Sheets

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	11 19 1927

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Sheets	FULL MAIDEN NAME	Mary Orchard
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Tibe

Physician

(Physician or midwife)

Address Twin Falls Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 1- 1927 John T. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

303-208-042-893

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108320

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. 108320

Hospital County Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Esther Lilah Volbert.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.			Yes	Dec - 8 - 1922

What bacteriocidal solution was used in eyes? Silver nitrate Sol 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edward Volbert	FULL MAIDEN NAME	Helen Estelle Mills
RESIDENCE	235 7th East Twin Falls.	RESIDENCE	235 7th East Twin Falls.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Guthrie Center Iowa.	BIRTHPLACE	Harlan Iowa.
OCCUPATION	Farming and Real estate	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician.

(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Dec. 14- 1922 John F. Coughlan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1943

939-126-042-444

PLACE OF ~~BIRTH~~

RECEIVED JAN 4 BUREAU STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls.

No. 712 3rd Ave, E St.

Registration District No. 37.

File No. 108321

Hospital

Primary Registration District No. 1085.

Registered No.

FULL NAME OF CHILD JOHN WESLEY ILIFF
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes.	Dec. 26 1922

What bactericidal solution was used in eyes? Ag. NO_3 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wiley Iliff.	FULL MAIDEN NAME	Florence Dudley.
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah.	BIRTHPLACE	Ill.
OCCUPATION	Car Inspector.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Coughlin

Twin Falls, Ida. M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Dec. 27 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 108321

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	John Wesley Iliff
Father's name	Wylie	Wiley Iliff

Subscribed and sworn to before me this 28th day of October, 1942

Elwood Hmstark

Notary Public, residing at Hollister Ida

My commission expires Feb 21, 1942

(SEAL)

Signed Wiley C. Iliff

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Hollister Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Twin Falls

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1942.

Elwood Hmstark

Notary Public, residing at Hollister Ida

My commission expires Feb 21, 1942

(SEAL)

Signed J W Morris

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

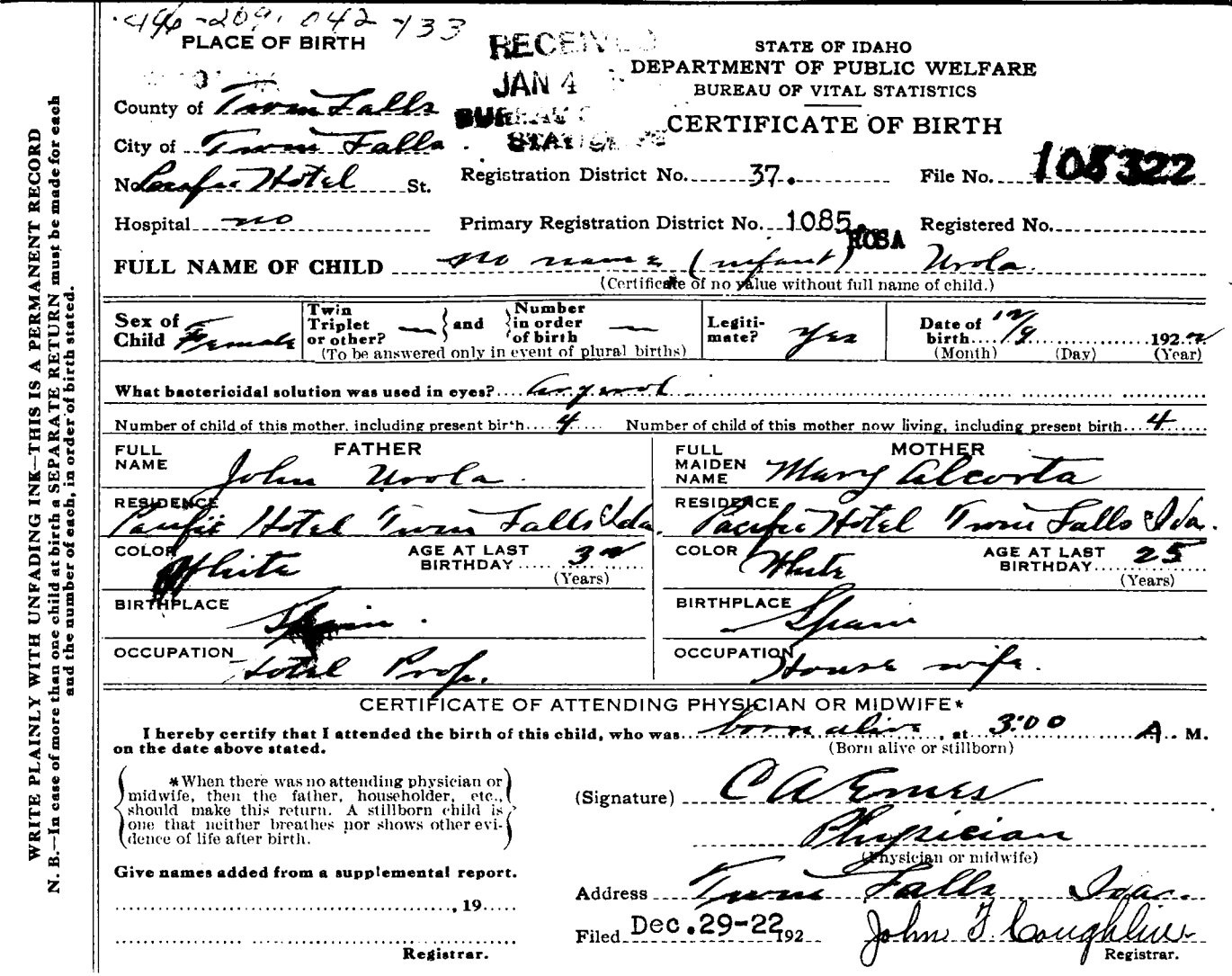
Hollister Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 9



·446-209-042-733

PLACE OF BIRTH

RECEIVED JAN 4 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Pacific Hotel St.

Registration District No. 37 File No. 105322

Hospital no

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD no name (infant) ROSA Urola
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	12/9 192 2

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Urola	FULL MAIDEN NAME	Mary Alcorta
RESIDENCE	Pacific Hotel Twin Falls Ida.	RESIDENCE	Pacific Hotel Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Hotel Prop.	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Emes
Physician
(Physician or midwife)

Address Twin Falls Ida.

Filed Dec. 29-22 192 John T. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1952

299-007-042-796

Form V. S. No. 11-C—25m-1-1-18

RECEIVED
JAN 4 1923
BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108323

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37.

File No. .....

Primary Registration District No. 1085.

Registered No. .....

FULL NAME OF CHILD Fergus Junior Briggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	12 (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fergus Plummer Briggs	FULL MAIDEN NAME	Pearl Lovene Prough
RESIDENCE	845 Walnut St. Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Okla
OCCUPATION	Laundry man	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:40 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Weaver

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec. 29 1922 John F. Coughlin
Registrar

Registrar

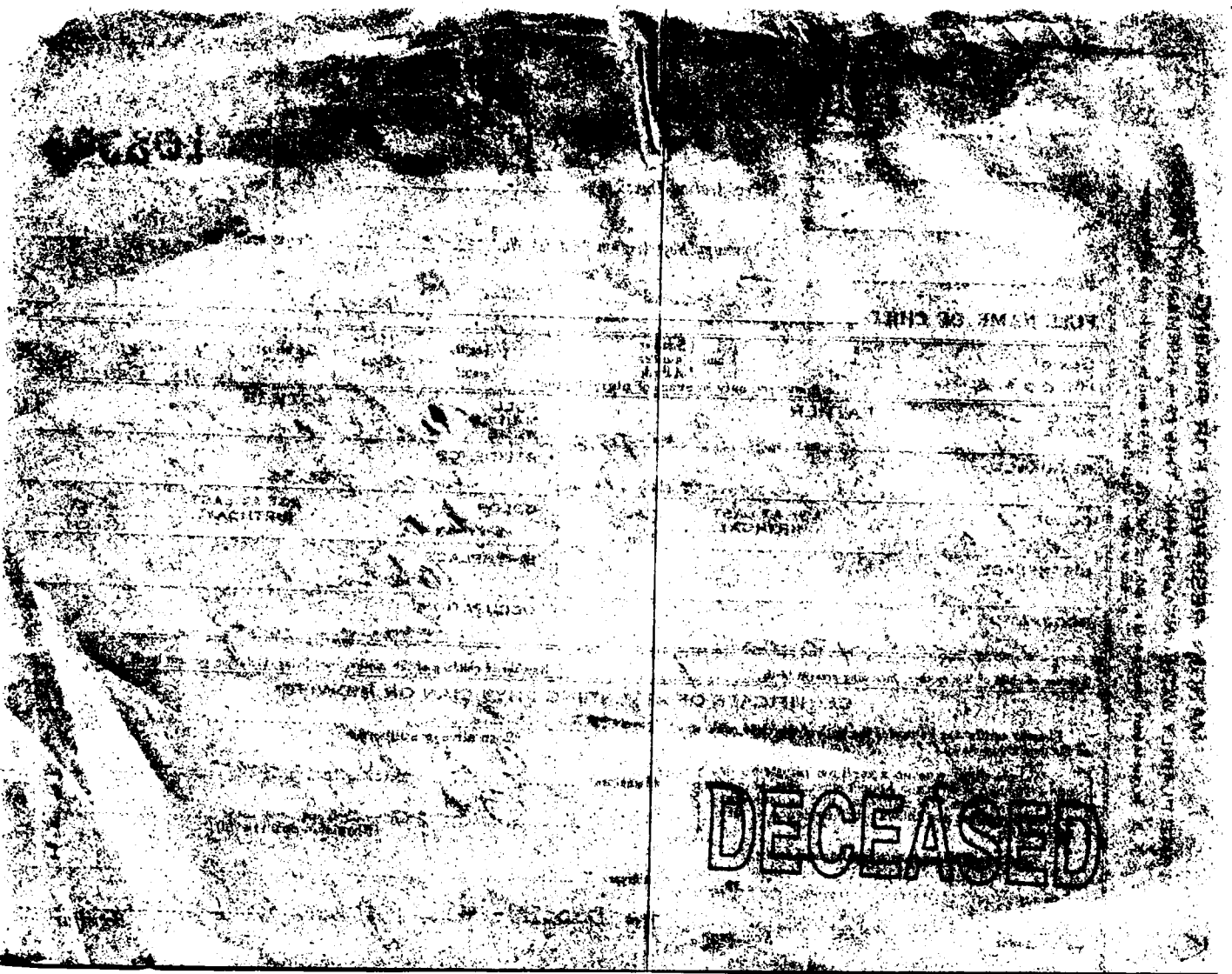
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K


DECEASED

RECEIVED
JAN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 2[illegible] 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth { CITY Twin Falls
ST. Walnut
COUNTY Twin Falls

FILE NO. 108323
DATE OF BIRTH Dec 7th
SEX OF CHILD Male
FATHER Fergus Plummer
MOTHER Pearle Lorene Briggs
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Fergus Junior

Mrs Pearle L Briggs
Signature of Father or Mother.

APR 1 1983

893-220-042-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 329-5th Ave North St. Registration District No. 37. File No. 108324

Hospital Maternity Home Mrs Dimmits Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Willma Ruth Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	11/20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Wm W Hill	FULL MAIDEN NAME	Zina Crandall
RESIDENCE	Twin Falls Rural no III	RESIDENCE	Twin Falls Rural III
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Ernes

Physician (Physician or midwife)

Address Twin Falls Ida

Filed Dec. 29 1922 John F. Coughlin Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED FEB 26 1923 BUREAU OF VITAL STATISTICS

* * * * * * * *

[redacted] FILE NO. 108324

[redacted] DATE OF BIRTH Nov 20, 1922

[redacted] CHILD Female

FATHER [redacted] M Hill MOTHER Zina C Hill (Maiden Name)

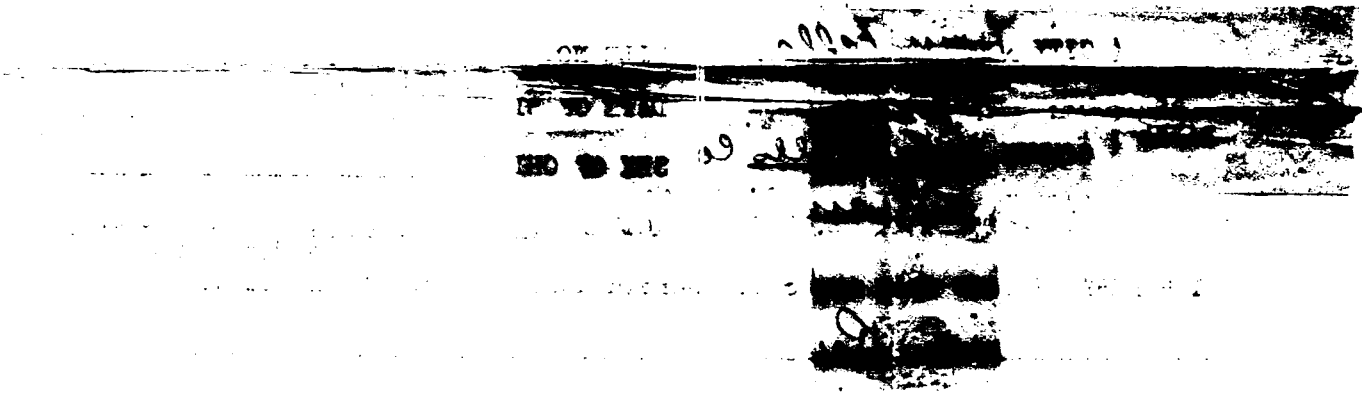
I HEREBY CERT[redacted] child herein described has been named:

Mi[redacted] Ruth Hill

Mrs Z C Hill

Signature of Father or Mother

JAN 31 1966



549-225-042-314

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

BUREAU OF VITAL STATISTICS

Registration District No. 37 File No. 108325

No. 129 Harrison St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Boy Smidenes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —	6	yes	12-25-1922

FATHER	MOTHER
FULL NAME Andrus E Smidenes	FULL MAIDEN NAME Mable Caughey
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Laborer	OCCUPATION Housewife

Number of child this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:20 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Keeler

Twin Falls Ida
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Dec. 29-22 19

John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child of birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-123-042-238

PLACE OF BIRTH

RECEIVED JAN 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37.

File No. 108326

Hospital County

Primary Registration District No. 1085.

Registered No. .....

FULL NAME OF CHILD George Arthur Davison.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		yes.	Dec - 23 1922

What bactericidal solution was used in eyes? Ag No 3 2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mr George A. Davison.	FULL MAIDEN NAME	Stella M. Schaefer.
RESIDENCE	Buhl Idaho.	RESIDENCE	Buhl Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Burlington Iowa	BIRTHPLACE	Burlington Iowa.
OCCUPATION	Farming.	OCCUPATION	House Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 30 P.M. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Breler M.D.
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Twin Falls.

Filed Dec 29-22 192 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1945

1945

SEP 18

319-116.082-156

PLACE OF BIRTH

RECEIVED
JAN 4 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

108327

County of Twin Falls

City of Twin Falls

Registration District No. 37.

File No.

No. 660 - 3rd Ave N St.

Primary Registration District No. 1085.

Registered No.

Hospital —

FULL NAME OF CHILD Baby Carter, Earl Marshall

Sex of Child Male

Twin Triplet or other? — and Number in order of birth 1

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 12 (Month) - 16 (Day) 1922 (Year)

FATHER

FULL NAME Harvey R Carter

RESIDENCE Twin Falls

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Nellie Jeffries

RESIDENCE Twin Falls

COLOR White

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or, stillborn), at 8:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H N Lutz

Twin Falls Ida

(Physician or midwife)

Address Twin Falls, Ida.

Filed Dec. 29-22 19

John F. Coughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY _____

(ST. _____

(COUNTY _____

FATHER _____

FILE NO. 108327

DATE OF BIRTH _____

SEX OF CHILD Male

MOTHER _____
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother

1/31/41 L.B.

866222-001-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108350

County of Ada

City of Boise

No. ..... St. ..... Ward or Location District No. ..... File No. .....

Hospital St Lukes Primary Registration District No. ..... Registered No. 551

FULL NAME OF CHILD Gertrude ~~Helen~~ Irene Howrey, Gertrude Irene
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No (To be answered only in event of plural births)	—	yes	Nov 22 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Don A Howrey	FULL MAIDEN NAME	Gertrude Helen Reed
RESIDENCE	214 N 18 St. Boise Ida	RESIDENCE	214 N 18 St. Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Ashley Pa
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

(Signature) R P French M D

(Physician or ~~midwife~~)

Address 417 Overland Bldg Boise

Filed 2-3-1923 R. H. Ratt
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/28/41 L. B.

375-117-001-343

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108352

County of Ada

City of Boise

No. R D # 2

RECEIVED
FEB 7 1923
BUREAU OF VITAL STATISTICS

Registration District No. 8

File No.

Hospital

Primary Registration District No. 1008

Registered No. 549

FULL NAME OF CHILD Ernest Bruce Cleveland
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	and	yes	Nov 17 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Ernest L Cleveland	FULL MAIDEN NAME Beulah J Sull
RESIDENCE Boise R D # 2	RESIDENCE Boise R D 2
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Centralia Wash.	BIRTHPLACE Marathon Iowa
OCCUPATION mechanic	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. m. on the date above stated.

(Signature) R P French

(Physician or midwife)

Address 417 Overland Bldg Boise

Filed 2-3 1923 R. H. Hall
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...NLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 27 1955

369-109-001-613

PLACE OF BIRTH

RECEIVED FEB 7 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10~~8~~353

County of Ada

City of Boise

No. 1606 N 24 St. Registration District No. ____ File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. 548

FULL NAME OF CHILD Ronald Wesley Cornwall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 9 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Charles W Cornwall	FULL MAIDEN NAME Gertrude Grey Watts
RESIDENCE 1606 N 24 St. Boise Ida	RESIDENCE 1606 N 24 St. Boise Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Canada	BIRTHPLACE New Mexico
OCCUPATION Vulcanizer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ____ P. M. on the date above stated.
(Born alive or stillborn)

(Signature) R. P. French M D
(Physician or midwife)

Address 417 Overland Bldg. Boise Idaho

Filed 2-3 1923 R. H. Pratt
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1954

343-168-007-741

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108354

County of Ada

City of Boise

No. R D #5 Registration Precinct No. 8 File No.

Hospital Primary Registration District No. 2006 Registered No. 547

FULL NAME OF CHILD Walter Henry Cullen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 18 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME William Henry Cullen	FULL MAIDEN NAME Lillian M Guyan
RESIDENCE 210 N. Main St. Rochester N.Y.	RESIDENCE 210 N. Main St. Rochester N.Y.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Kingston N.Y.	BIRTHPLACE Quincy Ill
OCCUPATION Chef.	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

(Signature) P. P. French M.D.

(Physician or midwife)

Address 417 Overland Bldg. Boise Ida

Filed 2-3 1923 R. L. Frath Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

417-127-60-893

PLACE OF BIRTH

RECEIVED FEB 7 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108355

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St Alph. Primary Registration District No. 1004 Registered No. 246

FULL NAME OF CHILD Robt Wm. Magnuson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Nov 27 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Adolph Magnuson	FULL MAIDEN NAME	Alma Hicks
RESIDENCE	424 S 10 - City	RESIDENCE	Boise
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	So Bend Ind.	BIRTHPLACE	Boise
OCCUPATION	Tinner	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus
(Physician or midwife)

Address Boise

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed Jan 18 1923 R. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

CC 3/24/41

195 -222-001-995

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1923

CERTIFICATE OF BIRTH

108356

County of Ada

City of Boise

Registration District No. ____ File No. ____

No. ____ St.

Hospital St Luke

Primary Registration District No. ____ Registered No. 545

FULL NAME OF CHILD Carol C. Gregory

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	12 - 22 - 22

FATHER

FULL NAME Raymond P. Gregory

RESIDENCE Meridian Idaho

COLOR white

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Gen farmer

MOTHER

FULL MAIDEN NAME Mabel C. Rivers

RESIDENCE Meridian Idaho

COLOR white

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Oregon

OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) H. F. Neal M. D.

(Physician or midwife)

Address Meridian Idaho.

Filed 1-29-1923

R. H. Bath
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 7 1942

OCT 3 1942

1942
6 NOV

866-129-001-693

PLACE OF BIRTH

RECEIVED
FEB 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108357

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St Lukes Primary Registration District No. 1004 Registered No. 544

FULL NAME OF CHILD George Erwin Howell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes.	Dec 29 1922

What bacterial solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo Arlin Howell	FULL MAIDEN NAME	Olive Myrtle Williams
RESIDENCE	Barber Ida	RESIDENCE	Barber Ida
COLOR	White. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Idaho.
OCCUPATION	Lumberjack	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.04 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Otis Bank
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Boise Ida

Filed Jan 18 1923 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/27/41 R. F.

DECEASED

OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

FEB 28 1923
BUREAU OF

Boise, Idaho JAN 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Boise

ST. Bannock & 1st.

COUNTY Ada

FILE NO. 108357

DATE OF BIRTH Dec 29 1922

SEX OF CHILD Male

FATHER George Howell

MOTHER Olive Myrtle Williams
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

George Erwin Howell

Mrs. Olive Howell

Signature of Father or Mother.

SEP 14

791-229-001-862

PLACE OF BIRTH

RECEIVED
FEB 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108358

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 543

FULL NAME OF CHILD Ellen Louise Gray
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	Dec 29 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. R. Gray.	FULL MAIDEN NAME	Mildred M Hoss.
RESIDENCE	Boise Ida.	RESIDENCE	Boise Ida.
COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ill —	BIRTHPLACE	Minn.
OCCUPATION	Express Messenger	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.53 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock
(Physician or ~~midwife~~)

Address Boise Ida

Filed Jan 18 1923 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 [illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Boise Ida
(St. Lukes Hosp.
(COUNTY Ada

FILE NO. 108358

DATE OF BIRTH Dec 29 1922

SEX OF CHILD Female

FATHER Arthur R. Gray

MOTHER Mildred May Hess
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ellen Louise Gray.

Arthur R. Gray
Signature of Father or Mother.

554-231-661-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 192
BUREAU OF VIT.

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1210 Ridenbaugh St.

Registration District No. 2 State File No. 108359

Hospital ——

Primary Registration District No. 1004 Local Registrar's No. 542

FULL NAME OF CHILD Katherine Marie Endsley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	Dec. 31, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry L. Endsley	FULL MAIDEN NAME	Mary Handy
RESIDENCE	1210 Ridenbaugh St. Boise Ida.	RESIDENCE	1210 Ridenbaugh St. Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Taxi driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Boise, Idaho

, 192

Filed Jan 2 1923 R. H. Pratt
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S51-231-003

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED FEB 8 1923 BUREAU OF VITAL STATISTICS

108408

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 28 File No. 84

Primary Registration District No. 2161 Registered No. 4740

FULL NAME OF CHILD Norma Leone Evans

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willis Vern. Evans	FULL MAIDEN NAME	Miss Laurene. Ross
RESIDENCE	Robin. Ida.	RESIDENCE	Robin. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Woodbine. Ia	BIRTHPLACE	Pocatello. Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:10 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean M. Newton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Ida

Filed 2/1 1923 J. R. Young Registrar

Registrar.

[redacted] OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho [redacted] 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY _____ ST. _____ COUNTY _____

FATHER _____

FILE NO. 108408

DATE OF BIRTH _____

SEX OF CHILD Female

MOTHER _____ (Maiden [redacted])

I HEREBY CERTIFY that the child herein described [redacted] been named:

_____

_____

Signature of F[redacted]

SEP 2 9 1947

OCT 1 6 1959

MAY 21 1942

STATE

365-31-003-355

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello General

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108409

Registration District No. 28 File No. 84

Primary Registration District No. 2161 Registered No. 9741

FULL NAME OF CHILD Robert Wesley Long

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 31 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joseph Long	FULL MAIDEN NAME	Jennie Lee
RESIDENCE	1436 N. Garfield Pocatello Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Washington	BIRTHPLACE	Utah
OCCUPATION	Patrolman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W. Clark MD

Physician
(Physician or midwife)

Address Pocatello Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/1 1923

J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-227-003-284

PLACE OF BIRTH

RECEIVED FEB 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108428

County of Bannock

City of Pocatello

No. — St.

Registration District No. 28 File No. 55

Hospital Poca General Primary Registration District No. 2141 Registered No. 4776

FULL NAME OF CHILD Carrol Ruth Mote
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	12/27 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Douglas David Mote	FULL MAIDEN NAME	Mina Jane Shumway
RESIDENCE	Pocatello Idaho	RESIDENCE	same
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello, Idaho

Filed 2/1 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1942

Form V. S. No. 11—20m-7-26-19

[redacted] OF BIRTH

253-128-004-113

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

Registration District No. 54 File No. 108436

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jens Pershing Beckstead

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	X		X	yes	12 - 28 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Logan Smith Beckstead	FULL MAIDEN NAME	Hannah Stogdill Jacobson
RESIDENCE	St Charles Id.	RESIDENCE	St Charles Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	LaRosse Wisconsin
OCCUPATION	School Teacher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cora Stogdill Jacobson
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Swan Lake Idaho

Filed Jan 11 1923 John Mattson
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 19 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY St Charles
(ST. —
(COUNTY Bear Lake

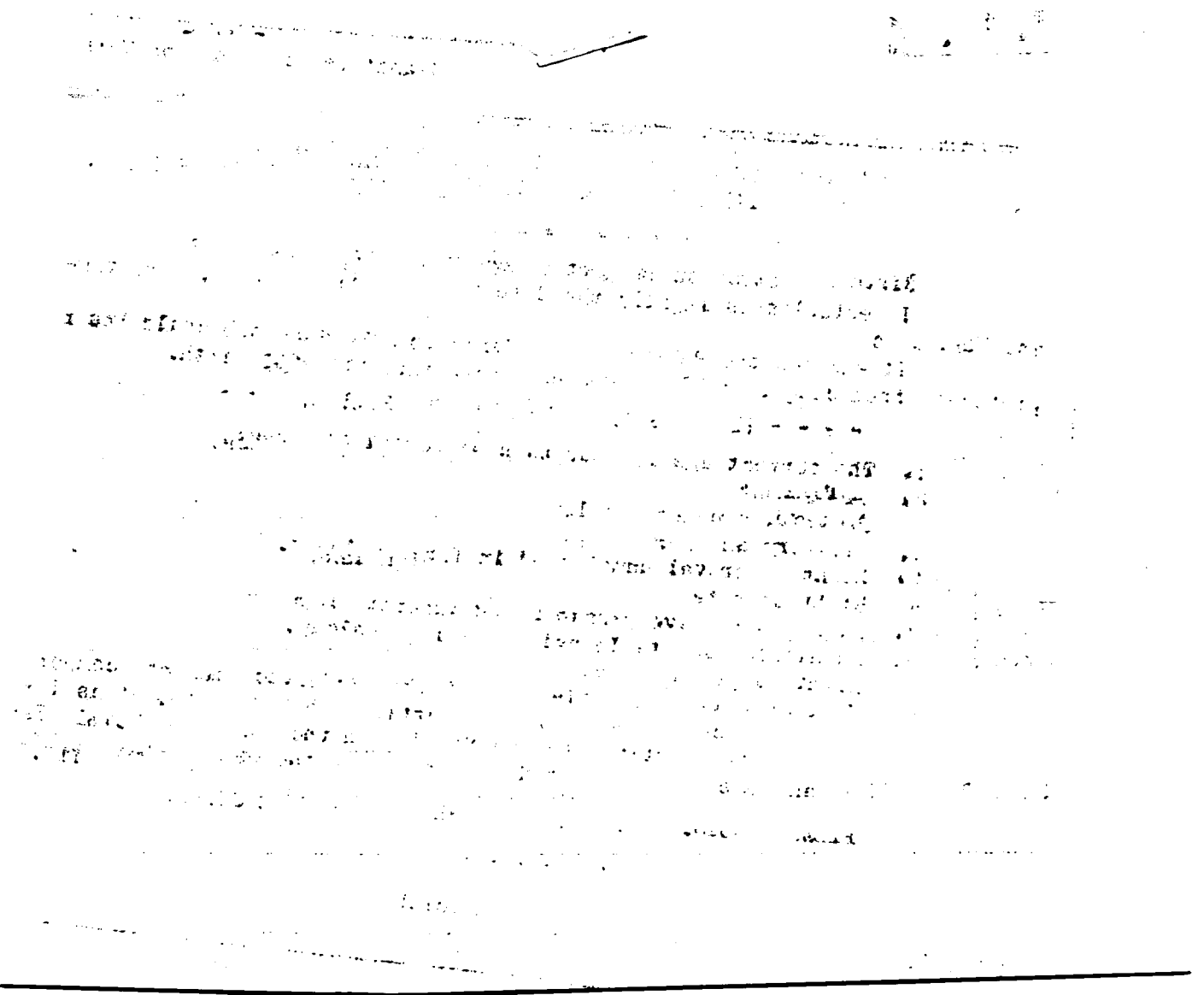
FILE NO. 108436
DATE OF BIRTH December 28, 1923
SEX OF CHILD Male
FATHER Logan Beckstead
MOTHER Hannah S. Jacobsen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Gents Pershing Beckstead

Logan Beckstead

Signature of Father or Mothe



319-105 005-169

PLACE OF BIRTH

RECEIVED FEB 7 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108442

County of Benewah

City of Plummer

Registration District No. 46

File No.

No. St.

Primary Registration District No. 2123

Registered No.

Hospital

FULL NAME OF CHILD Darrald Alvin Carroll

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	✓	2	yes	Jan 5 1923 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles V. Carroll	FULL MAIDEN NAME	Mamie E. Moran
RESIDENCE	St Joe ~~Idaho~~ Idaho	RESIDENCE	St Joe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	
OCCUPATION	Foreman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2 (two)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Chas. V. Carroll

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Plummer Idaho at present

Filed Jan 18 1923 [signature]

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-112-005-365

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108446

County of Benewah

City of St Maries

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No. 108

Hospital

FULL NAME OF CHILD Wilbert Asa Cross

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	Dec	12	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hallie S. Cross	Dora Long
RESIDENCE	St Maries	St Maries
COLOR	White	wh
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Rice, Minn	Mica, Wash
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M.D.

Physician

(Physician or midwife)

Address St Maries, Ida.

Given names added from a supplemental report.

19

Registrar

Filed Jan 7 1923 Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-22-006-655

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108463

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

County of Bingham
City of Shelley
No. ____ St. ____
Registration District No. 121
Primary Registration District No. 2194
File No. ____
Registered No. 18
Hospital ____

FULL NAME OF CHILD ~~Norma Evelyn Bailey~~ NORMA EVELYN BAILEY
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	3	Yes	Jan 11 1923

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	John Volney Bailey	Eden Caroline Weeding
RESIDENCE	Basalt Ida.	Basalt Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Utah	Norway.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

X .....
Registrar.

(Signature) D. P. Egbert
Physician
(Physician or midwife)
Address Shelley Ida.

Filed Feb 7 1923 M. D. Robert E. Tibbits
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Twin Falls }ss.

AUG 27 1943

Certificate No. 108463

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Evelene	Norma Evelyn
Surname	Baily	Bailey

Subscribed and sworn to before me this 19th
day of August, 1943

Notary Public, residing at Twin Falls, Idaho

My commission expires July 8-1946
(Seal)

Signed John V. Bailey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

731-2nd Ave North Twin Falls Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 3 1 1943

445-231-006-396 Munsee

PLACE OF BIRTH

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108464

County of Bingham

City of Shelley

No. ..... St. Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 2194 Registered No. 19.

FULL NAME OF CHILD Elaine Munsee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 31 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Francis Vern Munsee	FULL MAIDEN NAME	Letha Charlotte Croft
RESIDENCE	Shelley Ida.	RESIDENCE	Shelley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Basalt Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert

Physician
(Physician or midwife)

Address Shelley Ida.

Filed Feb 7 1923 Mrs Walter E. Petrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913-230'006-278

PLACE OF BIRTH

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108469

County of Bingham

City of Blackfoot

No. Groveland St.

Registration District No. 121

File No.

Hospital

Primary Registration District No. 2194

Registered No. 24

FULL NAME OF CHILD Leo Ratallock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 30 1923

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Luther Ratallock	FULL MAIDEN NAME	Louise Sphenson
RESIDENCE	Blackfoot, Idaho #4	RESIDENCE	Blackfoot, Idaho #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mont	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot

Filed Feb. 7 1923 Mrs Walter E. Palmer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-218006-415

PLACE OF BIRTH

RECEIVED FEB 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108473

County of Bingham

City of

No. St.

Registration District No. 131

File No.

Hospital

Primary Registration District No. 2194

Registered No. 28

FULL NAME OF CHILD Grace Stewart

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	12 / 18 / 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Franklin Stewart	FULL MAIDEN NAME	Hazel Mary Lewis
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P., M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Humphries M.D.

(Physician or midwife)

Address Blackfoot Ida

Filed Feb 7 1923 Mrs Hales E. Patrick

Registrar.

Give names added from a supplemental report.

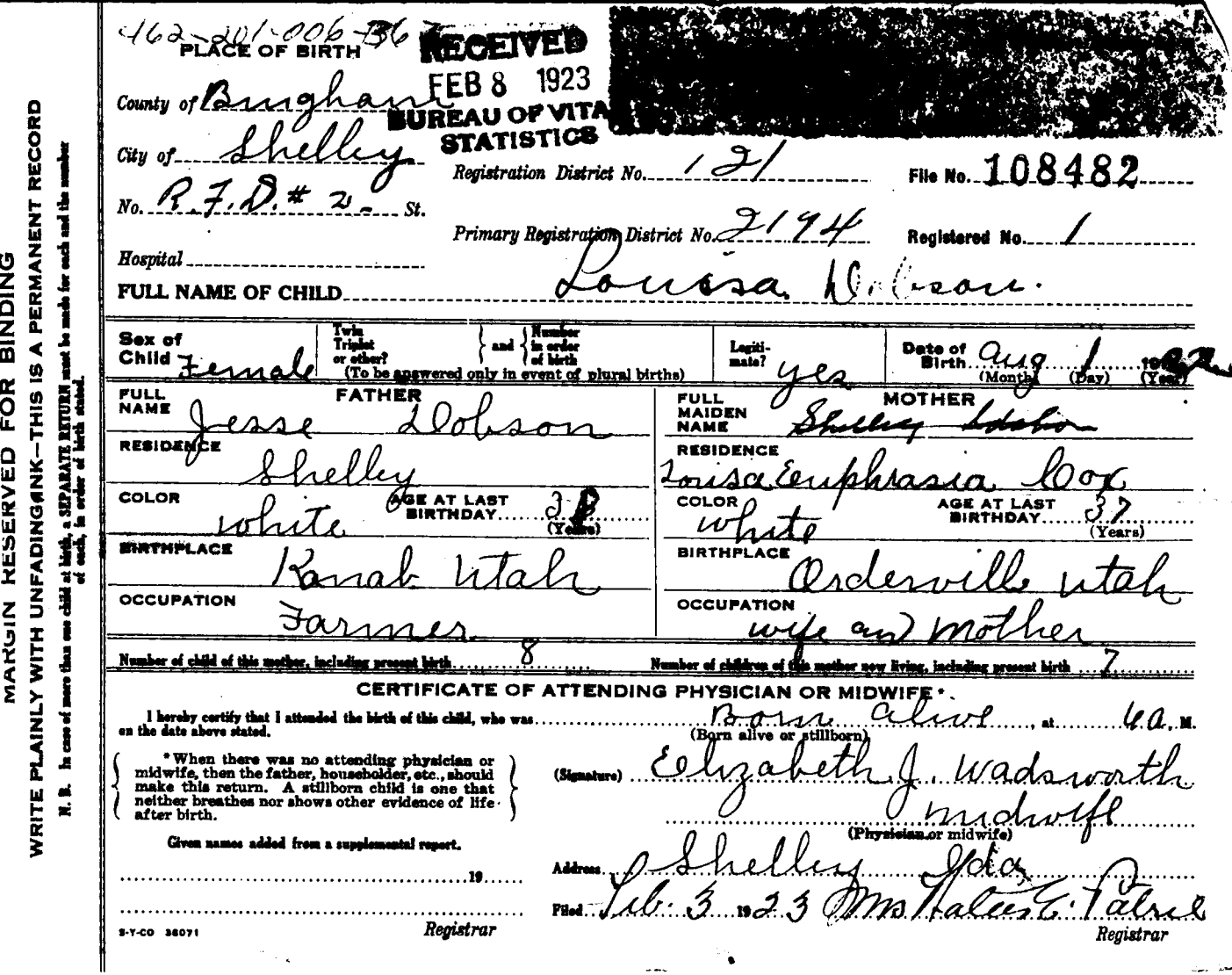
....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-201-006-36

PLACE OF BIRTH

RECEIVED
FEB 8 1923
BUREAU OF VITA[redacted]
STATISTICS

County of Bingham

City of Shelley

No. R.F.D. # 2 St.

Hospital

Registration District No. 121

File No. 108482

Primary Registration District No. 2194

Registered No. 1

FULL NAME OF CHILD Louisa Dobson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 1 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Dobson	FULL MAIDEN NAME	Shelley Idaho
RESIDENCE	Shelley	RESIDENCE	Louisa Euphrasia Cox
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kanab Utah	BIRTHPLACE	Orderville Utah
OCCUPATION	Farmer	OCCUPATION	wife and mother

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Wadsworth
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida

Filed Feb. 3 1923 Mrs Hattie E. Patrick
Registrar

Registrar

S-Y-CO 36071

866-123-006-917

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

County of Bingham

City of Firth

Registration District No. 121

File No. 108483

No. ..... St.

Primary Registration District No. 2194

Registered No. 2

Hospital .....

FULL NAME OF CHILD Glenn A. Hoff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alvin W Hoff	FULL MAIDEN NAME	Verda Maud Roppley
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Marysvale Utah
OCCUPATION	Farmer	OCCUPATION	Mother Housekeeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Wadsworth

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Idaho

Filed Feb 3 1923 Mrs Hale E. Patrick

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-212-006-795

PLACE OF BIRTH

[illegible] No. 11-C—25m-9-8-15

[illegible] BUREAU OF VITAL STATISTICS

[illegible] OF BIRTH

RECEIVED FEB 8 1923 BUREAU OF VITAL STATISTICS

County of Bingham

City of Basalt

Registration District No. 121

File No. 108484

No. _____ St.

Primary Registration District No. 2194

Registered No. 3

Hospital _____

FULL NAME OF CHILD Alice Frandsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sep. (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	R. R. Frandsen	FULL MAIDEN NAME	Alice D. Gregerson
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	wife and mother

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Wadsworth

midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Shelley Ida.

Filed Feb. 3 1923 Mrs Thaler E. Paine Registrar

6-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453 PLACE OF BIRTH 238

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108485

County of Bingham

City of Firth

No. ..... St. ..... Registration District No. 121 File No. .....

amend 3-12-82

Hospital ..... Primary Registration District No. 2194 Registered No. 4

FULL NAME OF CHILD Moroni Alma Mecham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 12 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alma Mecham	FULL MAIDEN NAME	Caroline Schiess
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert

Physician
(Physician or midwife)

Address Shelley Idaho

Filed [illegible] 192[illegible] [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Rec'd July 30, '8 / Certificate No. 108485

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Marion Alma Mecham (Name on Original Certificate) who was born (Was Born or Died) on November 12, 1922 (Date of Event)

in Firth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Marion Alma Mecham	Moroni Alma Mecham
Father's Birthplace	Utah	Idaho
Mother's Maiden Name	Caroline Shees	Caroline Schiess

Subscribed and sworn to before me this 15th day of July, 19 84

Signed Evelyn Mecham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Blackfoot

My commission expires 4-27-83
(Seal)

Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155

CL 9-20-68 one copy pd. credit rec

Another Child's Birth Cert. on file (Idaho Birth), #128018, gives mother's name as Caroline Schiess - viewed by VS.

MAR 12 1982

Record of membership from LDS Church gives Caroline Anne Schiess as mother to Moroni Alma Mecham . Father Alma Dwight Mecham. Morini Alma Mecham born 11-12-22 at Firth. Blessed 12-3-22 . Viewed by V.S.

Application and certificate for National Service Life Insurance through the VA gives Moroni Alma Mecham born 11-12-22 at Firth. Dated 8-2-43. Viewed by V.S.

Cert of Baptism for Alma Dewitt Mecham born 3-8-02 at Sharon Bear Lake Idaho was baptised on 8-31-12. DRted 9-1-12
Viewed by V.S.

Delayed Cert of Birth # De 70-149 State of Idaho for Alice S Mecham gives father as Alma Dewitt Mecham was born in Sharon, ID.
Viewed by V.S.

45-3-11-006-234

PLACE OF BIRTH

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108486

County of Bingham
City of Shelley
No. ..... St. .....
Registration District No. 121
File No. .....
Hospital .....
Primary Registration District No. 2174
Registered No. 5

FULL NAME OF CHILD Elvin John Meeham

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 14 1922

What bactericidal solution was used in eyes? Yes.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elvin Meeham	FULL MAIDEN NAME	Nellie Ellen Shlgutter
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Egbert
Physician
(Physician or midwife)
Address Shelley Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan 3 1923
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1941

855-128-006-264

PLACE OF BIRTH

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. 108487

Hospital ..... Primary Registration District No. 2194 Registered No. 6

FULL NAME OF CHILD KENNETH Jay Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 28 1922

What bactericidal solution was used in eyes? Yes.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Leo Hyrum Hansen	FULL MAIDEN NAME	Mary Le Venna Southwick
RESIDENCE	Shelley Ida.	RESIDENCE	Shelley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Shelley Ida.	BIRTHPLACE	Liberty Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert
Physician
(Physician or midwife)

Address Shelley Ida.

Filed Feb. 3 1923 McValier O. Palmer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Blaine } ss.

Certificate No. 108487
Date Filed APR 20 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or death)
for _____ who _____ on _____
(Name on original certificate) (Was born or died) (Date of event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by _____ prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Jay Hansen	Kenneth Jay Hansen
K.		

Subscribed and sworn to before me this 16th
day of April, 1942.
Lucile S. Brennan
NOTARY PUBLIC for the State Montana.
Notary Public, residing at Residing at Harlem, Mont.
My commission expires My Commission expires December 31st 1943.
[SEAL]

Signed Mary S. Christiansen (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Harlem, Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
[SEAL]

Signed Mrs Mary S Christiansen
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

JUN 30 1972

489-106.006-864

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham

CERTIFICATE OF BIRTH

City of Shelley

Registration District No. 121 File No. 108488

No. ..... St.

Primary Registration District No. 2194 Registered No. 7

Hospital .....

FULL NAME OF CHILD John Dye.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	11 (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jas Alma Dye	FULL MAIDEN NAME	Dorothy Young
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	S.L. City Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 4 18 (Born alive or stillborn), at P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley Ida

Filed Feb. 3 1923 Mrs Walter E. Fabre

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-219-006-553 Child's name & DOB amended 11-5-91 MCM

Form V. S. No. 11-C--25m-7-21-19

RECEIVED FEB 8 1923 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 108489

No. ..... St.

Primary Registration District No. 2194 Registered No. 8

Hospital .....

FULL NAME OF CHILD ALICE IRENE ~~Sara~~ Martin.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	11/19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A. Martin	FULL MAIDEN NAME	Sara J. Nelson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	house wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 15/6 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley Ida.

Filed Feb 3 1923 Mrs Katherine Pabue
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-23-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED

OCT 3 0 1991

VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 108489
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Sara Martin (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 19, 192? (Date of Event)

in Shelley (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Sara Martin	Alice Irene Martin
Date of Birth	Nov 19, 192?	Nov 19, 1922

Subscribed and sworn to before me this 28th day of October, 1991

Notary Public Susan Ludwig

Residing at West Jordan

My commission expires 10-1-92

(Seal)

NOTARY PUBLIC My Commission Expires 10-1-92 SUSAN LUDWIG 3505 South 8400 West Magna UT 84111 STATE OF UTAH

Alice M Smith
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS blessing certificate shows Alice Irene Martin born Nov 19, 1922 in Shelley to John A Martin and Sarah Nelson and blessed Jan 4, 1923 by A M Nielsen. Viewed by VS.

NOV 5 1991

LDS baptism certificate shows Alice Irene Martin born Nov 19, 1922 in Shelley to John A Martin and Sarah J Nelson and baptized Feb 28, 1931 by Arthur H Crow. Viewed by VS.

23-27-006-236

Amended 4/30/76

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108490

County of Bingham

City of Shelley

Registration District No. 121

File No.

No. ..... St.

Primary Registration District No. 2194 Registered No. 9

Hospital .....

FULL NAME OF CHILD Marcie Blackburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	12 17 1922

FATHER		MOTHER	
FULL NAME	Claud Blackburn	FULL MAIDEN NAME	Margaret C. Woddard
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida.

Registrar

Filed Feb 19 23

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 16 1976 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 108490

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Mary Blackburn (Name on Original Certificate) who was born (Was Born or Died) on Dec. 17, 1922 (Date of Event)

in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mary Blackburn	Marcie Lydia Blackburn

Subscribed and sworn to before me this 21st day of March, 1975

Notary Public, residing at Livingston, Montana

My commission expires Jan. 7, 1977

(Seal)

Signed Margaret L. Blackburn Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Park }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1975

Notary Public, residing at Livingston, Montana

My commission expires Jan. 7, 1977

(Seal)

Signed James L. Johnston
(Signature of Any Credible Person)

Idaho Falls, Idaho
(Street Address, City, State)

FORM DH-60-155 CL 11-1-67. nm

Marriage License and Certif from Montana gives names as Kenneth Clark and Marcie Blackburn. dated May 15, 1940. viewed by V. S.

APR 30 1976

Term Report card from Spencer High school, gives name as Marcie Blackburn 9 grade. viewed by V. S.

992-220-0006-155

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105491

County of Bingham

City of Shelley. Registration District No. 121 File No.

No. St.

Hospital

Primary Registration District No. 2194 Registered No. 10

FULL NAME OF CHILD Eva Rasmussen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	12 - 20 - 1922

FATHER		MOTHER	
FULL NAME	George Rasmussen	FULL MAIDEN NAME	Gladys Jensen
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley, Ida.

Filed Feb. 3 1923 Walter E. Talbot Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-220000

PLACE OF BIRTH

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF UTAH
BUREAU OF VITAL STATISTICS

County of Bingham

CERTIFICATE OF BIRTH

City of Shelley

Registration District No. 121 File No. 108492

No. ..... St.

Primary Registration District No. 2194 Registered No. 11

Hospital .....

FULL NAME OF CHILD Elda Ester Hurst.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4		yes	12 (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wesley Hurst	FULL MAIDEN NAME	Velma Norton
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley, Ida.

Filed Feb. 3 1923 Mrs Walter E. Patrick
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Shelley
(ST. _____
(COUNTY Bingham

FILE NO. 108492

DATE OF BIRTH December 20th

SEX OF CHILD Female

FATHER Wesley L Hurst

MOTHER Martha Velma Norton
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Elda ~~Esther~~ Esther Hurst

Wesley Leon Hurst

Signature of Father or Mother

251-222-006-268

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 108493

No. ..... St.

Primary Registration District No. 2194 Registered No. 12

Hospital .....

FULL NAME OF CHILD Margaret Sarah Beasley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12 (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Buford J. Beasley	FULL MAIDEN NAME	Hilda May Boyce
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Idaho

Filed Feb. 3 1923 Mrs Walter E. Patrick Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

BUREAU OF VITAL STATISTICS 1923

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Shelley

ST. Idaho

~~COUNTY~~ Bingham

FILE NO. 108493

DATE OF BIRTH Dec. 22, 1922

SEX OF CHILD Female

FATHER Buford J Beasley

MOTHER Hilda M. Boyce (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Margaret Sarah Beasley

Mrs Buford Beasley

Signature of Father or Mother

AUG 16 1944

63-230-006-24

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121

File No. 108494

No. ..... St.

Primary Registration District No. 2194 Registered No. 13

Hospital .....

FULL NAME OF CHILD Shelley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	12 30 1922

FATHER	MOTHER
FULL NAME John A. Kelly Jr.	FULL MAIDEN NAME Hannah E. Butler
RESIDENCE Firth	RESIDENCE Firth
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 5-16 M. on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley Ida

Filed Feb 3 1923 Mrs Helen E. Peterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1969

262-118 #09

MAIL OR DELIVE[redacted]
NOT TO [redacted] STA[redacted]
PLACE OF [redacted] No. 4

County of Bo[redacted]

City or Town of Newport Idaho

Registration Dist. No. ~~R1~~ 85 (No. 2185

BUREAU OF VITAL STATISTICS

FEB 9 1923

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

[redacted] 234

[redacted] Ward)

FULL NAME OF CHILD ..... READ [redacted] yet named do filing this certi- Name will be secured ugh supplemental report.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		2	yes	Dec 18, 1922

FATHER		MOTHER	
Full Name	George Kobota	Full Maiden Name	Sakurasawa
Residence	Newport Idaho	Residence	Newport Idaho
Color	Yellow	Color	Yellow
Age at last Birthday (Years)	36	Age at last Birthday (Years)	21
Birthplace (State or Country)	Japan	Birthplace (State or Country)	Japan
Occupation	Laundryman	Occupation	Housewife

Number of child of this mother 2 Number of children, this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / ~~stillborn~~} † and that it occurred on Dec 18, 1922, at 9 M.

(Signature) J T Phillips MD
(Physician of Midwife)

Address Newport Wash

Filed Jan 3, 1922 [signature] Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

V. S.—No. 8

842-[redacted]1-793

RECEIVED
FEB 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]dar

City of Bonners Ferry

No. ..... St. Registration District No. 79 File No. 108515

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Allan Wayne Hubbell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 7 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Columbus Hubble	FULL MAIDEN NAME	Bessie Gilmore
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Bonners Ferry Idaho

Filed 1/3/1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1948

[redacted]

314-231-011-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 9 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Port Hill

No. ..... St.

Registration District No. 79

File No. 108516

Hospital .....

Primary Registration District No. 2156.

Registered No. .....

FULL NAME OF CHILD Wanda Irene Cameron
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	yes	Dec. 31 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 12 days old. Number of child of this mother now living, including present birth 12 days old

FATHER		MOTHER	
FULL NAME	Wesley Ernest Cameron	FULL MAIDEN NAME	Elsie Viola Hildreth
RESIDENCE	Port Hill, Ida.	RESIDENCE	Port Hill, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Lawrenceberg Mo.	BIRTHPLACE	Fairview Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Lucien J. Daufau
Port Hill, Ida.
(Physician or midwife)

Address Port Hill, Ida.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 1/10/ 1923

E E Frey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1944

(Instructions on certain points may be printed on the back. Size of certificate, 6½ x 7¾ inches)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth, stated.

8—334 d
V. S. No. 109

RECEIVED
JAN 9 1923
BUREAU OF VITAL STATISTICS

Village of ..... Registered No. .....
or
City of IDAHO (No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Nancy Francis

(If child is not yet named, make supplemental report, as directed)

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	Dec 5 (Month), ... (Day), 1922 (Year)

FATHER	MOTHER
FULL NAME: Simon Francis	FULL MAIDEN NAME: Catherine Davis
RESIDENCE: Bowers Ferry Idaho	RESIDENCE: Bowers Ferry Idaho
COLOR: Red — AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: Red — AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Bowers Ferry Idaho	BIRTHPLACE: Old Land Reservation
OCCUPATION: Farmer-Laborer	OCCUPATION: Home Keeper

Number of children born to this mother, including present birth: 6

Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or Stillborn) at ..... M., on the date above stated. Principal

(Signature) M. L. Fisher
Principal of School
~~(Physician or Midwife)~~

**When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

Given name added from a supplemental report ....., 19

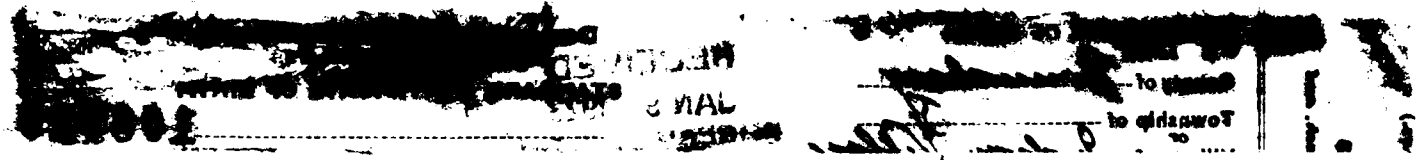
REGISTRAR

Address .....

Filed Dec 23, 1923

E. E. Fry
REGISTRAR

11—335 H



JUN 2 1 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

375-131
014249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 117-17th Av. N. St.

Registration District No. 7 File No. 108530

Hospital

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD — Charles Floyd Spencer.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec. 31 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 % Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. H. Spencer	FULL MAIDEN NAME	Ida. Burton
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho.
OCCUPATION	Ry. Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address

Filed Feb. 6 1923 Pearle Dodds
Registrar.

DEC 9 1941

[redacted]

JAN 15 1954

OCT 7 1952

623-23-014-15

PLACE OF BIRTH

RECEIVED
FEB 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 10854

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Florence Rose Ostyn

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 31 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Cyril Camiel Ostyn	FULL MAIDEN NAME	Mary Silvia Vanlerberghe
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Belgium	BIRTHPLACE	Belgium
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive; at 4:00 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Fink. M.D.

Per M.B.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Feb. 6 1923 Pearle Dodds

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1964

RECEIVED

OCT 27 1971

213-101-01X-453

PLACE OF BIRTH

[redacted]

Form V. S. No. 11—20m-7-26-19

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
FEB 1 1923
BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No. 107-12 Ave So. St.

Hospital —

Registration District No. 7 File No. 108543

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Dean Elton Salmeier

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Dec 1 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Salmeier	FULL MAIDEN NAME	Nellie De Chambaugh
RESIDENCE	R#3	RESIDENCE	R#3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Russia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Ida

Filed Jan. 20 1923 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 20 1969

FEB 2 1947

399-227-016-418

PLACE OF BIRTH

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108552

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 1320

File No. XXVII

Hospital .....

Primary Registration District No. 2199

Registered No. 45

FULL NAME OF CHILD Critchfield
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec. 27 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Farley Critchfield	FULL MAIDEN NAME	Mary Dayley
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 1:20 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Oakley Idaho

Filed Jan. 10 1923 A. F. O. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1970

JAN 7 1976

315-225-016-418

PLACE OF BIRTH

RECEIVED [redacted] JAN 24 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108553

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 120 File No. XXVIII

Primary Registration District No. 2199 Registered No. 44

FULL NAME OF CHILD Ila Gay Tanner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/		/	Yes	Dec 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	William Clarence Tanner	FULL MAIDEN NAME	Anna Gay Dayley
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Oakley Id

Filed Jan 10 1923 N. G. O'Nielson
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth { CITY Declo

ST.

COUNTY Cassia

FILE NO. 108553

DATE OF BIRTH 25 December,

SEX OF CHILD Female

FATHER Clarence Tanner

MOTHER Gay Dayley
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ila Gay Tanner,

Clarence Tanner

Signature of Father or Mot

FEB

213-11-8116-363 name added 4-16-84 dl

PLACE OF BIRTH

RECEIVED
JAN 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108554

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 620 File No. XXVIII

Primary Registration District No. 2199 Registered No. 43

FULL NAME OF CHILD Keith Allen Bach

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Dec 18 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Allen Bach	FULL MAIDEN NAME	Mary Collett
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 2.25 P. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) H. O. Nielson

(Physician or midwife)

Address Oakley Id

Filed Jan 16 1923 H. O. Nielson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-20-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 13 2 25 PM '84

State of _____ } ss.
County of _____

Certificate No. 108554
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bach (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 18, 1922 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Keith Allen Bach

Subscribed and sworn to before me this 10 day of April, 1984

Notary Public, Carolyn Sharp
Residing at Sunset, Ut
My commission expires 4-5-85
(Seal)

x Keith A. Bach
Signature of Applicant
x 340 So 250 West Kaysville Ut. 84037
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 19__

Notary Public, Sharon E Williams
Residing at Davis County
My commission expires JAN 12, 1985
(Seal)

Maxine C. Halvorsen
Supporting Signature
246 Fall St. S.L.C. Utah
Street Address, City, State

Icc Credit

Certificate of Membership lists Keith Allen Bach born Dec 18, 1922 in Oakley, Idaho to James Allen Bach and Annie Collett. Baptised Sept 5, 1931. Viewed by V.S.

APR 16 1984

Honorable Discharge from U.S. Armed Forces lists Keith A Bach born Dec 18, 1922 in Oakley, Idaho was discharged March 10, 1946. Viewed by V.S.

243-102-016-238

PLACE OF BIRTH

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108555

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXVIII

Primary Registration District No. 2-144 Registered No. 41

FULL NAME OF CHILD James Kennedy Sullivan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Dec. 2 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John L. Sullivan	FULL MAIDEN NAME	Iva Schorling
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. O. Nielson
(Physician or midwife)

Address Oakley Id

Filed Jan 10 1923 R. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth { CITY Oakley

ST. Idaho.

COUNTY Cassia

FILE NO. 108555

DATE OF BIRTH Dec 2 1922

SEX OF CHILD Male

FATHER John T. Sullivan

MOTHER Iva Scharling (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named

James Kennedy Sullivan.

Iva Sullivan

Signature of Father or Mother

JAN 1 1 1944

319-101-016-363

PLACE OF BIRTH

Name added and amended
father's name
amended 10/7/85 lh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108556

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXVIII

Primary Registration District No. 2199 Registered No. 40

FULL NAME OF CHILD Leslie T. Larson Larson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Dec 1 1922

What bactericidal solution was used in eyes? Agg No 3

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Fred Larson Larson	FULL MAIDEN NAME	Alice Tolman
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	white AGE AT LAST BIRTHDAY 42 (Years)	COLOR	white AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed Jan 11 1923 A. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
OCT 1 3 46 PM '85

State of _____ } ss.
County of _____ }

Certificate No. 108556
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Larsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 1, 1922 (Date of Event)

in Oakley, Cassia Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed Larsen	Leslie T. Larson
Last name of father	Larsen	Larson

Subscribed and sworn to before me this 27th day of Sept., 1985.

Notary Public, Beverly Nelson

Residing at Orem, Utah

My commission expires 12-5-88

(Seal)

Leslie T. Larson
Signature of Applicant

178 West 1200 North Orem Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

9/20/85

Honorable discharge papers from Army of the United States dated April 20, 1946 gives name as Leslie T. Larson born Dec. 1, 1922 at Oakley, Idaho
Viewed by V.S.

OCT 7 1985

LDS Church certificate of birth dated June 6, 1942 at Oakley, ID gives name as Leslie T. Larson born Dec. 1, 1922 at Oakley, Idaho to Fred Larson and Alice Tolman.
Viewed by V.S.

Birth certificate of brother born May 6, 1917 gives name of father as Fred Larson cert. #49524
Viewed by V.S.

819-230-016-693

PLACE OF BIRTH

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108567

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St. ..... Registration District No. 120 File No. XXVIII

Hospital ..... Primary Registration District No. 2190 Registered No. 39

FULL NAME OF CHILD Emily Rae Harper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov 30 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Seth Harper	FULL MAIDEN NAME	Mary Wilson
RESIDENCE	Oakley Id	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Wilson
(Physician or midwife)

Address Oakley Id

Filed Jan 10 1922 A. F. Wilson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED FEB 26 1923 BUREAU OF VITAL STATISTICS

* * * * * * * *

Place of Birth (CITY Basin FILE NO. 108557

(ST. _____ DATE OF BIRTH Nov. 30

(COUNTY Cassia SEX OF CHILD Female

FATHER Seth F. Harper MOTHER Lillian Wilson (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Emily Rae

Lillian Harper

Signature of Father or Moth

JAN 5 1943

PLACE OF BIRTH

572 [illegible] 16-813 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108558

JAN 24 1923

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Oakley

No. [illegible] St.

Registration District No. 120 File No. XXXIII

Primary Registration District No. 2199 Registered No. 98

Hospital [illegible]

FULL NAME OF CHILD Mae Alison Egbert

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	6	Yes	Nov 28 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Egbert	FULL MAIDEN NAME	Jessie Jack
RESIDENCE	Oakley Ida.	RESIDENCE	Oakley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on Nov 28 1922, at 2.45 P. M. on the date above stated.

(Signature) A. F. Shelson

(Physician or midwife)

Address Oakley Idaho

Filed Jan 10 1923 A. F. Shelson Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 19 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Oakley
ST. _____
COUNTY Cassia

FILE NO. 108558

DATE OF BIRTH Nov 28, 1922

SEX OF CHILD Female

FATHER Fm Egbert

MOTHER Xenia Hale Egbert
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Inae Alison Egbert

Francis Fm Egbert

Signature of Father or Mother

NOV 1 8 1975

411-125-616-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108559

CERTIFICATE OF BIRTH

County of Cassia
City of Oakley
No. ..... St.
Hospital .....

Registration District No. 120 File No. XXVIII
Primary Registration District No. 144 Registered No. 37

FULL NAME OF CHILD Bill Jay Matthews
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 25 1922

What bactericidal solution was used in eyes? Oph. Nit. 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter Matthews	FULL MAIDEN NAME	Lora Millard
RESIDENCE	Oakley Ida.	RESIDENCE	Oakley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) M. O. Wilson
(Physician or midwife)

Address Oakley Ida.

Filed Jan 10 1923 M. A. Nelson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 6 1942

DECEASED

214-203-616-799

PLACE OF BIRTH

Name added 3-17-81

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108560

CERTIFICATE OF BIRTH

Registration District No. 120 File No. XLVIII

Primary Registration District No. 2194 Registered No. 42

FULL NAME OF CHILD Ruth Amelia Samuelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Dec. 3 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Joseph Samuelson	FULL MAIDEN NAME	Nettie Griffith
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. O. Nielson
(Physician or midwife)

Address Oakley Id.

Filed Jan 10 1923 A. G. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-14-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF VITAL STATISTICS
'81 SEP 20 9 16 PM

State of _____ } ss.
County of _____

Certificate No. 108560
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Samuelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 3, 1922 (Date of Event)

in Oakley, (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Ruth Amelia Samuelson

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif } ss.
County of Tehama

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of September, 1979.

Notary Public, Pamela S. Hassel
Residing at Tehama
My commission expires 1-4-80
(Seal)

OFFICIAL SEAL
PAMELA S. HASSEL
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE-IN
TEHAMA COUNTY
My Commission Expires December 28, 1980

Pamela S Hassel

Joseph Myron Samuelson
Supporting Signature

158 Wellmore Rd Red Bluff Calif
Street Address, City, State

MAR 16 1981

Family record issued by family, original obviously old gives name as Ruth Amelia Samuelson born to Joseph Leslie Samuelson and Edith Jeanette Griffith, on December 3, 1922, at Oakley, Idaho.
Viewed by V.S.

Marriage License issued by the State of California County of Siskiyongives name of bride as Ruth Samuelson and groom Lauren L. Sauer. Married August 19, 1939.
Viewed by V.S.

238-127-026-418

PLACE OF BIRTH

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108561

County of Cassia

City of Oakley

No. ..... St.

Hospital Home

Registration District No. 130 File No. XXVIII

Primary Registration District No. 2199 Registered No. 36

FULL NAME OF CHILD Alton Eugene Schorr
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 23 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Howard L Schorr	FULL MAIDEN NAME	Alveta Day
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisconsin	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A. O. Nelson
(Physician or midwife)

Address Oakley Idaho

Filed Jan 10 1923 A. O. Nelson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 20 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Oakley FILE NO. 108561

(ST. _____ DATE OF BIRTH Nov 23

(COUNTY Cassia county SEX OF CHILD Male

FATHER Howard Lyman Schorn MOTHER Alberta S. Day (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Alton Eugene Schorn

Mrs Howard Schorn

Signature of Father or Mother

217-122-016-236

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108562

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXVIII

Primary Registration District No. 2199 Registered No. 35

FULL NAME OF CHILD Harold Monroe Sagers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes.	Nov 22 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wilford Sagers	FULL MAIDEN NAME	Ruth Stoners
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Address Oakley Id.

Give names added from a supplemental report.

..... 19....

Registrar.

Filed Jan 10 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 17 1942

APR 28 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 108562

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Harold Monroe Sagers (Name on Original Certificate) who was born (Was Born or Died) on Nov. 22, 1922 (Date of Event) in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family & Church Record (Bible Record, Insurance Policy, Etc.) prepared on Dec 10, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Harold Monroe Sagers
Harold Monroe Sagers		

Subscribed and sworn to before me this 4 day of Apr, 1942

Earl E. Whitelaw

Notary Public, residing at Oakley Ida

My commission expires (Seal) [illegible] expires [illegible], 1944.

Signed Wilford Sagers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of April, 1942

Earl E. Whitelaw

Notary Public, residing at Oakley Ida

My commission expires (Seal) [illegible] expires March 25, 1944.

Signed Charles Brown
(Signature of Any Credible Person Other Than Previous Year)

Oakley Ida
(Street Address, City, State)

AUG 23 1971

15-016-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108563

RECEIVED
JAN 21 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XXVIII

Hospital

Primary Registration District No. 2199 Registered No. 34

FULL NAME OF CHILD Elizabeth Mae Harrington
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 15 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. H. Harrington	FULL MAIDEN NAME	Lorena Harper
RESIDENCE	Burley Id	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5.20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nielson
(Physician or midwife)

Address Oakley Id.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Jan 6 1923 A. F. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/14/41 L. B.

RECEIVED
MAR 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Oakley
(ST. _____
(COUNTY Cassia

FILE NO. 108563

DATE OF BIRTH Nov 15th-22

SEX OF CHILD Female

FATHER J H Harrington

MOTHER Lorena Mae Harper
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Elezabeth Mae Harrington

J. H. Harrington

Signature of Father ~~or Mother~~

619-212 2016-413

PLACE OF BIRTH

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108564

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St. ..... Registration District No. 120 File No. XXVIII

Hospital ..... Primary Registration District No. 2199 Registered No. 33

FULL NAME OF CHILD Mary Olive Ward
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov 12 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wallace Ward	FULL MAIDEN NAME	Amelia Matthews
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Sheep-grower	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.10 A M. on the date above stated.
(Son, alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
Oakley Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address

Filed Jan 10 1923 A. F. O. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

IVED
9 1923
OF VITAL
TISTICS

Place of Birth (CITY Oakley
(ST. Idaho
(COUNTY Cassia

FILE NO. 108564

DATE OF BIRTH

SEX OF CHILD Female

FATHER Wallace M. Ward

MOTHER Amelia Matthews
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Mary Olive Ward

Mrs. Wallace M. Ward
Signature of Father or Mother

DEC 31 1974

312-110-016-296

PLACE OF BIRTH

amend 6-21-82

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108565

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 126 File No. XX 4444

Primary Registration District No. 2199 Registered No. 32

FULL NAME OF CHILD Craig J Lake
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov 10 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frances Lake	FULL MAIDEN NAME	Melissa Brown
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	59	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	New York	BIRTHPLACE	California
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. O'Nielson
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Oakley Idaho

Filed Jan 10 1923 R. F. O'Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Oakley FILE NO. 108565
(ST. Idaho DATE OF BIRTH Nov 10th
(COUNTY Cassia SEX OF CHILD Male
FATHER John J Lake MOTHER Malvina M Bso (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Joseph Craig Lake

Mrs Malvina Lake

Signature of Father or Mothe

5-24-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 108565
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Joseph Craig Lake (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 10, 1922 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Joseph Craig Lake	Craig Joseph Lake

Subscribed and sworn to before me this 1st day of June, 1982.

Notary Public, Joel G. Kinslow
Residing at Butte, Mont
My commission expires Aug. 28, 1984
(Seal)

x Craig J. Lake
Signature of Applicant
207 W Broadway St Butte, Mont
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Silver Bow }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 ST day of May, 1982

Notary Public, Margie Wilson
Residing at Butte, Montana
My commission expires 5/8/83
(Seal)

Joel G. Kinslow
Supporting Signature
134 W. Broadway, Butte, MT
Street Address, City, State

Metropolitan Life Ins. ID Card gives Craig J. Lake # 106920 of Butte as employee of Anaconda insured on 10-1-71.

JUN 21 1982

Operating Engineers ID Card gives Craig J Lake of Butte Montana as employee of Anaconda insured on 10-1-71.

Social Security Card #519-18-5158
gives name as Craig Lake. Issued on 7-1-40. Viewed by V.S.

349-209-016-854

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108566

CERTIFICATE OF BIRTH

JAN 21 1923
BUREAU OF VITAL STATISTICS

County of Cassia
City of Oakley
No. ..... St.
Hospital
Registration District No. 120
Primary Registration District No. 299
File No. XXVIII
Registered No. 31

FULL NAME OF CHILD Maud Inman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov 9 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Howard Inman	FULL MAIDEN NAME Esther Jeaman
RESIDENCE	Oakley Idaho	Oakley Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	26
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	Domestic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Nielson
(Physician or midwife)

Address Oakley Ida

Filed Jan 10 1923 H. F. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
FEB 22 1923
BUREAU OF VITAL
STATISTICS

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full na included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Oakley Ida FILE NO. 108566

(ST. _____ DATE OF BIRTH Dec 7 19

(COUNTY Cassia SEX OF CHILD Female

FATHER Edward A Tuttle MOTHER Estelle Bidwell
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Edward Tuttle

Mrs. Edward Tu

Signature of Father or Mo

ther

252-108-016-852

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 24 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108567

County of Cassia

City of Oakley

No. ..... St. ..... Registration District No. 120 File No. XXVIII

Hospital ..... Primary Registration District No. 299 Registered No. 30

FULL NAME OF CHILD Newell Simons
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 8 1922

What bactericidal solution was used in eyes? Ag No 3.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth X

FATHER		MOTHER	
FULL NAME	Calvin Simons	FULL MAIDEN NAME	Ruth Hess
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed Jan 12 1923 H. F. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

RECEIVED
1923
BUREAU OF VITAL STATISTICS

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Marion
(ST. Idaho
(COUNTY Cassia

FILE NO. 108567

DATE OF BIRTH Nov. 8

SEX OF CHILD Male

FATHER Calvin

MOTHER Ruth Hess
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Newell Sessions

Ruth Hess Sessions
Signature of Father or Mother

363-1066-016-215

PLACE OF BIRTH

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108568

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 130

File No. XXXIII

Primary Registration District No. 2199

Registered No. 29

FULL NAME OF CHILD James Earl Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov 6 1922

What bactericidal solution was used in eyes? Arg. No. 1

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Dan. H Johnson	FULL MAIDEN NAME	Mabel Banks
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Id
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated.
(Dead or alive, or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nielson

(Physician or midwife)

Address Oakley Id

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan 6 1923 A. F. Nielson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/7/41 L. B.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Raft River FILE NO. 108556

ST. _____ DATE OF BIRTH Nov 6 1923

COUNTY Cassia SEX OF CHILD Male

FATHER Daniel Henry MOTHER Mabel Bankes
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

James Earl Johnson

Mrs E. H. Johnson

Signature of Father or Moth

APR 2 4 1959

165-202-016-759

PLACE OF BIRTH

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108569

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 20

File No. XXVIII

Hospital

Primary Registration District No. 2199

Registered No. 28

FULL NAME OF CHILD Norma Lee Jones

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov 2 1922

What bactericidal solution was used in eyes? Argyrol 3%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	J. L. Jones	FULL MAIDEN NAME	Rhea Jennings
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Nichols
(Physician or midwife)

Address Caldwell

Filed Jan 10 1923 W. O. Nichols
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 108569

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD Female

FATHER _____ MOTHER _____
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named: -

_____

_____

Signature of Father or Mother

493-104-016-364

added childs name amend last name
4-6-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

108570

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 20 File No. XXVIII

Hospital ..... Primary Registration District No. 2-199 Registered No. 27

FULL NAME OF CHILD Mitten Otto LaVar Mitton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov. 4 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Otto Mitten Mitton	FULL MAIDEN NAME	LaVerne Crofts
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Nielson
(Physician or midwife)

Address: Oakley Idaho

Filed Dec 29 1923 R. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 6 4 01 PM '84

State of Idaho
County of Ada } ss.

Certificate No. 108570
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Mitten (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 4, 1922 (Date of Event)
in Oakley, Cassia Co., Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed Mitten	Otto LaVar Mitton
Father's last name to	Otto Mitten	Otto Mitton

Subscribed and sworn to before me this 6th day of April, 1984.
Notary Public, Linda Hucks
Residing at Boise
My commission expires April 3, 1985
(Seal)

x Otto LaVar Mitton
Signature of Applicant
RT #2 Box 2037 Paul Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

4/6/84

APR 6 1984

Title Insurance Policy dated April 1st 1970 by The Title Insurance Company, Boise, Idaho gives name as Otto LaVar Mitton. Policy #16-07210
Viewed by VS.

Sons birth certificate Richard LaVar Mitton born June 29, 1944 at Oakley, ID gives father as Otto Lavar Mitton born at Oakley, Idaho age 21 SF#393664
Viewed by VS.

Brother's birth certificate Robert Earl Mitton born June 9, 1934 at Oakley, ID S.F. #222779 gives father as Otto Mitton.
Viewed by V.S.

319-130:016-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108571

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

County of Cassia
City of Oakley
No.
Hospital
Registration District No. 120
Primary Registration District No. 2199
File No. XXXIII
Registered No. 26

FULL NAME OF CHILD Francis Delroy Catlin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 30 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Quartus Sparks Catlin	FULL MAIDEN NAME	Sarah Jane Jones
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Nevada	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) Jesse L. Raines M.D.
(Physician or midwife)

Address Oakley Idaho

Filed Jan 12 1923 N. E. Wilson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

H O

RECEIVED
FEB 1 . 192.
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Dear Madam: Boise, Idaho 2/12 1923.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Oakley FILE NO. 108571
(ST. _____ DATE OF BIRTH Oct 30 1922
(COUNTY Cassia SEX OF CHILD Male
FATHER D.S. Catlin MOTHER Sarah Jane Jones (Maiden Name)

I HEREBY CERTIFY, that the child herein described has been named:

Francis Dekroy Catlin

D.S. Catlin

Signature of Father or Mother

DEC 2 2 1941

281-116-016-118

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 24 1923
BUREAU OF VITAL STATISTICS

108572

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XXVIII

Hospital ..... Primary Registration District No. 299 Registered No. 25

FULL NAME OF CHILD Geo. Andrew Thangle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/		/	Yes	Oct 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andrew George Thangle	FULL MAIDEN NAME	Maggie Loraine Dayley
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Oakley Id.

Filed Jan. 10 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Oakley

ST. Idaho

COUNTY Cassia

FATHER Andrew S.

FILE NO. 108572

DATE OF BIRTH October 16, 1922

SEX OF CHILD Male

MOTHER Maggie E. Bayley.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

George Andrew Strange.

Mrs. Andrew S. Strange.

Signature of Father or Mother

FEB 25 1942

386-124-019-296

PLACE OF BIRTH

[redacted] orm V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108576

County of Custer

City of Leslie

RECEIVED
JAN 31 1923
BUREAU OF VITAL STATISTICS

Registration District No. 76 File No. 157

No. St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Kenneth Brown Thomson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 (Month) - 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James A Thomson	FULL MAIDEN NAME	Bertha Brown
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Mackay, Idaho

Filed 1/27 1923 Rose Nowacki
Registrar

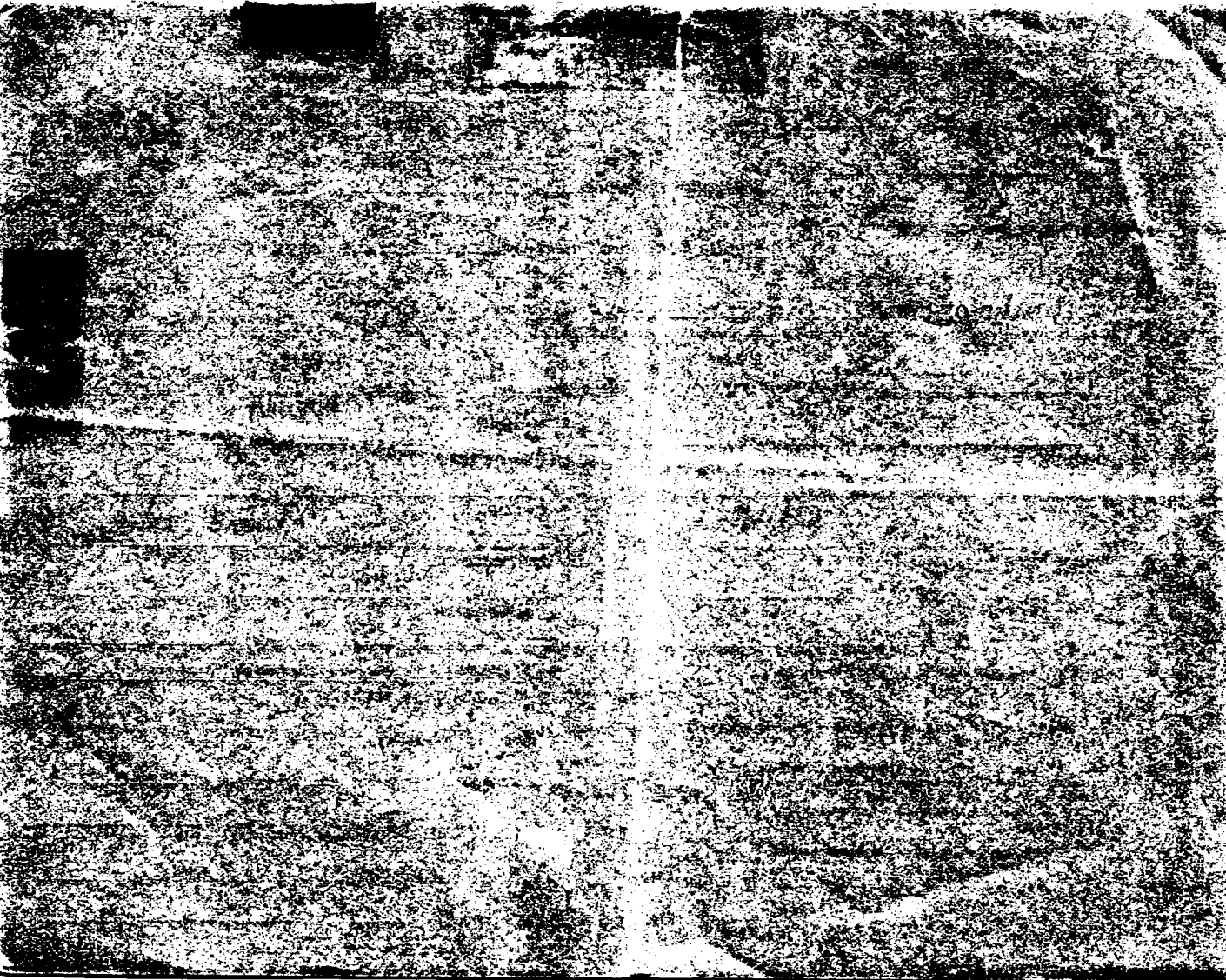
Registrar

5-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



469-1141019-432

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108577

County of Custer

City of Mackay

RECEIVED
JAN 31 1923
BUREAU OF VITAL STATISTICS

Registration District No. 76 File No. 156

No. ..... St.

Primary Registration District No. 2153 Registered No. 1

Hospital .....

FULL NAME OF CHILD George Richard Morgan.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George R. Morgan	FULL MAIDEN NAME	Mary E. McKee ~~Morgan~~
RESIDENCE	Mackay Ida.	RESIDENCE	Mackay Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	~~[illegible]~~ Pa	BIRTHPLACE	Newark Ohio
OCCUPATION	Blacksmith.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Janell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay Ida.

Filed 1/27 1923 Rose Nowacki
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1968

MAR 1 1944

331-127-019-959

Form V. S. No. 11-C--25m-7-21-19

108578

PLACE OF BIRTH

RECEIVED JAN 31 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 76 File No. 158

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Solon Bonney Clark, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7 27 1922

FATHER		MOTHER	
FULL NAME	Solon Bonney Clark	FULL MAIDEN NAME	Victoria Reiner
RESIDENCE	Mackay, Idaho	RESIDENCE	Mackay, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho Falls, Idaho	BIRTHPLACE	Minn.
OCCUPATION	Attorney	OCCUPATION	H-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Mackay, Idaho

Filed 1/27 1923 Rose C. Nowalski
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/4/41 L. B.

APR 6 1972

664-219-019-652

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 8 1923 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108579

County of Custer

City of Mackay

Registration District No. 76 File No. 159

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marie Augusta Fourcade

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	9 19 1922

FATHER	MOTHER
FULL NAME: Pete Fourcade	FULL MAIDEN NAME: Hazel Anna Weber
RESIDENCE: Mackay, Idaho	RESIDENCE: Mackay, Idaho
COLOR: Wh	COLOR: Wh
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: France	BIRTHPLACE: Montana
OCCUPATION: Laborer	OCCUPATION: H-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Richards

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Mackay, Idaho

Filed 1/27 1923 Rose Nowacki
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1949

389-231-025-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 9 1923
BUREAU OF VITAL STATISTICS

County of Franklin
City of Minkcreek
No. ..... St.
Hospital .....

CERTIFICATE OF BIRTH

108593

Registration District No. 27 File No. .....
Primary Registration District No. 2119 Registered No. 10

FULL NAME OF CHILD Hazel Sophia Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Dec. 31 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boarsade

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Lars Henrey Christensen	FULL MAIDEN NAME	Serena Hammersmark
RESIDENCE	Minkcreek	RESIDENCE	Minkcreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minkcreek	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Haus Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 15 to 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rasmussen
Midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Address Minkcreek Idaho

Filed Jan 4 1923 Mrs Ida Lippert
Registrar.

Form V. S. No. 11-C--25m-7-21-19

[redacted] BIRTH [redacted]

County of Fremont

CERTIFICATE OF BIRTH

City of St Anthony

Registration District No. 97 File No. 108604

No. 434-429-022-443 St.

Primary Registration District No. 2177 Registered No. 59

Hospital

FULL NAME OF CHILD Harold Eugene McDowell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth November 29th (Month) (Day) 1922 (Year)
M			

FATHER		MOTHER	
FULL NAME	Harold McDowell	FULL MAIDEN NAME	Maude Miller
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	AGE AT LAST BIRTHDAY 19 (Years)	COLOR	W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Parker Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Metton

MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 4th 1923

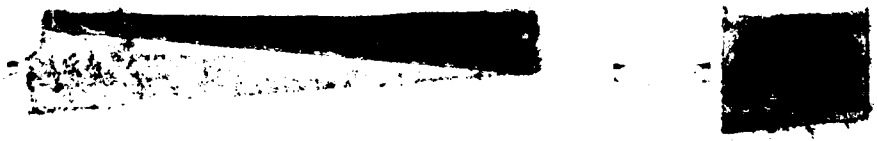
W. M. Hansen

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California) Certificate No. 108604
)ss
County of Los Angeles) Date Filed

The undersigned does solemnly swear that certain facts on the certificate

of birth (birth or death) for Harold E. McDowell (Name on original certificate) who born (was born or died)

on Dec. 22n 1922 (Date of event) in (Place of event) are erroneous or were ommitted;

and that, to the best of ~~his~~ her knowledge, the true facts of the case as shown

by (Bible record, insurance plcy.etc.) prepared on (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	Dec. 22, 1922	November 29, 1922
Name	Harold E. McDowell	Harold Eugene McDowell

Subscribed and sworn to before me this 4th day of September 1941

Signed X Maude M. Rowan (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Miles W Bell
Notary Public in and for said County and State.
Residing at Long Beach,

1415 Phillips St, Long Beach, Calif.
(Street address, City, State)

My commission expires My Commission Expires Jan 11, 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

DEC 3 1943

State of)
)ss
County of)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of January 1942

Signed Goldie Welcher
(Signature of any credible person other than the previous affiant.)

W. Ellard
Notary Public
Residing at Goleta California

Chapel, Goleta Calif
(Street address, City, State)

My commission expires My Commission Expires March 17th, 1945
(SEAL)

NOTARY PUBLIC
in and for the County of Santa Barbara
State of California

JAN 12 1943

FEB 2 1942

753-112-
024-297

PLACE OF BIR[redacted]

RECEIVED ✓
FEB 10 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Goo[redacted]

City of Hagerman

Registration District No. 24 File No. 108614

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lloyd Petersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis N. Peterson	FULL MAIDEN NAME	Hazel Biggs
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

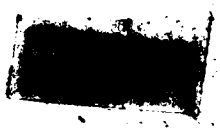
Filed 2-9- 1923

F T Cary MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



766-224-024-255

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 10 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Goodman

City of Wendell

Registration District No. 24 File No. 108615

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Martha Adell Goodman

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. 24 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Lemuel E. Goodman	FULL MAIDEN NAME	Sadie Bever
RESIDENCE	Wendell —	RESIDENCE	Wendell —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Rancher —	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell
Rev a. z —
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2-9-1923

F. F. Cary M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 2 1943

295-12-025-795

PLACE OF BIRTH

RECE[illegible]
JAN 1[illegible]
BUREAU O[illegible]
STAT[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ____ St.

Hospital ____

Registrat[illegible] No. 106 File No. 108624

Primary Registration District No. 2184 Registered No. 48

FULL NAME OF CHILD Edward Breeze
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 24 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Albert Breeze	FULL MAIDEN NAME	Bertha Tinney
RESIDENCE	Kooskia – Idaho	RESIDENCE	Kooskia – Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Breeze
Father
(Physician or midwife)

Address Kooskia – Idaho

Give names added from a supplemental report. ____

____, 19____

____
Registrar.

Filed Jan 2 1923 J M Verbeck
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

638-114-025-213

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

RECEIVED JAN 17 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 10.6

Primary Registration District No. 2184

108625

File No. .....

Registered No. 47

FULL NAME OF CHILD ... Arnold Robert Flynn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 14 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Chas Flynn	Edith Lavina Bates
RESIDENCE	Stites	Stites
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	19
BIRTHPLACE	Idaho	Oregon
OCCUPATION	Packer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. W. Wentworth MD

..... (Physician or midwife)

Address Stites Ida

Filed Jan 2 1923 J M Verbeke Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1942

294-112-025-835

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108626

County of Idaho

City of Stites

No. ..... St.

Hospital .....

RECEIVED JAN 17 1923 BUR...

Registration District No. 106

File No. .....

Primary Registration District No. 2484

Registered No. 46

FULL NAME OF CHILD Leo Orville Burke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orville August Burke	FULL MAIDEN NAME	Lottie Earle Steen
RESIDENCE	Near Stites	RESIDENCE	Near Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Ida

Registrar

Filed Jan 2 1923 J M Weber Knoes

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-24-025-83

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

RECEIVED JAN 17 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 106

File No. 108627

Primary Registration District No. 2184

Registered No. 45

FULL NAME OF CHILD Ida May Wentworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec. 11 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H W Wentworth	Lucy M. Yates
RESIDENCE	Stites	Stites
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53	28
BIRTHPLACE	Mass.	Iowa
OCCUPATION	Physician	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H W Wentworth M.D.

..... (Physician or midwife)

Address Stites Ida

Filed Jan 2 1923 J M Wentworth Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1945

369-104-025-3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 17 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108628

County of Idaho
City of Kooskia
No. ____ St. ____
Hospital ____

Registration District No. 106 File No. ____
Primary Registration District No. 2187 Registered No. 44

FULL NAME OF CHILD William Corbett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 4 1922

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	William Corbett	FULL MAIDEN NAME	Elizabeth La France
RESIDENCE	Kooskia	RESIDENCE	Kooskia
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William Corbett
Father
(Physician or midwife)
Address Kooskia - Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Dec 21 1922 J M Werbaker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1942

259-108-075-688

PLACE OF BIRTH

RECEIVED JAN 17 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108629

County of Idaho

City of Near Kooskia

No. ..... St.

Registration District No. 106 File No. .....

Hospital ..... Primary Registration District No. 2184 Registered No. 43

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 8 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Hugh M. Keith	FULL MAIDEN NAME	Mildred Whyman
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Geo. Hanson

(Physician or midwife)

Address Kooskia - Idaho

Filed Dec 31 1922 J M Weberkamers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Kooskia FILE NO. 108629

ST. DATE OF BIRTH December 8. 1922.

COUNTY Idaho. SEX OF CHILD Male

FATHER Hugh M. Keith MOTHER Mildred Whyman
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

The baby only lived two hours. We didn't name him.

Mildred Whyman Keith

Signature of Father or Mother.

359-124-0257-995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

RECEIVED FEB 6 1923 VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

108637

Registration District No. 105 File No. 78

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Cletus John Terhaar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 24 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anton Edward Terhaar	Mary Ries
RESIDENCE	Cottonwood	Cottonwood
COLOR / AGE AT LAST BIRTHDAY (Years)	White 35	White 37
BIRTHPLACE	Minnesota	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Shumwick M. D. (Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb. 1 1923 W. F. Cox Registrar

962-201-025-669

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-Cr-25m-9-8-17

108638

CERTIFICATE OF BIRTH

County of Idaho

City of Green Creek

Registration District No. 105

File No. 77

No. — St.

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD Norma Ordine Robertson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	11 (Month) 1 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond Robertson	FULL MAIDEN NAME	Jenny Forseman
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colfax Wash.	BIRTHPLACE	Cottonwood
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Chinnick M.D.

Cottonwood Idaho (Physician or midwife)

Given names added from a supplemental report.

K 19

Registrar

Address

Filed Feb 1 1923 W. F. Orr Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1975

359-102-025-695

PLACE OF BIRTH AMENDED - 5/11/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Idaho
City of Green Creek
No. ..... St.
Hospital .....

Registration District No. 105 File No. 108639
Primary Registration District No. 2183 Registered No. 76

FULL NAME OF CHILD Daniel William Terhaar
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	12 2 1922

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John H. Terhaar	FULL MAIDEN NAME	Gertrude Wieber
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Oar
M.D.
(Physician or midwife)
Address Cottonwood, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 2/1 1923 W.F. Oar
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Idaho }

Certificate No. 108639

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Name (Birth or Death)
for Daniel William Terhaar (Name on Original Certificate) who Dec 2 - 1922 (Was Born or Died) on Date Dec 2 - 1922 (Date of Event)
in Greencreek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on May 21 - 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Donald William Terhaar	Daniel William Terhaar

Subscribed and sworn to before me this 8th day of May, 1950.

D. C. Wallen
Notary Public, residing at Spokane, Wash.
My commission expires Oct. 4, 1952.
(Seal)

Signed John A Terhaar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1526 S Chestnut Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of May, 1950.

Helen C. James
Notary Public, residing at Spokane
My commission expires 8-4-52
(Seal)

Signed Mrs Dorothy M. Yarbrough
(Signature of Any Credible Person)
2220 W Dean Spokane Wash
(Street Address, City, State)

155-208-025-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 6 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108640

County of Idaho

City of Ferdinand

Registration District No. 105 File No. 75

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marie Katherine Jentges

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	12 8 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J. Jentges	Anna Mary Hillenbrand
RESIDENCE	Ferdinand	Ferdinand
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Iowa	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:45 P. M. on the date above stated.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood, Ida.

Filed Feb. 1 1923 W. F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

654-211-025-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108641

County of Idaho

City of Cottonwood Registration District No. 105 File No. 74

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gertrude Mary Trenkhoff

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	12 11 1922

FATHER		MOTHER	
FULL NAME	John Joe Trenkhoff	FULL MAIDEN NAME	Mary Brockhaus
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:40a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M. D.

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb. 1 1923 W. F. Orr

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 23 1965

DECEASED

312-130-028-249

PLACE OF BIRTH

[redacted] DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108648

County of Kootenai
City of Coeur d'Alene
No. 2018-N-4½ St.
Registration District No. 30
File No.
Hospital
Primary Registration District No. 1051
Registered No. 1482

FULL NAME OF CHILD Carrol Wesley Tabor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Dec. 30 1922

What bactericidal solution was used in eyes? 1% Argyrol Sol.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wm Tabor	FULL MAIDEN NAME	Elora Smith
RESIDENCE	Coeur d'Alene, Ida. R.F.D.	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Indiana	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born Alive at 7:30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Evans
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192....

Registrar.

Filed Feb 5 1923 D D Brenan
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-126-0281/68

PLACE OF BIRTH

RECEIVED
FEB 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108662

County of Kootenai

City of Coeur d' Alene

No. ..... St.

Registration District No. 30

File No. .....

Hospital .....

Primary Registration District No. 1061

Registered No. 1464

FULL NAME OF CHILD Elbert Roscoe Wilkinson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elbert C. Wilkinson	FULL MAIDEN NAME	Gertrude L. Johnson
RESIDENCE	Coeur d' Alene, Ida	RESIDENCE	Coeur d' Alene, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ind.	BIRTHPLACE	S. Dak.
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.

Physician

(Physician or midwife)

Address Coeur d' Alene, Ida.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Feb. 5 1923 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-229-029-319

PLACE OF BIRTH

RECEIVED
FEB 10 1923
BUREAU OF VITAL STATISTICS

STATE [redacted]
DEPARTMENT O[redacted]ELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Registration District No. 64 File No. 108663

Hospital ..... Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Dorothy Cecilia Strom
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 29 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Albert Strom	FULL MAIDEN NAME	Cecilia Larson
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Minn	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Nelson M D
(Physician or midwife)

Give names added from a supplemental report.

January 31, 1923
Lucy M Pickerd
Registrar.

Address Troy Ida.

Filed Jan 31 1923 Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

FEB 3 1960

JUN 1 2 1942

719-128-02952

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. R. 10 St.
Registration District No. 61
File No. 108671
Hospital
Primary Registration District No. 2141
Registered No. 9

FULL NAME OF CHILD Anna Gaiser
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	12-28-1922

What bactericidal solution was used in eyes? Argent Nitrate 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Jacob Gaiser	FULL MAIDEN NAME	Elizabeth Bessie Nesteott
RESIDENCE	Moscow Ida. R.4.	RESIDENCE	Moscow, Ida. R. 10.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Armstrong (2)
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Filed 1-30 1923 W H Carothers
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 11 1973

293-102-029-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 23 1923

CERTIFICATE OF BIRTH

108676

County of Latah

City of Cameron

No. ..... St.

Registration District No. 68 File No. .....

Hospital Home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Harold Herman Silflow
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov. 2 1922

What bactericidal solution was used in eyes? Argyrol 25% solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred. William Silflow	FULL MAIDEN NAME	Iona Larson
RESIDENCE	Cameron, Idaho	RESIDENCE	Cameron Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Cameron, Idaho.	BIRTHPLACE	Black Diamond, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Kendrick Idaho

Filed Jan 10 1923 R.F. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1972

Amended 8/10/72

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 108677
Local Reg. No.
Reg. Dist. No. 68

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Latah	a. STATE: Idaho b. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kendrick	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kendrick
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Phyllis	Verline	Cargill

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Nov. 8, 1922

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Bryan		Cargill

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Palmer, Nebraska	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Josephine		Bolon

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
18 YEARS	Placa, Washington	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
Andrew Otteraaen	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Kendrick, Idaho	20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Jan. 10, 1923	22. REGISTRAR'S SIGNATURE: R. F. Ripple	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White | RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY

BIRTH INJURY TO INFANT: ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT: ____ YES IF YES, DESCRIBE ____ NO

DECEASED 12-13-05 ID 05-9926

correspondence to Division of Vital Statistics, Boise, Idaho.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 0 9 17 AM 72

State of Idaho
County of Latah } ss.

Certificate No. 108677

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Phylis Eulia Cargill (Name on Original Certificate) who was born (Was Born or Died) on Nov. 8, 1922 (Date of Event)
in Kendrick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Phylis Eulia Cargill	Phyllis Verline Cargill

Subscribed and sworn to before me this 1st day of July, 19 72

Notary Public, residing at Potlatch, Idaho
My commission expires 8-3-74
(Seal)

Signed X Susan Cargill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X Harvard Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 12-7-67. nm

Record from Family Bible Record gives name as Phyllis Verline Cargill born Nob 8, 1922. Also gives date of marriage to Kenneth Herman Yates as Oct. 3, 1940 and gives name as Phyllis Verline Cargill. Viewed by V. S.

Own child's birth ceritf on filein Idaho (File # 320467) gives name as Herman Ray Yates. Born 8-19-41. Gives father's name as Kenneth Herman Yates and the mother's maiden name as Phyllis Verline Travis. Viewed by V. S.

5-44211-029-154

PLACE OF BIRTH

RECEIVED JAN 23 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ____ St.

Registration District No. 68

File No. 108678

Hospital Home

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Barbara Jean Emmett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	11 – 11 1922

What bactericidal solution was used in eyes? Argyrol 25% solution

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Cecil Leo Emmett	FULL MAIDEN NAME	Signe Christina Anderson
RESIDENCE	Kendrick, Idaho	RESIDENCE	Kendrick, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas City, Mo.	BIRTHPLACE	Helsingland, Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)

Address Kendrick, Idaho

Filed 1 10 1923 R. F. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-202-029-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 23 1923 BUREAU OF VITAL STATISTICS

108679

County of Latah
City of Kendrick
No. ..... Street
Local Registration District No. 68
File No.
Hospital Home
Primary Registration District No.
Registered No.

FULL NAME OF CHILD Helen Josephine Halseth
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec. 2 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER

FULL NAME: Edeen Halseth
RESIDENCE: Kendrick, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Helmer, Idaho
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Olga Klethe
RESIDENCE: Kendrick, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Vest Torpen, Norway
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraasen
Physician
(Physician or midwife)

Address Kendrick, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Jan 10 1923 R. P. Pepper
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

585-11-4-022-293

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 23 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of ~~Kendrick~~
No. Idaho St.
Hospital Home
Registration District No. 68
Primary Registration District No.
File No. 108680
Registered No.

FULL NAME OF CHILD Ernest Wayne Frye
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec. 14 1922

What bactericidal solution was used in eyes? 25% Sol. Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Fredrick Frye	FULL MAIDEN NAME	Edna A. Kite
RESIDENCE	~~Kendrick~~, Idaho	RESIDENCE	~~Kendrick~~, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Murry, Idaho	BIRTHPLACE	Johnson, Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)

Address Kendrick, Idaho

Filed 1-10 1923 R. M. Peppler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-126-031-249

PLACE OF BIRTH

RECEIVED FEB 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 50

File No. 1[illegible]682

No. ..... St.

Primary Registration District No. 2129

Registered No. 1

Hospital Winchester

FULL NAME OF CHILD Jasper Weston Baker

Dec. 26th, 1922

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dean J Baker	FULL MAIDEN NAME	Nellie Caroline Smith
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Denver Colo	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gist M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Winchester Idaho

Filed 1/4 1923 R. E. Dunelop

Registrar

Registrar

S-Y-CO 36071

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

FEB 17 1942

[redacted]

APR 15 1942

AUG 17 1965

843-219-032-396

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
FEB 10 1923
BUREAU OF VITAL STATISTICS

County of Lincoln

City of Richfield 12 West

Registration District No. 17

File No. 108686

No. ..... St.

Primary Registration District No. .....

Registered No. 72

Hospital .....

FULL NAME OF CHILD Ruby Hutton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 19th 1922

FATHER		MOTHER	
FULL NAME	Lionel F Hutton	FULL MAIDEN NAME	Zelma E Cross
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	England	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs B T Cross

mother (Physician or midwife) c/o [illegible]

Given names added from a supplemental report.

..... 19.....

Address Richfield Ida

Registrar

Filed Feb 8 1923 C E Bloom

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-117-032-359

RECEIVED
FEB 12 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Dedrick

Registration District No. ..... File No. 108689

No. ..... St.

Primary Registration District No. ..... Registered No. 7

Hospital .....

FULL NAME OF CHILD Roy Samuel Pate

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 17 1922

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Ollie Wallingford Pate	FULL MAIDEN NAME Priscilla Leatherwood
RESIDENCE	Dedrick Ida	Dedrick
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	24 (Years)
BIRTHPLACE	Kentucky	S. Dakota
OCCUPATION	Farmer	Wife

What Bactericidal Solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 27 1923 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 867-1092033-318

PLACE OF BIRTH

name added 1-25-83

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 5 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108691

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 311

FULL NAME OF CHILD Vernon James Hope
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12 - 9 - 1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Henry Hope	FULL MAIDEN NAME	Evelyn T. Tayson
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Nich
MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 1-30 1923 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 1 6 1968

1-11-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 24 9 33 AM '83

State of _____ } ss.
County of _____

Certificate No. 108691
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hope (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 9, 1922 (Date of Event)

in Salem (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs name	Unnamed	Vernon James Hope

Subscribed and sworn to before me this 18th day of January, 1983

Notary Public, Dustin R. Black
Residing at Riverton, Utah
My commission expires 7-1-86
(Seal)

x Vernon J. Hope
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of January, 1983

Notary Public, Dustin R. Black
Residing at Riverton, Utah
My commission expires 7-1-86
(Seal)

x William E. Hope
Supporting Signature

Street Address, City, State

lcc pd

Certificate of Ordination from LDS Church gives Vernon James Hope born 12-9-22 was ordained a Deacon on 1-5-36. Viewed by V.S.

JAN 25 1983

Certificate of birth from LDS Church gives Vernon James Hope born 12-9-22 in Madison County to John Henry Hope and Thora Evelyn Taysom and was recorded 1-7-23. Viewed by V.S.

413-710-733-745

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 108692

County of Madison
City of Rexburg
No. ..... St.
Hospital
Registration District No. 100
Primary Registration District No. 2178
Registered No. 312

FULL NAME OF CHILD Margaret Teresa Machen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no	1	yes	12 - 10 - 1922

What bacteriocidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Thomas H. Machen	FULL MAIDEN NAME Minnie Preston
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Sandy - Utah	BIRTHPLACE Idaho Falls Ida.
OCCUPATION Farming	OCCUPATION House - wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. W. Sutherland M. D.
(Physician or midwife)

Address Rexburg - Idaho

Filed 1 - 30 1923 G. Ryon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

U.S. BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 16 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Rexburg

(ST. _____

(COUNTY Madison

FILE NO. 108692

DATE OF BIRTH December 10, 1922

SEX OF CHILD Female

FATHER Thomas H. Machen

MOTHER Minnie Preston (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Margaret Ira Machen

Minnie Machen

Signature of Father or Mother.

JUL 15 1942

MAY 15 1943

DEC 9 1942

299-110-033-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

County of Madison
City of Rexburg
No. ..... St.
Hospital .....

Registration District No. 100 File No. 108693
Primary Registration District No. 2178 Registered No. 313

FULL NAME OF CHILD Wayne Elbern Brizzee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no		✓	yes	12-10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Willard Brizzee	FULL MAIDEN NAME	Ester Elinor Sorensen
RESIDENCE	Rexburg R1	RESIDENCE	Rexburg R1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Rexburg	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Sutherland
M. D.
(Physician or midwife)

Address Rexburg Idaho

Filed 1-30 1923 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 15 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Rexburg

(ST. _____

(COUNTY Madison

FILE NO. 108693

DATE OF BIRTH December 10, 1922

SEX OF CHILD Male

FATHER Henry Willard Brizzee

MOTHER Ester Elinor Sorensen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Wayne Elbern Brizzee.

Esther Elinor Sorensen.

Signature of Father or Mother.

1576

893-110-073-219

PLACE OF BIRTH

RECEIVED FEB 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 55-N-2nd East St.

Registration District No. 100

File No. 108694

Hospital

Primary Registration District No. 2178

Registered No. 314

FULL NAME OF CHILD Clarence William Hillman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12-10-1922

What bactericidal solution was used in eyes? 2% Mercuro chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence L Hillman	FULL MAIDEN NAME	Reva Baird
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Deputy Sheriff	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin S. Rich

MD
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1-30 1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED [illegible]

MAR [illegible] DEPARTMENT OF PUBLIC WELFARE.

BUREAU [illegible]
STATISTICS

JAN 18 1923

Boise, Idaho _____ 1923.

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Rexburg

(ST. _____

(COUNTY Madison

FILE NO. 108694

DATE OF BIRTH December 10, 1922

SEX OF CHILD Male

FATHER Clarence L. Hillmen

MOTHER Reva Baird
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Clarence William Hillman

Reva B. Hillman

Signature of Father or Mother.

AUG 30 19

1377.

128-011-033-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. 108695

Hospital ..... Primary Registration District No. 2118 Registered No. 315

FULL NAME OF CHILD Leara Mary Asheraft

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12-11-192.2

What bactericidal solution was used in eyes? 2% mercuro-chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vernia Gleason Asheraft	FULL MAIDEN NAME	Verna Brigham
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 20 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich MD

(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 1-30 192.3 J. P. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

RECEIVED
FEB 22 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 1 8 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Sugar

ST. _____

COUNTY Madison

FILE NO. 108695

DATE OF BIRTH December 11, 1922

SEX OF CHILD Female

FATHER Verina G. Ashcraft

MOTHER Verna Bingham
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Leara Mary

Verna K. Ashcraft
Signature of Father or Mother.

1578

446-116-033-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. 327-W-2nd N St.
Hospital

Registration District No. 100 File No. 108696
Primary Registration District No. 2178 Registered No. 316

FULL NAME OF CHILD ERVAN L. DUFFIN, JR.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12 - 16 - 1922

What bactericidal solution was used in eyes? 2% - mercuro-chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ervan L Duffin	FULL MAIDEN NAME	Greta B. Petersen
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich.
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 1-30 1923 J Young Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Missoula }

FEB 9 1942

Certificate No. 108696

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Ervan L. Duffin Jr. (Name on Original Certificate) who Born (Was Born or Died) on Dec. 16, 1922 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 28, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Ervan L. Duffin Jr.
Ervan L. Duffin Jr.	Ervan L. Duffin Jr.	

Subscribed and sworn to before me this 7th day of Feb. 1942

J. R. Donahoe Clerk of Court
Notary Public, residing at M. H. Perrin Deputy
My commission expires
(Seal)

Signed Ervan L. Duffin Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1234 Howell St. Missoula, Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Missoula }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Feb. 1942

J. R. Donahoe Clerk of Court
Notary Public, residing at M. H. Perrin Deputy
My commission expires
(Seal)

Signed Ralph L. Stan
(Signature of Any Credible Person Other Than Previous Year)

1120 S. 4th St. W. Missoula, Mont.
(Street Address, City, State)

AUG 11 1959

FEB 20 1942
FEB 19 1942

1579. 469-219-033

PLACE OF ~~BIRTH~~ 557

RECEIVED FEB 5 19.. BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Registration District No. 100 File No. 108697

Hospital ..... Primary Registration District No. 2178 Registered No. 317

FULL NAME OF CHILD Effie Berl Mortensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12 - 19 - 1922

What bactericidal solution was used in eyes? 2% - mercurio - chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James Leland Mortensen	FULL MAIDEN NAME	Effie Ann Evans
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 00 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Nich

MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 1-30 1923 J. R. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Salem

ST. _____

COUNTY Madison

FILE NO. 108697

DATE OF BIRTH December 19, 1922

SEX OF CHILD Female

FATHER James L. Martensen

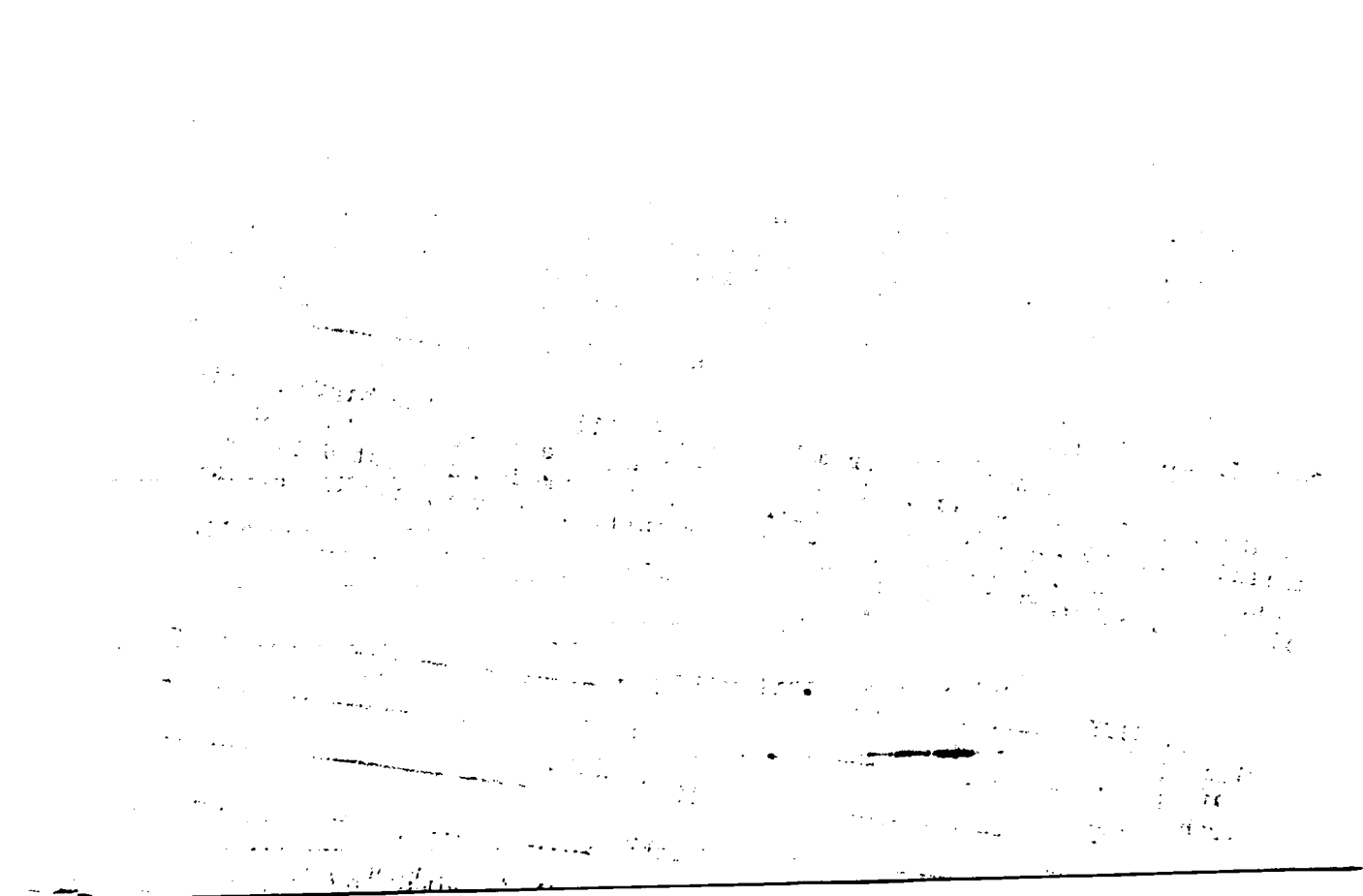
MOTHER Effie Ann Evans (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Effie Beryl Mortensen

Mrs. Effie Mortensen

Signature of Father or Mother



1580

689-219-033-163

PLACE OF BIRTH

RECEIVED FEB 5 1923 BUREAU OF VITA... SLA...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108698

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. 318

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	12 - 19 - 192 2

What bactericidal solution was used in eyes? 2% Sol Nitrate-chrome

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John A White	FULL MAIDEN NAME	Nelia Jolley
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:20 P. M. (born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Peck M.D.

(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1-30 192 J. Ryan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE [illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE. JAN 1 8 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Plano

ST. _____

COUNTY Madison

FATHER John A. White

FILE NO. 108698

DATE OF BIRTH December 19, 1922

SEX OF CHILD Female

MOTHER Neclia Jolly
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

1582

693-221-033-355

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Registration District No. 100

File No. 108699

Hospital .....

Primary Registration District No. 2118

Registered No. 319

FULL NAME OF CHILD Verla Lucy Withers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12-21-1922

What bactericidal solution was used in eyes? 2% mercuro-chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred Richard Withers	FULL MAIDEN NAME	Lucile Lee
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexburg Idaho

Filed 1-30 1923 J. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

RECEIVED JAN 26 1923 BUREAU OF VITAL STATISTICS

Place of Birth (CITY Hibbard FILE NO. 108699

(ST. DATE OF BIRTH December 21, 1922

(COUNTY Madison SEX OF CHILD Female

FATHER Fred Richard Withers MOTHER ~~Imogene~~ Lucy Lee (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Verla Lucy. Withers.

Mrs Fred Withers

Signature of Father or Mother.

1583.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 493-22-033-386

RECEIVED FEB 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108700

County of Madison
City of Rexburg
No. 120 - Webster Corner St. Registration District No. 100 File No.
Hospital Primary Registration District No. 2178 Registered No. 320

FULL NAME OF CHILD Harvey Don Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12 - 22 - 192

What bactericidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Eaton Lucius Wilson	FULL MAIDEN NAME	Elsie Thomsen
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Dry Cleaner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Lorin F. Rich, MD
(Physician or midwife)
Address Rexburg Idaho

Filed 1-30 1923 J. Rymer
Registrar.

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho JAN 13 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Rexburg

ST. _____

COUNTY Madison

FILE NO. 108700

DATE OF BIRTH December 22, 1922

SEX OF CHILD Male

FATHER Caton Lucius Milam

MOTHER Elsie Thornock
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Harvey Don

[redacted]

Signature of Father or Mother.

[redacted] 634-223-083-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 5 1923

CERTIFICATE OF BIRTH 108701

County of Madison
City of Hibbard
No. ..... St.
Hospital .....

Registration District No. 100 File No. .....
Primary Registration District No. 2178 Registered No. 226

FULL NAME OF CHILD Mabel Loila Oldham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12-23-1922

What bactericidal solution was used in eyes? 2% mercurochrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William Brown Oldham	FULL MAIDEN NAME	Emma Charlotte P Fost
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	School Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Rexburg Idaho.

Filed 1-30 1923 J R Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho JAN 18 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Hibbard FILE NO. 108701

ST. _____ DATE OF BIRTH December 2[illegible], 1922

COUNTY Madison SEX OF CHILD Female

FATHER William Brown Oldham MOTHER Emma Charlotte Pfost (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

[illegible]

[illegible]

Signature of Father or Mother.

1585 249-224-033-617

PLACE OF BIRTH

RECEIVED FEB 5 192 AU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. 143-N-2nd East St.
Hospital

Registration District No. 100 File No. 108702
Primary Registration District No. 2178 Registered No. 322

FULL NAME OF CHILD Norma Lucille Smith
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 12-24-192 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% mercurio-chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Albert Smith	FULL MAIDEN NAME	Jessie S. Walters
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Colorado	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 1-30 1923 J. P. Young
Registrar.

Give names added from a supplemental report.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 22 12 41 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No. 108702

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1922 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Norma Lucille Smith

Subscribed and sworn to before me this 17th day of October, 19 74

Notary Public, residing at Teton, Idaho
My commission expires 6-22-77
(Seal)

Signed Ella Potter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

East Main St. Rexburg, Idaho 83440
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of October, 19 74

Notary Public, residing at Teton, Idaho
My commission expires 6-22-77
(Seal)

Signed Harvey L Walker
(Signature of Any Credible Person)

224 East 1st North, Rexburg, Idaho 83440
(Street Address, City, State)

FORM DH 60-155 CL 10/3/74

Certif. of Blessing from LDS Church gives name as Norma Lucille Smith daughter of James Albert Smith and Jessie S. Walters. born Dec. 24, 1922 at Rexburg, Idaho. Was Blessed Feb. 4, 1923. viewed by V. S.

OCT 29 1974

Membership record from the LDS Church gives name as Norma Lucille Bean daughter of James Albert Smith and Jessie S. Walters. born Dec.24, 1922. Blessed Feb. 4, 1923. Baptized Jan. 3, 1931. viewed by V. S.

1586

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

719-129-033-918

County of Madison

City of Rexburg

No. 327-S-4th West St.

Hospital

RECEIVED FEB 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108703

Registration District No. 100 File No.

Primary Registration District No. 2178 Registered No. 323.

FULL NAME OF CHILD REID RAYMOND PARKINSON
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 12-29-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% mercuro-chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred Honey Parkinson	FULL MAIDEN NAME	Mary Yvette Raymond
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-55 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 1-30 1923 J. Ryan Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 108703
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Parkinson	Reid Raymond Parkinson

Subscribed and sworn to before me this 13th day of November, 19 41

T. H. Smith
Notary Public, residing at Rexburg, Idaho

My commission expires 11/24/45
[SEAL]

Signed W. R. Parkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on NOV 14 1941 By .....
(Registrar's signature)

K

238-113-039-959

PLACE OF BIRTH

RECE[redacted]
FEB 7 [redacted]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108729

County of Power

City of

Registration District No. 25 File No. 10

No. St.

Primary Registration District No. 2072 Registered No. 493

Hospital

FULL NAME OF CHILD Wilford William Schuh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 13 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adam A Schuh	FULL MAIDEN NAME	Lydia Reib
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Russia	BIRTHPLACE	S. Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11,30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schuh M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Amer. Falls.

Registrar

Filed 1-5-1923 Genevieve Noth
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 2 6 1976

234-131-039-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
FEB 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108730

County of Power

City of Ames-Falls

Registration District No. 25 File No. 10

No. ..... St.

Primary Registration District No. 2072 Registered No. 492

Hospital .....

FULL NAME OF CHILD Brett Stuart

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 31 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy R Stuart	FULL MAIDEN NAME	Jennie A Rosander
RESIDENCE	Grace, Ida	RESIDENCE	Grace, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wash.	BIRTHPLACE	Ill
OCCUPATION	Mgr. Warehouse	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiel MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 1-5 1923 Genevieve Nolte
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1970

OCT 5 1957

395-107-040-557

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED [redacted] OF IDAHO
JAN 30 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of Shoshone

City of Wallace

CERTIFICATE OF BIRTH

108739

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 104 Registered No. 129

Hospital .....

FULL NAME OF CHILD Neil Conrad Livingstone Junior

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 3rd 11 P.M. 1922

	FATHER	MOTHER
FULL NAME	Neil Conrad Livingstone	FULL MAIDEN NAME Helen Maxine Neece
RESIDENCE	Wallace Idaho	RESIDENCE Wallace Idaho.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Yorkton (Canada) Sask.	BIRTHPLACE Endicott, Washington
OCCUPATION	Salesman -	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at one P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Norman G. Sturm M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 15 1922 F L Dunlop

Registrar

[redacted]

AUG 3 1 1942

219-204-040-493

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Cedar St.

Hospital Wallace

Registration District No. 70

File No. 108740

Primary Registration District No. 104

Registered No. 130

FULL NAME OF CHILD Marianna Estella Barnes

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec. 4 4 P.M. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cliff McFarlin Barnes	FULL MAIDEN NAME	Estella Emily Elena Milnor
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Elkhorn Wisconsin	BIRTHPLACE	Butte Montana
OCCUPATION	Engineer Forestry Service	OCCUPATION	Hospital Technician

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 15 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1972

JUN 6 1945

253-108-040-296

RECEIVED
JAN 30 1993
BUREAU

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 108741

Primary Registration District No. 104 Registered No. 131

FULL NAME OF CHILD William Earl Kellogg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	2nd	Yes	Dec 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Roy Kellogg	FULL MAIDEN NAME	Brown
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mica Wash	BIRTHPLACE	British Columbia
OCCUPATION	Day Driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida.

....., 19.....

Filed Dec 15 1922 J L Turner
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-209-040-242 RECEIVED

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Cedar St.

Hospital Wallace

Registration District No. 70

File No. 108742

Primary Registration District No. 104

Registered No. 132

FULL NAME OF CHILD Virginia Frances Moon.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	12 - 9 - 1922 (Month) (Day) (Year) 1:15 a.m.

FATHER		MOTHER	
FULL NAME	Eugene Francis Moon	FULL MAIDEN NAME	Agnes Veronica Bussell
RESIDENCE	Interstate, Ida	RESIDENCE	Interstate, Ida.
COLOR	White. AGE AT LAST BIRTHDAY 20 (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Nebraska.
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bruce C. Fawcett M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 10 19 22 J. F. Fleming Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-210-040-419

PLACE OF BIRTH

RECEIVED JAN 2 ... 192 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108743

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. .....

Hospital Providence Primary Registration District No. 104 Registered No. 133

FULL NAME OF CHILD Margorie O. Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One		1st	Yes	Dec 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Edward Phillips	FULL MAIDEN NAME	Margorie A. Martin
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas.
OCCUPATION	Jeweler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Address Wallace Ida.

Filed Dec 13 1922 [illegible]
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-211-040-235

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

Form V. S. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Cedar St.

Hospital Wallace

Registration District No. 70

File No. 108744

Primary Registration District No. 104

Registered No. 134

FULL NAME OF CHILD Evelyn Lois Frank

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec. 11 - 7 30 A.M. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Joseph Frank	FULL MAIDEN NAME	Adelaide Freda Steffans
RESIDENCE	Wallace, Idaho	RESIDENCE	Wallace, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wallace, Idaho.
OCCUPATION	Business Man.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard C. Thomson M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address

Filed Dec 15 1922

[illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 3 1942

AUG 16 1944

466-117-040-243

RECEIVED
1923

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

Registration District No. 70 File No. 108745

No. ..... St.

Primary Registration District No. 10 Registered No. 136

Hospital James Winton Maffett

FULL NAME OF CHILD Raymond Sylvester Maffett

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M.	One	Y	Dec 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Weyman Maffett	FULL MAIDEN NAME	Alice Sullivan
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Murray Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. DeWitt

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burke Idaho

Filed Dec 30 1922 J F Fenn

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [illegible]

County of [illegible]

City of Wallace

BUREAU OF VITAL [illegible]

No. ..... St. Registration District No. 70 File No. 108746

ADDED CHILD'S NAME 5-31-2001 MS

Hospital Providence Primary Registration District No. 104 Registered No. 137

FULL NAME OF CHILD KEITH WESLEY KIMBALL

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one		1st	yes	12-19-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrosis

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wesley Kimball	FULL MAIDEN NAME	Elizabeth Colgrove
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Montana	BIRTHPLACE	Wisconsin
OCCUPATION	Chef Hotel	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:00 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians

(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19....

Filed Dec 30 1922 F L Dunn

Registrar. Registrar.

NOV 1 1968

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

5-29-2001

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 1922-108746

Date Filed JAN. 30, 1923

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)

for UNNAMED KIMBALL (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 19, 1922 (Date of Event)

in WALLACE (SHOSHONE) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED KIMBALL	KEITH WESLEY KIMBALL

Subscribed and sworn to before me this _____ day of _____.

Notary Public. _____

Residing at _____

My commission expires _____

(Seal)

X _____
Signature of Applicant

X _____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Yavapai }

(Must be completed _____)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 2001.

Notary Public, Mary Ann Mendez

Residing at Yavapai County Arizona

My commission expires January 22, 2002

(Seal)

2cc pd

_____
Supporting Signature

_____
Street Address, City, State

OFFICIAL SEAL
MARY ANN MENDEZ
Notary Public - State of Arizona
YAVAPAI COUNTY
My Comm. Expires Jan. 22, 2002

MILITARY RECORD SHOWS KEITH WESLEY KIMBALL BORN DEC. 19, 1922 IN WALLACE (SHOSHONE) ID EFFECTIVE DATED OF RETIREMENT HONORAGLE DISCHARGE JUNE 30, 1964 VIEWED VS.

LETTER FROM DEPT. OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMIN. ISSUED APRIL 29, 1986 TO KEITH WESLEY KIMBALL VIEWED VS.

117-123-040-955

PLACE OF BIRTH

County of Shoshone

City of Mace

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 108747

Primary Registration District No. 1061 Registered No. ~~44~~ 138

FULL NAME OF CHILD Donald Endo Jaggard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M	one			yes	Dec	23	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ernest Jaggard	FULL MAIDEN NAME	Emilia Reed
RESIDENCE	Mace Idaho	RESIDENCE	Mace Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19.....

Filed Dec 30 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12/23 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY MACE

(ST. _____

(COUNTY SHOSHONE

FILE NO. 108747

DATE OF BIRTH Dec 23 - 1922

SEX OF CHILD Male

FATHER Ernest E. Jaggard MOTHER Amelia Emma Read (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

DONALD EUDO JAGGARD

E E Jaggard

Signature of Father or Mothe

319-12-040-468

PLACE OF BIRTH

RECEIVED
JAN 30 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 21 Cypress St.

Registration District No. 70 File No. 108748

Hospital

Primary Registration District No. 104 Registered No. 8135

FULL NAME OF CHILD Donald Leon Larson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	4	Yes	Dec 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Emil Larson	FULL MAIDEN NAME	Esther Johnson
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Sweden
OCCUPATION	Millman	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. Mowery

(Physician or midwife)

Address Wallace Ida

Filed Dec 15 1922 [illegible] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-128-040-294

PLACE OF BIRTH

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital —

Registration District No. 70

Primary Registration District No. 1041

File No. 108749

Registered No. ~~42~~ 139

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		Mt	Yes	Dec 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 — Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy Veach	FULL MAIDEN NAME	Mary Brugyman
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W — AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	North Dakota
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S Mowery
Physicians
(Physician or midwife)

Address Wallace Ida

Filed Jan 30 192 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12/23 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY _____ ST. _____ COUNTY _____

FILE NO. 108749

DATE OF BIRTH _____

SEX OF CHILD Male

FATHER _____

MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mothe

619-205 1040-713

PLACE OF BIRTH

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. 108750

Hospital Providence Primary Registration District No. 1011 Registered No. 124

FULL NAME OF CHILD Lorraine Ellen Warner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	one		1st	Yes	Nov 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Frank Warner	FULL MAIDEN NAME	Hazel Galloway
RESIDENCE	Rose Lake Ida	RESIDENCE	Rose Lake, Ida
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Colfax Wn.
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address Wal

Filed Nov 10 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1942

418-111-040-617

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Shoshone

CERTIFICATE OF BIRTH

City of Wallace

Registration District No. 70

File No. 108751

No. ..... St.

Primary Registration District No. 104

Registered No. 78 25

Hospital Wallace

FULL NAME OF CHILD MORRIS EUGENE MAYO

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick Abraham Mayo	FULL MAIDEN NAME	Edith Wagoner
RESIDENCE	De Borgia Mont	RESIDENCE	De Borgia Mont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cadillac Mich	BIRTHPLACE	Rockhad. Kan
OCCUPATION	Stockkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard C. Hanson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Nov 30 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate named from card 3/12/42

315-112-940-389

PLACE OF BIRTH

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Wallace

CERTIFICATE OF BIRTH 108752

No. ..... St. Registration District No. 70 File No. .....

Hospital Providence Primary Registration District No. 104 Registered No. 176

FULL NAME OF CHILD Herbert Martin Covanagh
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	3rd	Yes	Nov 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Covanagh	FULL MAIDEN NAME	Alice Cyr
RESIDENCE	Wallace	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Montana
OCCUPATION	Nurse	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida.

....., 19.....

Filed Jun 20 1922 J L Tim
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-214-040945

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital —

RECEIVED JAN 30 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108753

Registration District No. 70 File No. .....

Primary Registration District No. 1045 Registered No. 80 127

FULL NAME OF CHILD Frieda Virginia Frank
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	4th	Yes	Nov 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Angelo Frank	FULL MAIDEN NAME	Virginia Bueck
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Wyoming
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physicians
(Physician or midwife)

Give names added from a supplemental report.

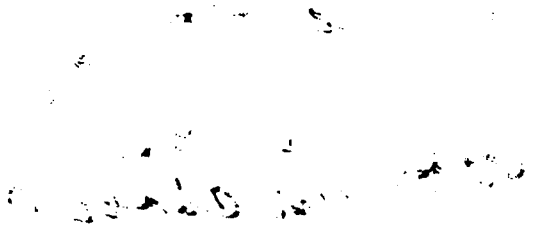
....., 19.....

.....
Registrar.

Address .....

Filed Nov 2 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



419-117-840-144 Amended 4/24/80

PLACE OF BIRTH

RECEIVED JAN 30 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 20 File No. 108754

Hospital Providence Primary Registration District No. 1041 Registered No. 87128

FULL NAME OF CHILD Robert Eugene Marshall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	1st	Yes	Nov 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Robert Marshal	FULL MAIDEN NAME	Sylvia Emmonson
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Spokane, Wn.
OCCUPATION	Mechanist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Des Mowery
Physicians
(Physician or midwife)

Address Wallace Ida

Filed Nov 20 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 19 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12/23 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Wallace FILE NO. 108754 44282

(ST. Providence Hospital DATE OF BIRTH Sept. 15, 1916

(COUNTY Shoshone SEX OF CHILD Male

FATHER Robert Alexander Marshall- MOTHER Melissa Page (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Robert Alexander Marshall, Jr.

Melissa Page Marshall

Signature ~~of Father or~~ Mother

FEB 2 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 10 3 52 PM '80

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIFORNIA
County of SANTA BARBARA } ss.

Certificate No. 108754
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Robert Alexander Marshall (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 17, 1922 (Date of Event)

in Wallace, Idaho (Shoshone) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's middle name	Alexander	Eugene

OFFICIAL SEAL
M. W. McKENZIE
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SANTA BARBARA COUNTY
My Commission Expires Aug 2, 1982

Subscribed and sworn to before me this 28th day of MARCH, 1980.

Notary Public, M. W. McKenzie
Residing at OCHUTT, CA.
My commission expires AUG. 2, 1982
(Seal)

X Robert E. Marshall
Signature of Applicant

X 1095 McCoy Lane Santa Maria
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2/6/80 nm

Page taken fromFamiyy tree book gives name as Robert Eugene Marshall born Nov 17, 1922. On June 25, 1941 married BettyJean Brown. viewe dbyV. S.

Birth announcement gives nameas Robert Eugene Marshall, son of Mr. & Mrs. R. Marsahll. born Nov 17k 1922. viewed by V S.s

APR 24 1980

213-22 0 041-219 RECEIVED FEB 5 19 BUREAU OF V... [redacted] Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Teton

City of Darby

Registration District No. 77 File No. 108755

No. ____ St.

Hospital home

Primary Registration District No. 2176 Registered No. One

FULL NAME OF CHILD GOLDA BALER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
girl		yes	11 9 22

FATHER	MOTHER
FULL NAME: Jn. W. Baler	FULL MAIDEN NAME: Clarissa Jn. Barton
RESIDENCE: Darby	RESIDENCE: Darby
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Cedar City Utah	BIRTHPLACE: Manti Utah
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1-40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley midwife
(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 10 19 23 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton

OCT 31 1941

Certificate No. 108755
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Golda Baler (Name on original certificate) who was born (Was born or died) on November 23, 1922 (Date of event)
in Driggs, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Home Geneological Record (Bible record, insurance policy, etc.) prepared on September 22, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Baler	Golda Baler

Subscribed and sworn to before me this 29th
day of October, 1941
Amary W Clark
Notary Public, residing at Driggs, Idaho.
My commission expires March 18, 1943.
[SEAL]

Signed Donal M Baler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Driggs, Teton County, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of October, 19 41
Amary W Clark
Notary Public, residing at Driggs, Idaho
My commission expires March 18, 1943.
[SEAL]

Signed Floyd Baler
(Signature of any credible person other than the previous affiant.)
Driggs, Teton County, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

364-225-042-562

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 108762

No. _____ St.

Primary Registration District No. 1085

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lida Carol Compton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	12 25 1922

FATHER		MOTHER	
FULL NAME	James Oscar Compton	FULL MAIDEN NAME	Christina Voss
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Ogden Utah
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Address Twin Falls, Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Feb. 1 19 23 John F. Coughlin Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
1923
RECEIVED
FEB 13 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12/23 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Twin Falls FILE NO. 108762

ST. Idaho DATE OF BIRTH Dec. 25, 1922

COUNTY Twin Falls SEX OF CHILD Female

FATHER J.O. Compton MOTHER Christena Voss (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lida Carol Compton

Christena Compton

Signature of Father or Mother.

FEB 17 1972

363-231-242-343

Form V. S. No. 11-C—25m-1-1-18

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108763

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

Registration District No. 37.

File No. _____

Primary Registration District No. 1085.

Registered No. _____

FULL NAME OF CHILD — Tolby

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 17 (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Jackson Tolby	FULL MAIDEN NAME	Vernice Dollie Tull
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Twin Falls, Idaho

Filed Feb. 1- 1923 John F. Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 2/12/23 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 108763

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD female

FATHER _____ MOTHER _____

(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

29.5-102-042-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1923

CERTIFICATE OF BIRTH 108765

County of _____

City of Twin Falls Registration District No. 37. File No. _____

No. 245 - 4 No. Cor

Hospital _____ Primary Registration District No. 1085. Registered No. _____

FULL NAME OF CHILD Frank Wilbert Sievers
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 12 (Day) 2 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Sievers	FULL MAIDEN NAME	Ella Huetting
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Mo.
OCCUPATION	Truck driver	OCCUPATION	Howfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott M. D.
(Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb. 1 - 1923 John R. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-129042=693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108774

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

County of Twin Falls. City of R.F.D. No. St. Ward No. 37. File No.

Hospital Primary Registration District No. 2085. Registered No.

FULL NAME OF CHILD Lester John Jacky
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Dec. 29 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	William Otto Jacky	FULL MAIDEN NAME	Sadie Wilson
RESIDENCE	Twin Falls - Ida.	RESIDENCE	Twin Falls - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ontario - Canada.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 9 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Chas. K. Scott
(Physician or ~~midwife~~)

Address Twin Falls - Ida.

Filed Jan. 3-23 1923 John B. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-207; 042-713

PLACE OF BIRTH

name added 11-23-82

County of Twin Falls

City of Buhl

No. ..... St. .....

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108775

Registration District No. 37. File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Edna Iola Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Dec 7 1922

What bactericidal solution was used in eyes? Ag Nos

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Earl Williams	FULL MAIDEN NAME	Myrtle Patient
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Ills.
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler M.D.
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan. 8 1923 John T. Coughlin
Registrar.

SEP 13 1973

10-14-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 22 9 58 AM '82

State of _____ } ss.
County of _____

Certificate No. 108775
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Williams (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 7, 1922 (Date of Event)

in Murtaugh (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Edna Iola Williams

Subscribed and sworn to before me this 12th day of November, 1982.
Notary Public, Deborah L. Snyder
Residing at Box 38, Hillview, Ill 62050
My commission expires 1-21-84
(Seal)

X Edna Iola Whitlock
Signature of Applicant
RR 3 Box 61 Carrollton 62016
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Greene

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of November, 1982.
Notary Public Deborah L. Snyder
Residing at Box 38, Hillview, Ill 62050
My commission expires 1-21-84
(Seal)

Supporting Signature

Greene County Courthouse
Carrollton, Illinois 62016
Street Address, City, State

1 cc pd

Metropolitan Life Ins Co insurance policy gives name of insured as Edna Iola McGowen age 21. Policy dated July 5, 1943. Viewed by V.S NOV 23 1982

Real Estate Mortgage Statutory Form gives S. Randall Whitlock and Edna Iola Whitlock , husband and wife, as owners of said property in Jerseyville, Illinois. Form dated August 8, 1947. Viewed by V.S.

415-231-042-234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 5 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108787

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37.

File No. .....

Hospital County

Primary Registration District No. 1085.

Registered No. .....

FULL NAME OF CHILD Doris Hazel Mansker.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	Dec 31 1922

What bactericidal solution was used in eyes? Argyrol 10% in each eye.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mr Earnest Earl Mansker	FULL MAIDEN NAME	Lena Inez Marie Stull
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	white. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Manes Missouri	BIRTHPLACE	Oak Valley Kansas
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 30 a.m. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Segal M.D.
(Physician or ~~midwife~~)

Address Twin Falls Idaho

Filed Feb. 1-23 192 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-119-042-595

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108788

County of Twin Falls

City of Twin Falls

RECEIVED FEB 1923

No. ..... St. Registration District No. 37. File No. .....

Hospital County Primary Registration District No. 1085. Registered No. .....

FULL NAME OF CHILD Robert Warren Quinn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		yes	Dec - 19 - 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol 1%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ross Evert Quinn	FULL MAIDEN NAME	Anna Clara Ernst.
RESIDENCE	719 2nd ave North Twin Falls.	RESIDENCE	719 2nd ave North Twin Falls
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Monmouth Ill.	BIRTHPLACE	Chewelah Washington
OCCUPATION	News Paper Reporter	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6.00 P.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clouchek
(by H. W. Wilson) Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed Feb. 1-23 192 John S. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued 12-18-1940 D.P.

JUN 30 1942

156-219-042-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 5 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108789

County of Twin Falls Ida.
City of Twin Falls
No. 159 Sidney St. St.
Registration District No. 37. File No.
Hospital Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Katherine Julia Jewett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12 – 19 1922

What bacteriolidal solution was used in eyes? Arg.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME John Jewett	FULL MAIDEN NAME Christine Schwatz
RESIDENCE 159 Sidney St Twin Falls Ida	RESIDENCE 159 Sidney St Twin Falls Ida
COLOR W AGE AT LAST BIRTHDAY 34 (Years)	COLOR W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Maine	BIRTHPLACE Ill
OCCUPATION Highway Construction	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

(Signature) E. S. Mifford
Physician
(Physician or midwife)

Address Twin Falls Ida

Filed Jan. 3-23 192. John F. Coughlin P

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1943

693.206-001-243

PLACE OF BIRTH

RECEIVED MAR 5 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Ustick

No. ..... St.

Hospital .....

Registration District No. 8

File No. 108824

Primary Registration District No. 2008.

Registered No. 12

Full Name of Child Marie ~~Calista~~ Calista Belle Williams

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Fem.		Yes	11 (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jno F. Williams	FULL MAIDEN NAME	Clara H. Bullock
RESIDENCE	Boise Ida R.D.I	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housekpr

umber of child of this mother, including present birth 3 .... Number of children of this mother now living, including present birth 2 ....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise Ida.

Filed Feb 26 1923 R. H. Pratt

Registrar

MAR 3 1 1945

NOV 17 1959

155-219.010-457

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

County of Bonneville

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 73 File No. 108899

No. ..... St.

Primary Registration District No. 2156 Registered No. 29

Hospital .....

FULL NAME OF CHILD Lila Louisa Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 19, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenza Jensen	FULL MAIDEN NAME	Elvera Meppin
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellar MD

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Ida.

Filed Jan 23 1923 W. Fumiaud Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. R.F.D. No 3.
(COUNTY Bonneville

FILE NO. 108899

DATE OF BIRTH Jan 19, 1922

SEX OF CHILD Female

FATHER Lorents Jensen

MOTHER Elvera M Jensen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lila Louisa Jensen

Mrs Lorents Jensen
Signature of Father or Mother.

NOV 5 1943

314-106-010-553

PLACE OF BIRTH

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R.F.D. #3 St.

Registration District No. 23 File No. 108905

Primary Registration District No. 2150 Registered No. 23

Hospital

FULL NAME OF CHILD Estel Francis Campbell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec (Month) 6 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles E Campbell	FULL MAIDEN NAME	Madeline Velford
RESIDENCE	R.F.D. #3 Idaho Falls, Ida.	RESIDENCE	R.F.D. #3 Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	France
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mest
MD.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Registrar

Filed 1/23 1923 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Clarence

ST. _____

COUNTY Bonneville

FATHER A. Campbell

FILE NO. 108905

DATE OF BIRTH December 5th 1922

SEX OF CHILD Male

MOTHER Madeline Lefevre
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Estelle Francis

Madeline L. Campbell

Signature of Father or Mother.

551-231-010-493

PLACE OF BIRTH

RECEIVED
FEB 21 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 958 J St.

Hospital —

Registration District No. 73 File No. 108909

Primary Registration District No. 210 Registered No. 19

FULL NAME OF CHILD Ruth Ellen Evans

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and	—	Yes	Dec. 31 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edmund P. Evans	FULL MAIDEN NAME	Lucretia J. Miles
RESIDENCE	Roosevelt, Utah	RESIDENCE	Roosevelt, Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Payson, Utah
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:00 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) W Ray Hatch M D
(Physician or midwife)

Address Idaho Falls

Filed 2/10 1923 [signature]
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls

ST. ~~559 G St~~

COUNTY Bingham

FILE NO. 108909

DATE OF BIRTH December 31, 1922

SEX OF CHILD Female

FATHER Edmund P. Evans

MOTHER Lucretia ~~Jane~~ Miles (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ruth Ellen Evans

Signature of Father or Mother

299-114-010-569

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. 138 Whittier St.
Hospital

Registration District No. 3 File No. 108910
Primary Registration District No. 2 1 4 0 Registered No. 18

FULL NAME OF CHILD Keith Birch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Dec 14, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Ulysses Birch	FULL MAIDEN NAME	Winifred North
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	St Anthony, Idaho	BIRTHPLACE	St Anthony
OCCUPATION	laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch MD
Physician
(Physician or midwife)

Address Idaho Falls

Filed 1/10 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1942

9 — 29 — 41

660-229.010-384

PLACE OF BIRTH

RECEIVED
JAN 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108911

County of Bonneville
City of Idaho Falls
No. 503 10th St.
Hospital
Registration District No. 73
Primary Registration District No. 21-1
File No.
Registered No. 17

FULL NAME OF CHILD Betty Ruth Wood
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— and —		yes	Nov 29 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 5 — Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph P. Wood	FULL MAIDEN NAME	Anna Churchill
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Monroe Co, Iowa	BIRTHPLACE	Taylor Co., Iowa
OCCUPATION	Tractor Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H. Ray Hatch M.D.
— Physician
(Physician or midwife)

Address Idaho Falls

Filed Jan 10 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. Tenth
(COUNTY Bonneville

FATHER Joseph P.

FILE NO. 108911

DATE OF BIRTH Nov 29 1922

SEX OF CHILD Female

MOTHER Anna Churchill
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Betty Ruth Wood

Mrs. J. P. Wood.

Signature of Father or Mother

251-228:010-292

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 108912

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 179 16th St.

Hospital

Registration District No. 73

Primary Registration District No. 211-0

Registered No. 16

FULL NAME OF CHILD Verna Ruth Snarr
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— and —	—	yes	Oct 28 1922

What [illegible] solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Arland W Snarr	FULL MAIDEN NAME	Annie Bishop
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Murray, Utah	BIRTHPLACE	Murray Utah
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:15 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H Ray Hatch M D
Physician
(Physician or midwife)

Address Idaho Falls,

Filed 1/10 1923

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls.
(ST. 179 16th
(COUNTY Idaho

FILE NO. 108912

DATE OF BIRTH Oct 28 1923

SEX OF CHILD Female Girl.

FATHER Orland D Snarr.

MOTHER Annie Bishop.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Verna Ruth Snarr.

Annie Snarr.

Signature of Father or Mother

JAN 0 0 19

813-218-010-154

PLACE OF BIRTH

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108913

County of Bonville

City of Idaho Falls

No. 334 So Ridge St.

Registration District No. 73 File No.

Hospital

Primary Registration District No. 215-0 Registered No. 15

FULL NAME OF CHILD Nora Darlene Hathaway
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female	—		—	yes	Oct	18	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 5 / Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Stanley Hathaway	FULL MAIDEN NAME	Nora Andrew
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Chester, Idaho	BIRTHPLACE	Provo, Utah
OCCUPATION	laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M.D.
Idaho Falls
(Physician or midwife)

Address ~~H Ray Hatch~~ Idaho Falls

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 1/10 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho _____

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 108913

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD Female

FATHER _____ MOTHER _____
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

_____

169-113-010-212

PLACE OF BIRTH

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 765 L St. St.

Registration District No. 73 File No. 108914

Hospital

Primary Registration District No. 2150 Registered No. 14

FULL NAME OF CHILD Cecil Porley Morgan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	—	—	—	yes	Oct	13	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Joseph C. Morgan	FULL MAIDEN NAME	Malessa M Barrett
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Oak City, Utah	BIRTHPLACE	Clarkston, Utah
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Hay Hatch M D
Physician
(Physician or midwife)

Address Idaho Falls

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 1/10 1923 W Kennard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho 3/13 1925.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls FILE NO. 108914

(ST. L DATE OF BIRTH Oct the 13

(COUNTY Jefferson SEX OF CHILD Male Female

FATHER Joseph L Morgan MOTHER Amelissa Cin Bassett (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Excel Porley Morgan

Amelissa C Morgan

Signature of Father or Mother.

[redacted] -365

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1923 OF VITAL TISTICS

CERTIFICATE OF BIRTH 108915

No. 224 14th St. Registration District No. 73 File No.

Hospital Primary Registration District No. 2150 Registered No. 13

FULL NAME OF CHILD JOHN GARRY THATCHER
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	Oct 17 1923

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John B Thatcher	FULL MAIDEN NAME	Clara E Long
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho Falls, Idaho	BIRTHPLACE	Bloomington, Idaho
OCCUPATION	Electric Operator	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:15 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Ray Hatch M.D.
C E Lyman
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1/10 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made f
and the number of each, in order of birth stated.

STATE OF IDAHO

DE[illegible] OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CO[illegible]OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 108915

County of Weber } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for John Garry Thatcher (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on [illegible]-17-1922 (DATE OF EVENT)

in Idaho Falls Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 25 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Thatcher	John Garry Thatcher
none	John Garry Thatcher	

Subscribed and sworn to before me this 28th day of Jan, 1942

David M. Shaw

Notary Public, residing at Ogden Utah

My commission expires June 19 - 1942

(SEAL)

Signed J. B. Thatcher Jr.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

RFD 4 Ogden Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of Jan, 1942

David M. Shaw

Notary Public, residing at Ogden Utah

My commission expires June 19 - 1942

(SEAL)

Signed Gilbert Thatcher

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

508 27 St Ogden, Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

PARTMENT
DIRECT C

238-102-010 253

PLACE OF BIRTH

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 444 I St. Registration District No. 73 File No. 108916

Hospital Primary Registration District No. 21 V-0 Registered No. 12

FULL NAME OF CHILD Max Rubin Schwilder
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	yes	Oct 2 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Arthur W. Schwieder	FULL MAIDEN NAME	Louella Keller
RESIDENCE	Dehlin, Idaho	RESIDENCE	Dehlin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Lewiston Minn	BIRTHPLACE	Mink Creek, Idaho
OCCUPATION	farmer, school teacher	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ray Hatch
Physician
(Physician or midwife)

Address Idaho Falls

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 1/10 1923 M Freeman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. 444 D St.
(COUNTY Bonneville

FILE NO. 108916

DATE OF BIRTH Oct. 2, 1922.

SEX OF CHILD Male

FATHER Arthur W.

MOTHER Louella Keller
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Max Rubin Schneider

Arthur W. Schneider
Signature of Father or Mother.

JAN 1 1 1944

NOV 6 1968

155-219-010-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Corner & Boulevard St.

Registration District No. 73

File No. 108917

Hospital

Primary Registration District No. 21 X-0

Registered No. 11

FULL NAME OF CHILD Ruth Robina Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	Yes	Sept 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth one. Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Harry C Jensen Jr.	FULL MAIDEN NAME	Ester M. Wessel
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wallace Co Kan.	BIRTHPLACE	Concordia Mo.
OCCUPATION	Grocer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Idaho Falls

Filed 1/10 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Idaho Falls
ST. Idaho
COUNTY Bonneville
FATHER H C Jensen Jr.

FILE NO. 108917
DATE OF BIRTH Sept 19th 1922.
SEX OF CHILD Female
MOTHER Esther M Wessel
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ruth Robina Jensen

Harry C Jensen Jr.
Signature of Father or Mother

JAN 12 1944

PLACE OF BIRTH

389-210-010-251

FEB 21 1923

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ~~Farnsworth Boulevard~~ Registration District No. 73 File No. 108918

Hospital 575 H St Primary Registration District No. 2170 Registered No. 10

FULL NAME OF CHILD Ruth Laverne Christensen

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— and —		yes	Sept 10 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth. one Number of child of this mother now living, including present birth. one

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L M Christensen	Ruth Beach
RESIDENCE	Idaho Falls	Idaho Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Huntsville, Utah	Dona, Idaho
OCCUPATION	Laylor	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) H R Hatch M D

(Physician or midwife)

Address Idaho Falls

Filed 1/10 1923 W Fennemore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 1-10-1941. D.P.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls FILE NO. 108918

ST. 545 H. St DATE OF BIRTH Sep 10 1923

COUNTY Bannock Co SEX OF CHILD Female

FATHER Lawrence M Christensen MOTHER Ruth Beach (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ruth Lawrence

Wm L M Christensen

Signature of Father or Mother

519-105-010-249

PLACE OF BIRTH

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 165 Whittier St.

Registration District No. 73

File No. 108919

Hospital

Primary Registration District No. 21-10

Registered No. 5

FULL NAME OF CHILD Homer Mark Earl

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— and —		yes	Sept. 5 1922

What bactericidal solution was used in eyes? 20 %

Number of child of this mother, including present birth. one. Number of child of this mother now living, including present birth. one

FATHER		MOTHER	
FULL NAME	H. Mark Earl	FULL MAIDEN NAME	Martha Smith
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Cassville, Wis.
OCCUPATION	Lawyer	OCCUPATION	housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H Ray Hatch M D
(Physician or midwife)

Address Idaho Falls, Idaho

Filed 1/10 192 3 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

RECEIVED MAR 19 1923 BUREAU OF VITAL STATISTICS

Place of Birth

CITY Idaho Falls

ST. Idaho

COUNTY Bonneville

FILE NO. 108919

DATE OF BIRTH Sept. 5th. 1922

SEX OF CHILD Male

FATHER H.Mark Earl

MOTHER Martha Smith
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Homer Mark Earl Jr.

H. Mark Earl

Signature of Father or Mothe

DEC 4 1967

249-126.010-331 Child's name added 7-5-91 MCM

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. 198 15th St.
Hospital
Registration District No. 73
Primary Registration District No. 21V-0
File No. 108920
Registered No. A

FULL NAME OF CHILD DYLE SMITH
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 26 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Jack Smith	FULL MAIDEN NAME	Genevieve Clay
RESIDENCE	Idaho Falls R.D.	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Independence, Idaho	BIRTHPLACE	Archer, Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Hatch M D
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Jan 10 1923 Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/14/91

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
JUN 25 1991
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 108920
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Smith (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 26, 1922 (Date of Event)

in Idaho Falls, ID (Bonneville Co.) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Smith	Dyle Smith

Subscribed and sworn to before me this 20th day of June, 1990.

Notary Public, Rochelle A. Johnson

Residing at Sisters, OR

My commission expires 4/23/93

(Seal)

x Dyle Smith
Signature of Applicant

y P.O. Box 745
16440 Spunky Dr
Sisters Oregon 97759
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Deschutes } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 1991

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

y _____
Supporting Signature

_____
Street Address, City, State

US Army discharge shows Dyle Smith born Aug 26, 1922 in Idaho Falls and discharged June 20, 1945. Viewed by VS.

MT marriage certificate shows Dyle Smith age 23 and born in Idaho Falls and Elizabeth Mary Buckland were married Oct 13, 1945 in Bozeman, MT by James N Pratt. Viewed by VS.

JUL 1991

315-128-010-763

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. 108922

Primary Registration District No. 214-0

Registered No. 6

FULL NAME OF CHILD Orville Clyde Lange

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Dec 28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul C Lange	FULL MAIDEN NAME	Lowine Goldman
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Libertyville Ill	BIRTHPLACE	Pinckneyville Ill
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Rogers

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed 1/4 1923 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

295-111-010-331

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

RECEIVED
FEB 21 1923
BUREAU OF VITAL STATISTICS

Registration District No. 73 File No. 108923

No. ..... Primary Registration District No. 2170 Registered No. V —

Hospital .....

FULL NAME OF CHILD Lennis Dale King

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 11 1922

FATHER	MOTHER
FULL NAME Thomas Ervin King	FULL MAIDEN NAME Mabel R. Clark
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Coyote Utah	BIRTHPLACE Mesa Arizona
OCCUPATION Farmer	OCCUPATION House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Polly Emma King
midwife
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 12/23 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285·217·010-413

PLACE OF BIRTH

RECEIVED
FEB 21 192
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 179 - 11th St.

Registration District No. 73 File No. 108925

Hospital

Primary Registration District No. 2150 Registered No. 3

FULL NAME OF CHILD Patricia Sheppard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 17 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harold B Sheppard	FULL MAIDEN NAME	Edna MacDonald
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Jenesco Idaho	BIRTHPLACE	Castle, Montana
OCCUPATION	Real Estate & Loans	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1-30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Fremont Jr

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Registrar

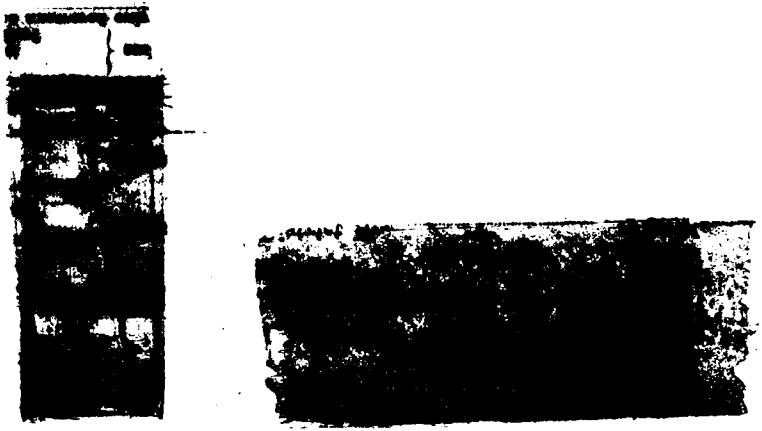
Filed Dec 18 1922 Wm Fremont Jr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-211-037-655

PLACE OF BIRTH

RECEIVED FEB 24 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Hot Springs

No. ..... St.

Registration District No. .....

File No. 108928

Primary Registration District No. .....

Registered No. .....

Hospital .....

Full Name of Child Rose Marie Rahn

SEX OF CHILD girls	Twin ✓ Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct. 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Conrad Rahn	FULL MAIDEN NAME	Katherine Emma Wendell
RESIDENCE	Hot Springs	RESIDENCE	Hot Springs
COLOR	Light	COLOR	dark
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Chicago Ill
OCCUPATION	Farmer	OCCUPATION	Bookkeeper

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was ..... , at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Doctor Becker of Bruneau was the attending physician

(Physician or midwife)

Given names added from a supplemental report

.....

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[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 20 1972

928

213-111-014-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 17 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St. ..... Registration District No. 3 ..... File No. 108532

Hospital Home ..... Primary Registration District No. 2007 ..... Registered No. .....

FULL NAME OF CHILD Chas. Melvin Sale
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Sept 11 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 3 ..... Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	C. L. Sale	FULL MAIDEN NAME	Stella Ford
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Borch
M. D.
(Physician or midwife)

Address Wilder Ida

Filed 2-1 1923 Lulu Waldrop
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-128-014-312

PLACE OF BIRTH

RECEIVED FEB 17 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108933

County of Canyon

City of Wilder

No. ..... St. ..... Registration District No. 8 File No. .....

Hospital Home Primary Registration District No. 207 Registered No. 2

FULL NAME OF CHILD Milton R. Graham

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	Sept 28 1922

What bactericidal solution was used in eyes? Arg NO3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Willard R Graham	Hattie Casey
RESIDENCE	Wilder Ida.	Wilder Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Missouri	Kansas
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Nampa at 10 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Bork M D

(Physician or midwife)

Address Wilder Ida

Filed 2-1 1923 Emily Waldorf

Registrar.

Give names added from a supplemental report.

....., 19.....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 17 1966

719-212-04-219

PLACE OF BIRTH

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Registration District No. 9 File No. 108934

Hospital Home

Primary Registration District No. 207 Registered No. 3

FULL NAME OF CHILD Onez Garman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 12 1922

What bactericidal solution was used in eyes? Argnos 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Merritt Garman	FULL MAIDEN NAME	Stella Barnes
RESIDENCE	Wilder Ida	RESIDENCE	Shawnee Okl.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ogle Ill	BIRTHPLACE	Shawnee Okl.
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 49 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Bouck M.D.

(Physician or midwife)

Address Wilder Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 2-1-1923 Lulu Waldrop Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-11-

JUN 29 1972

219-225-014-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 17 1923 BUREAU OF VITAL STATISTICS

County of Canyon

City of Wilder

No. ..... St. ..... Registration District No. 3 File No. 108935

Hospital Home Primary Registration District No. 2007 Registered No. 4

FULL NAME OF CHILD Marjory Louise Karn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 25 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas V. Karns	FULL MAIDEN NAME	Roma Cooper
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Buton S.D.	BIRTHPLACE	St Edwards Neb.
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M.D.
(Physician or midwife)

Address Wilder Ida

Filed 2-1 1923 Lulu Waldrop
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DCT 3 1966

314-126.014-493

PLACE OF BIRTH

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital Home

Registration District No. 3 File No. 108936

Primary Registration District No. 2007 Registered No. 5

FULL NAME OF CHILD Roy Edward Lamphear
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Nov 26 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas Lamphear	FULL MAIDEN NAME	Julia Mills
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Batavia Iowa	BIRTHPLACE	Haskell Co Texas
OCCUPATION	Elevator man	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Wilder Ida

Filed 2-1 1923 Lulu Waldrop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-106-014-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Wilder
No. ..... St.
Hospital Home

Registration District No. 3
Primary Registration District No. 2007

File No. 108937
Registered No. 6

FULL NAME OF CHILD Dean Alston Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Dec 6 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Worley Edwin Jones	FULL MAIDEN NAME	Eunice Caroline Mills
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Blue Earth Minn	BIRTHPLACE	Chippaway Minn
OCCUPATION	Farmer	OCCUPATION	H-W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boundless, at 10 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Wilder Ida

Filed 2-1 1923 Lulu Waldrop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 7 1942

DEC 2 1941

713-163-84-255

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] F PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RE
FEB 17 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108951

County of Canyon
City of Parma
No. Rur. 2 St.
Hospital
Registration District No. 3
Primary Registration District No. 2005
File No.
Registered No. 10

FULL NAME OF CHILD William Patton
(Certificate of no value without full name of child.)

Sex of Child Male.
Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)
Legitimate? Yes.
Date of birth Dec 13 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 3
Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry M. Patton	FULL MAIDEN NAME	Jessie Seay
RESIDENCE	Parma - Idaho.	RESIDENCE	Parma - Idaho.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas -	BIRTHPLACE	Kansas.
OCCUPATION	Cook - Camp.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry M Patton
Father
(Physician or midwife)
Address Parma - Idaho. Rur. 2

Give names added from a supplemental report.

K ....., 19.....
.....
Registrar.

Filed Jan 11 1923 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-115-037-235 Received 11 [redacted] Meyer Mt. Caldwell - Idaho

PLACE OF BIRTH

sent to Homeda[redacted] Idaho. 11-16-1922 [redacted] 25-1923

RECEIVED FEB 17 1923 BUREAU OF VITAL STATISTICS

[redacted] WELFARE [redacted] STICS [redacted] IRTH

County of Owyhee

City of Marsing

No.

Registration District No.

File No. 108964

Hospital

Primary Registration District No. 2005

Registered No. 258

FULL NAME OF CHILD Merle Stephenson Hamilton

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11/15 1922

What bactericidal solution was used in eyes? L5 Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Leonard A. Hamilton	Vera L. Stephenson
RESIDENCE	Marsing, Idaho	Marsing, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D. (Physician or midwife)

Address Caldwell, Idaho.

Filed Jan. 25 1923 John S. Meyer. Registrar.

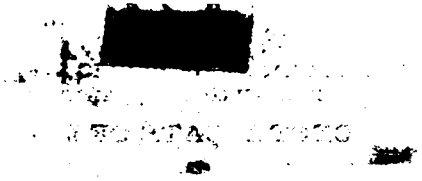
Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 26 1943

791-219-012-469

PLACE OF BIRTH

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108972

County of Bingham

City of Darlington

Registration District No. 76 File No. 161

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vanna Louise Crane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female				Yes.	Dec	19	22

	FATHER	MOTHER
FULL NAME	L. E. Crane	
FULL MAIDEN NAME		Louisa Morgan Crane
RESIDENCE	Darlington	Darlington
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	22 (Years)
BIRTHPLACE	Draper, Utah	Riverton, Utah
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) W H Jamell

(Physician or midwife)

Address Mackay Ida.

Filed 3/26 1923 Rose Nowacki
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 195

469-105-019943

PLACE OF BIRTH

RECEIVED
MAR 2 . 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

108973

County of Custer

City of Mackay

Registration District No. 76 File No. 162

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth Newell Martenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Jan 5 1923

FATHER

FULL NAME Alfred Martenson

RESIDENCE Mackay

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah.

OCCUPATION Clerk. Mdse. store.

MOTHER

FULL MAIDEN NAME Mary Russell

RESIDENCE Mackay

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Scotland

OCCUPATION Home wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) W. H. Farnell

(Physician or midwife)

Address Mackay Idaho.

Filed 2/26 1923 Rose Nowacki

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 10 19[redacted]

386-205-019-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAR 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108976

County of Custer

City of Mackay

Registration District No. 76 File No. 165

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Maxine Thompson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 - 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Henry Thompson	FULL MAIDEN NAME	Josephine Hill
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Mackay Idaho

Filed 3/26 19.... Rose Nowalski

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1966
~~JUN 26 1972~~
JUL 10 1972

362-223-019-792

PLACE OF BIRTH

RECEIVED
MAR 2 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108977

County of Lincoln

City of Darlington

Registration District No. 76 File No. 166

No. ..... St.

Hospital ..... Primary Registration District No. 2123 Registered No. .....

FULL NAME OF CHILD Amy Cressa Cobbley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	8-23 1922

FATHER		MOTHER	
FULL NAME	Ernest Cobbley	FULL MAIDEN NAME	Nellie Gibson
RESIDENCE	Darlington	RESIDENCE	Darlington
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.25 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Carroll A Bjarnson

(Physician or midwife)

Address Mackay, Idaho

Filed 5/26 1923 Rhe Nowalk

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1974

212-113-019-275

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Custer

RECEIVED MAR 2 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108978

City of Mackay

Registration District No. 76 File No. 167

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Nicholas Basich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 - 13 - 1922

	FATHER	MOTHER
FULL NAME	Pete Basich	FULL MAIDEN NAME Annie Stemich
RESIDENCE	Mackay	Mackay
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	31 (Years)
BIRTHPLACE	Austria	Austria
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.45 P. M. on the date above stated.

(Signature) Carroll A Lemmon MD

(Physician or midwife)

Address Mackay Ida.

Filed 3/26 1923 Rose Nowalski Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 2 1942

DECEASED

NOV 14 1951

762-217-019-433

RECEIVED
MAR 2 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Custer

CERTIFICATE OF BIRTH

108981

City of Clayton

Registration District No. 76 File No. 170

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Celia Gossi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 17 1922

FATHER		MOTHER	
FULL NAME	Joseph Gossi	FULL MAIDEN NAME	Margaret May McConnell
RESIDENCE	(near) Clayton Idaho	RESIDENCE	Clayton Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Clayton Idaho	BIRTHPLACE	Colo
OCCUPATION	Miner	OCCUPATION	Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.03 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay, Idaho

Filed 3/26 1923 Rose Nowalki
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WAR 3 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-222-020-253

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108997

[redacted] BIRTH

County [redacted]more

City [redacted]mmett

No. [redacted] St.

Host[redacted]

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

Registration District No. 34 File No.

Primary Registration District No. 2020 Registered No. 2

FULL [redacted]E OF CHILD Katherine Edie Day.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 22 1922

FATHER		MOTHER	
FULL NAME	George Henry Day	FULL MAIDEN NAME	Sarah Elizabeth Kellogg
RESIDENCE	Hammett Ida	RESIDENCE	Hammett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Elk Grove Ill.	BIRTHPLACE	Sparta Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:25 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H. O. P. Hamilton
Physician
(Physician or midwife)

Address Mountain Home Ida

Filed 1-31- 1923

F. E. Ewing
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Harney } ss.

Certificate No. 108997

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Katherine Elsie Day (Name on Original Certificate) who born (Was Born or Died) on Sept. 22, 1921 (Date of Event)
in Hannett Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Katheine	Katherine Elsie Day

Subscribed and sworn to before me this 19
day of July, 1943

Notary Public, residing at Burns Oreg

My commission expires 6/2/46
(Seal)

Signed George K. Day
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 21 1943

JUL 2 2 1943

359-126-029-731

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah.

City of Pottatch

No. ..... St.

Hospital .....

Registration District No. 65 File No. 109036

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Charles. Leland. Leiter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes.	Dec (Month) 26 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur. C. Leiter	FULL MAIDEN NAME	Hazel. B. Plackett
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29. (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	South Dakota
OCCUPATION	Laborer -	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pottatch

Filed Jan 26th 1923 D. J. W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1942

751-104-029-444

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch.

Registration District No. 6 5.

File No. 109038

No. ..... St.

Primary Registration District No. 2145. Registered No. .....

Hospital .....

FULL NAME OF CHILD John. William Thomas. Pearson.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	V		V	Yes.	Oct. 4th 1922

FATHER		MOTHER	
FULL NAME	John. William Pearson.	FULL MAIDEN NAME	Nora Minnie Dudley.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21.
BIRTHPLACE	Minnesota.	BIRTHPLACE	Montana.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 3 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) Dr J.M. Thompson M.D.
(Physician or midwife)

Address Potlatch.

Filed Feb 7th 1923. Dr J.M. Thompson

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1973

466-228-029-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 17 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 109039

County of Latah

City of Potlatch R.D.

Registration District No. 65

No. ____ St.

Primary Registration District No. 2145

Registered No. ____

Hospital ____

FULL NAME OF CHILD Bessie Alice Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	yes	Nov. 28. 1922

FATHER		MOTHER	
FULL NAME	Westley J. Moore	FULL MAIDEN NAME	Ivy Bessie Moore
RESIDENCE	Potlatch R.D.	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32.	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Idaho.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

(Signature) Dr J.W. Thompson

(Physician or midwife)

Address Potlatch Idaho.

Filed Jan 12 1923. Dr J.W. Thompson Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1972

Rec'd February 17, 1923

383-208-026-284

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 109041
Local Reg. No.
Reg. Dist. No. 65

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Onaway

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston

d. STREET ADDRESS (If rural, give location): Route 2

3. CHILD'S NAME *(Type or print)*

a. (First): Mayme b. (Middle): c. (Last): Lyle

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	November 8, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): George b. (Middle): Edward c. (Last): Lyle

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
46 YEARS	Washington	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lillie b. (Middle): Beatrix c. (Last): Symons

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
46 YEARS	Washington	1	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Lillie Beatrix Lyly Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. K. Wolfe, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Palouse, Washington

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 22, 1923

22. REGISTRAR'S SIGNATURE: J. W. Thompson, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

VITAL STATISTICS, BOISE, IDAHO.

correspondence to Division of

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES_____ NO_____ DATE_____

Was a standard serological test for syphillis performed? YES_____ NO_____ APPROXIMATE DATE_____

LENGTH OF PREGNANCY_____ WEEKS

WEIGHT AT BIRTH _____ LBS._____ OZS.

RACE OR COLOR OF FATHER
White

RACE OR COLOR OF MOTHER
White

Was 1% Silver Nitrate Used to prevent blindness?
YES_____ NO_____

METHOD OF DELIVERY

BIRTH INJURY TO INFANT
_____ YES IF YES, DESCRIBE
_____ NO

CONGENITAL MALFORMATIONS OF INFANT
_____ YES IF YES, DESCRIBE
_____ NO

AUG 24 1965

AUG 24

343-206-036-657

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 17 1923 BUREAU OF VITAL STATISTICS

STATE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109063

County of Oneida

City of Samania

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 1

Hospital

FULL NAME OF CHILD Marie Barbara Fuller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Nov 6 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bracill Fuller	Wilhelmina Weger
RESIDENCE	Samania	Samania
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Utah	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) P. T. Mauer M.D

(Physician or midwife)

Address Malad

Filed Dec 1 19 22 P T Mauer M D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-126 038-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No.

Hospital

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

Registration District No. 4

Primary Registration District No. 1008

File No. 109082

Registered No. 1

FULL NAME OF CHILD Robert Francis Dominick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 26 1922

FATHER	MOTHER
FULL NAME: Thomas A. Dominick	FULL MAIDEN NAME: Marie Regina Wild
RESIDENCE: Payette, Idaho	RESIDENCE: Payette Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Alab.	BIRTHPLACE: Penn.
OCCUPATION: Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:05P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 1 1923 19.....

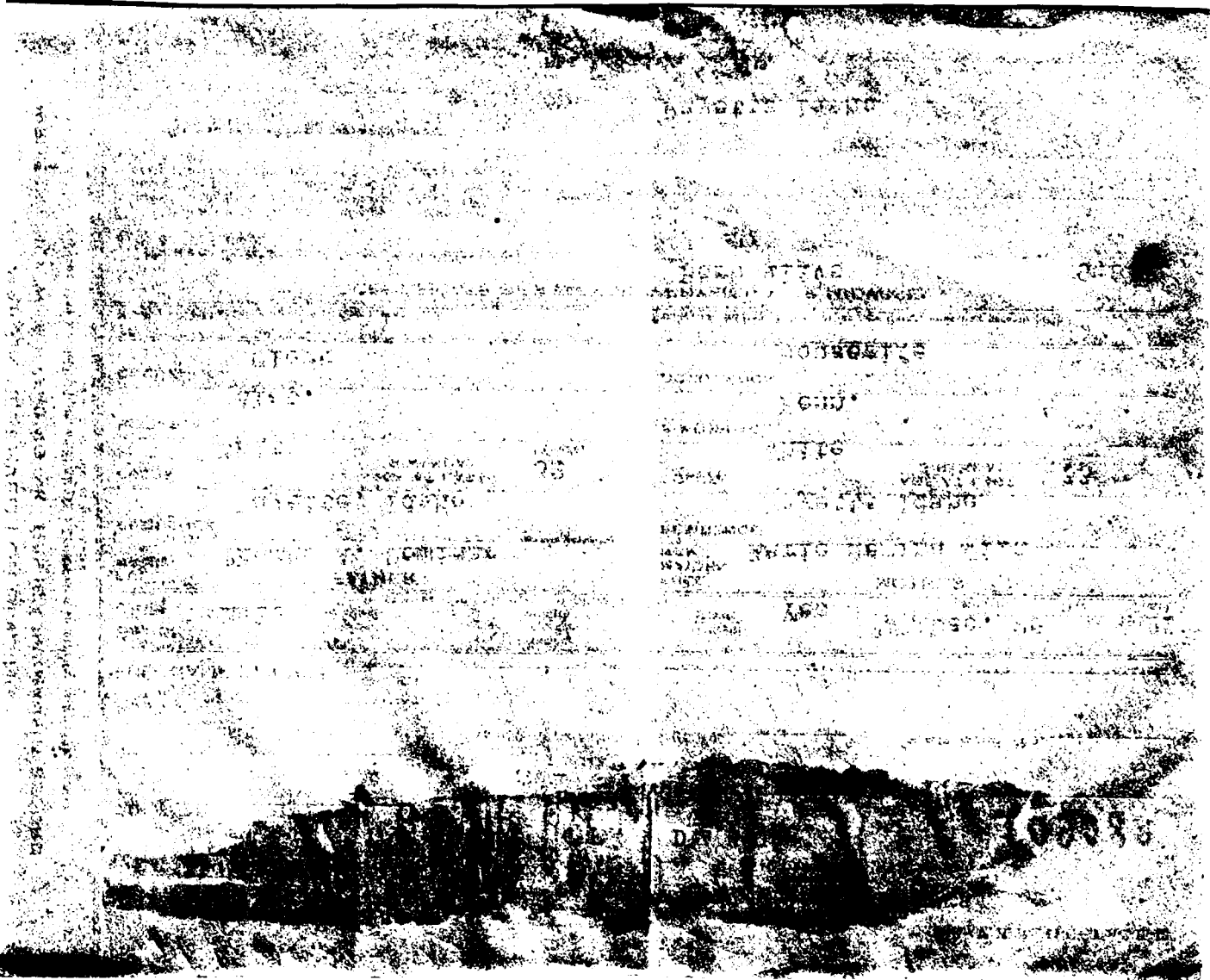
J. C. Woodward
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
MAR 17 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY **Payette, Idaho.**
(ST. _____
(COUNTY **Payette.**

FILE NO. 109082

DATE OF BIRTH **December 26, 1922.**

SEX OF CHILD Male

FATHER **Greensboro, Ala.**

MOTHER **Marie Wild.**
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Robert Francis Dominick

T. A. Dominick.
Signature of Father or Mother.

213-212-038-818

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED FEB 17 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1030 Center Ave ~~St.~~

Hospital

Registration District No. 4 File No. 109085

Primary Registration District No. 1008 Registered No. 4

FULL NAME OF CHILD Barbara Elaine Ballinger

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Dec. (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leo Ballinger	FULL MAIDEN NAME	~~[illegible]~~ Hayes Janet Naomi
RESIDENCE	505 Fifth Ave N. Payette Ida	RESIDENCE	505 Fifth Ave N. Payette Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kentucky
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Payette, Idaho

Filed Jan. 4 1923 J. C. Woodward Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 109085

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Barbara Elaine Ballinger (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Mothers Maiden name	Nettie Hayes	Janet Naomi Hayes
Birth Birthplace	Kentucky	Oklahoma

Subscribed and sworn to before me this 1st
day of May, 19 42.

Signed John Beck
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Boise, Idaho
Notary Public for the State of Idaho
Residence, Boise, Idaho

My commission expires Jan. 20, 1945
(SEAL)
My Commission Expires Jan. 20, 1945

215 N 8th Boise Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAY

1942

396-208-038-696

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 17 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No.

File No. 109086

No. 1030 Center Ave St.

Primary Registration District No.

Registered No. 5.

Hospital

FULL NAME OF CHILD Ann Barbara Brown

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	10 — 8 — 1922

FATHER	MOTHER
FULL NAME: Jonas Llewellyn Brown	FULL MAIDEN NAME: Bessie Earles Frost
RESIDENCE: Malheur County Oregon	RESIDENCE: Malheur County Oregon
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Jefferson County, Nebr.	BIRTHPLACE: Knuckles County, Nebr.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Avery

Physician
(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

19

Registrar.

Filed Jan. 4 1923 J. C. Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 109086
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Barbara Brown (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Oct. 8 1922 (DATE OF EVENT) in Payette, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Barbara Brown	Barbara Jane Brown
Birthdate	Oct 8, 1922	Sept. 8, 1922

Subscribed and sworn to before me this 5th day of May, 1942

Velma F. Adams
Notary Public, residing at Payette, Idaho

My commission expires Sept 10, 1945
(SEAL)

Signed Bessie E. Frost Brown
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 7 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 19 1942

AUG 2 1963

43[illegible]/22-041-445

Form V. [redacted]-7-21-19

PLACE OF BIRTH

RECEIVED MAR 3 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

Registration District No. 77 File No. 109092

No. ..... St.

Primary Registration District No. 2176 Registered No. 3

Hospital .....

FULL NAME OF CHILD Jay D. McDanills

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jess McDanills	FULL MAIDEN NAME	Myrtle Dunsdon
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

WHAT BACTERIOIDAL SOLUTION WAS USED IN EYES? 1% cycles

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Drigg Ida

Filed 2/28/ 1923 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 3/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Teton

(ST. Idaho

(COUNTY Teton

FATHER Jesse

FILE NO. 109092

DATE OF BIRTH Dec. 22/1922

SEX OF CHILD Male

MOTHER Myrtle E. Spendlove (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Jay J McDaniel

Jesse S. McDaniel

Signature of Father or Mother

418-231-041-554

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Felt

RECEIVED
BUREAU OF VITAL STATISTICS

Registration District No. 77 File No. 109094

No.

Registration District No. 2176 Registered No. 2

Hospital

FULL NAME OF CHILD Alpha Virginia Dayton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Lysander, F. Dayton.	FULL MAIDEN NAME	Emma Nedrow.
RESIDENCE	Felt, Idaho.	RESIDENCE	Felt, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho.	BIRTHPLACE	Montana.
OCCUPATION	Farmer	OCCUPATION	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ellen Jackson

a neighbor
~~(Physician or midwife)~~

Given names added from a supplemental report.

Address Felt Idaho

19

Registrar

Filed Feb 1st 1923 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-223-
044-863

PLACE OF B[redacted]

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Wa[redacted]

City of Cambridge

No. ..... St.

Registration District No. 88

File No. 109162

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Helen Anna Bolin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	4/23/1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter C Bolin.	FULL MAIDEN NAME	Dacka Priscilla Holmes
RESIDENCE	Vacinity Cambridge	RESIDENCE	Vacinity Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Oregon	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 10.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Williamson
Physician
(Physician or midwife)

Address Cambridge, Ida.

Filed 2-20-23 1922 R. J. Whiteman
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1969

DEC 8 1944

419-204-094-319

PLACE OF BIRTH

RECEIVED FEB 23 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 109163

County of Washington

City of Cambridge

No. ..... St. Registration District No. 88 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lerene Deriece Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	6/4/22 192....

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth ..... I ... Number of child of this mother now living, including present birth ..... I .....

FATHER		MOTHER	
FULL NAME	Dalla Everett Martin	FULL MAIDEN NAME	Anna Adelia Cariell
RESIDENCE	Vacinity Cambridge	RESIDENCE	Vacinity Cambridge
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	2I
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12-05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E A Wilkinson

Physician (Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Cambridge, Ida.

Filed 2-20-23 192.. [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1962

145-220-002-154

PLACE OF BIRTH

RE[redacted]
FEB [redacted]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indain Valley

No. ..... St. Registration District No. 88 File No. 109164

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Marjory Vera Dunham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	5/20/22, 192

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robt Wm. Dunham	FULL MAIDEN NAME	Minnie May Anderson
RESIDENCE	Vacinity Indain Valley	RESIDENCE	Vacinity Indain Valley
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Me.	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wickinson

Physician (Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Cambridge, Ida.

Filed 2-20-23 192 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-117-044-16

PLACE OF BIRTH

STATE OF IDAHO
[redacted]MENT OF PUBLIC WELFARE
[redacted]UREAU OF VITAL STATISTICS

County of Washington

City of Cambridge.

No. ..... St. [redacted] District No. 88 File No. 109165

Hospital ..... Primary Registration District No. ..... Registered No. .....

RECEIVED FEB 23 [redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Charles Oliver Howland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 5/17/22 (Day) 192 (Year)
male		yes	

What bactericidal solution was used in eyes? Silver Nitrate.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Charles Henry Howland	FULL MAIDEN NAME	Francis Zivada Joslin
RESIDENCE	Vacinity Cambridge	RESIDENCE	Vacinity Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mich.	BIRTHPLACE	Idaho
OCCUPATION	Blooded Sheep	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wilkinson

Physician (Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Cambridge, Ida.

Filed 2-20-23 192 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 2 1972

455-116-044-749

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington.

City of Salubria

No. ..... St. Registration District No. 48 File No. 109166

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Leland Purchase Mentzer.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4/16/22. 192

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas. Edward Mentzer	FULL MAIDEN NAME	Ethel May Purchase
RESIDENCE	Salubria	RESIDENCE	Salubria
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wilkinson

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Cambridge, Ida.

Filed 2-20-23 192

[signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

695-118-044-391

PLACE OF BIRTH

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Registration District No. 88 File No. 109167

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Albert Lee Winks.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4 /18/22 192..

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth I Number of child of this mother now living, including present birth I

FATHER		MOTHER	
FULL NAME	Wm. Earl Winks	FULL MAIDEN NAME	Gladys Leola Craddock
RESIDENCE	Vacinity of Cambridge	RESIDENCE	Vacinity of Cambridge
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wilkinson

Physician
(Physician or midwife)

Address Cambridge, Ida.

Filed 2-20-23 192.. R. W. Pateman
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1941

652-131-044-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Cambridge
No. ..... St.
Hospital .....

Registration District No. 88 File No. 109168
Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Norman H. Westervelt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	I 0/31/22 192....

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth I Number of child of this mother now living, including present birth I

FATHER	MOTHER
FULL NAME Frederick Westervelt	FULL MAIDEN NAME Thelma Gertrude Suiter
RESIDENCE Cambridge	RESIDENCE Cambridge
COLOR white AGE AT LAST BIRTHDAY 33 (Years)	COLOR white AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Weiser, Ida	BIRTHPLACE N.Y.
OCCUPATION Mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Cambridge, Ida.

Filed 2-20-23 192.. [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1945

258-213-044-334

PLACE OF BIRTH

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88

Primary Registration District No. .....

File No. 109169

Registered No. .....

FULL NAME OF CHILD Dorathy Pearl Snyder
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	10/13/22 192....

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 ..... Number of child of this mother now living, including present birth 4 .....

FATHER		MOTHER	
FULL NAME	Vern Snyder	FULL MAIDEN NAME	Florence Endora Clure
RESIDENCE	Vacinity Cambridge	RESIDENCE	Vacinity Cambridge
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Indiana	BIRTHPLACE	North Dak.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E A Wiseman

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Cambridge, Ida.

Filed 2-20-23 192 P W Intema
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Amended 7/16/73

RECEIVED FEB 23 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge,

No. [illegible] St. Registration District No. 88 File No. 109170

Hospital [illegible] Primary Registration District No. [illegible] Registered No. [illegible]

FULL NAME OF CHILD Perry Dale Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	7/7/22

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Harry E Smith	FULL MAIDEN NAME Zetta May Abernathy
RESIDENCE Cambridge	RESIDENCE Cambridge
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) [signature]

Physician
(Physician or midwife)

Address Cambridge, Ida.

Filed 2-20-23 192 [signature]
Registrar.

6-22-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. JUL 2 1 31 PM '73 Certificate No. 109170

County of Washington } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Harry Smith (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1922 (Date of Event)

in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Insurance Policy Navy Discharge (Bible Record, Insurance Policy, Etc.) prepared on Inlist 4-18-56 21 Sept 42 Discharge 8 Jan 46 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childsname	Harry Smith	Perry Dale Smith

Subscribed and sworn to before me this 27th day of June, 1973

May Collins

Notary Public, residing at Cambridge, Idaho

My commission expires June 2, 1977

(Seal)

Signed Zettia M Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cambridge Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.

County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 1973

May Collins

Notary Public, residing at Cambridge, Idaho

My commission expires June 3, 1977

(Seal)

Signed Donna M Fields

(Signature of Any Credible Person) (SISTER)

Cambridge Idaho

(Street Address, City, State)

FORM DH 60-155

Correction Corresp.

Application for Preferred Standard Benefit Policy from United Insurance Company of American gives name as Perry Dale Smith. Born 7-7-22. Dated 4-18-56. Repres. signed by. Davey Lay. Viewed by V. S.

JUL 16 1973

Honorable Discharge from U.S. Naval Service gives name as Perry Dale Smith. born July 7, 1922. Date of separartion Ja. 8, 1946. Viewed by V. S.

695.104044-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Washington

City of Cambridge

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 109177

No. ..... St. Registration District No. 88 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Bain Wininger Bain Wininger (Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	12/4/22 192...

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas B. Wininger	FULL MAIDEN NAME	Ruth Alvina Taylor.
RESIDENCE	Vacinity Heath	RESIDENCE	Vacinity Heath
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Va.	BIRTHPLACE	Mont.
OCCUPATION	Ranch work	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E A Wininger
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Cambridge, Ida.

Filed 2-26-23 192 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

085-21-044-455

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

RECEIVED FEB 23 1923 BUREAU OF VITAL STATISTICS

City of Cambridge

Registration District No. 88

File No. 109178

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Georgia Lucile Myers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	-XX- (To be answered only in event of plural births)		-XX	Yes	5/11/22 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Earl Myers	FULL MAIDEN NAME	Edith Over
RESIDENCE	Cambridge, Idaho	RESIDENCE	Cambridge, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Iowa
OCCUPATION	Sheep-herder	OCCUPATION	H, Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 PM. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Cambridge, Ida.

Filed 1-20-23 19.....

[signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-209-044-843

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

Registration District No. 88

File No. 109179

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Pauline Raymond

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	yes	4-9-22 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul Raymond Jr.	FULL MAIDEN NAME	Agnes Hutchinson
RESIDENCE	Heath-Idaho	RESIDENCE	Heath-Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Heath-Idaho.	BIRTHPLACE	Garden Creek-Idaho
OCCUPATION	Miner	OCCUPATION	H-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) P. W. Whiteman MD

(Physician or midwife)

Address Cambridge Idaho

Filed 4/12/22 19 P. W. Whiteman

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19 _____

_____

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 19 1959

689-225-044-314

PLACE OF BIRTH

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge, Ida.

No. ..... St. Registration District No. 88 File No. 109180

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Anne Marie Whiteman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	--		---	Yes	5/25/22 192....

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert T. Whiteman	FULL MAIDEN NAME	Carrie Frances Campbell
RESIDENCE	Cambridge, Ida.	RESIDENCE	Cambridge, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Elkhart, Indiana	BIRTHPLACE	Meadows, Idaho.
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

for Dr. C. C. Conant-Weiser, Idaho.
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Cambridge, Idaho.

Filed 2-20-23 192.. [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

793-627-002

PLACE OF BIRTH

amended 10-19-81

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

RECEIVED FEB 23 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 109181

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Chauncy Gibbs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	--		---	Yes.	5-27-22 192....

(To be answered only in event of plural births)

What bacterioidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

	FATHER		MOTHER
FULL NAME	Jesse Gibbs	FULL MAIDEN NAME	Agnes Linder
RESIDENCE	Indian Valley, Ida.	RESIDENCE	Indian Valley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Latah County, Ida.	BIRTHPLACE	Indian Valley, Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Cambridge, Ida.

Filed 2-20-23 192.. [signature]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1944

4-2-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
FEB 11 11 52 AM '81
BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of Clearwater } ss.

Certificate No. 109181
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Chauncy Gibbs (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 27, 1922 (Date of Event)
in Indian Valley (Adams) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Sex of child	F.	M.
childs middle name	omitted	Dee

Subscribed and sworn to before me this 29th day of January, 1981.
Notary Public, for State of Idaho
Residing at Orofino Idaho
My commission expires 12-1-82
(Seal)

Chancy Dee Gibbs
Signature of Applicant
RT 1 OROFINO IDAHO 83544
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ICC Pd

OCT 19 1981

Marriage record of Chauncy Gibbs and Glenna Joyce Sherard in Boise, Idaho state file # 979 on 3-5-57 . Chauncy Gibbs as Groom Viewed by V.S.

Pertle Linder Gibbs birth certificate born 1-13-55 in Orofino, state file # 55-650 parents names father Chauncy Gibbs and mother Glenna Joyce Gray. Viewed by V.S.

367-121-044-552

PLACE OF BIRTH

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 109182

County of Washington

City of Cambridge

No. ..... St.

Registration District No. 88. File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Melvin Blaine Cox.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —	1	Yes.	June 21 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME William Byron Cox	FULL MAIDEN NAME Violet Endsley.
RESIDENCE Cambridge - Idaho.	RESIDENCE Cambridge - Idaho
COLOR White.	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Salubria. Idaho.	BIRTHPLACE Hepner. Oregon
OCCUPATION Rancher	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:20 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Whiteman M.D.
(Physician or midwife)

Address Cambridge - Idaho.

Filed 1-20-23 192.. W. W. Whiteman
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

248-105-044-133

PLACE OF BIRTH

RECEIVED FEB 23 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Registration District No. 88 File No. 109183

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ~~Leslie Allison~~ Buhl, Nelson Alexander.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes.	June 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? $AgNO_3$

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Leslie Harve Buhl	FULL MAIDEN NAME	Sarah Lutetia Allison
RESIDENCE	Cambridge-Ida	RESIDENCE	Cambridge Idaho
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Salubria-Idaho	BIRTHPLACE	Salubria
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Whiteman M.D.
(Physician ~~or midwife~~)

Address Cambridge Idaho

Filed 2-20-23 192 R W Whiteman
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

... WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 28 1947

DEC 7 1948

415-216-002-816

PLACE OF BIRTH

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams.
City of Indian Valley
No. ..... St.
Registration District No. 84
File No. 109184
Hospital .....
Primary Registration District No. .....
Registered No. .....

FULL NAME OF CHILD ~~Johnie Lowe~~ Hildred Jean Yanning.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes.	June 16 1922

What bacteriolidal solution was used in eyes? Argos

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	John Yanning.	FULL MAIDEN NAME Hildred Haworth
RESIDENCE	Indian Valley - Idaho.	Indian Valley - Idaho.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	28	25.
BIRTHPLACE	Idaho	Idaho.
OCCUPATION	Rancher.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. W. Hileman M.D.
(Physician or ~~midwife~~)

Address Cambridge - Idaho.

Filed 2-20-23 192.. W. W. Hileman
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1918

863-203-044-249

[redacted] OF BIRTH

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St. ..... Registration District No. 88 File No. 109185

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Edna Pearl Holcomb.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	6/3/22, 192..

What bactericidal solution was used in eyes? Silver Nitrate.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2.

FATHER		MOTHER	
FULL NAME	Joseph Holcomb	FULL MAIDEN NAME	Hazel Burke.
RESIDENCE	Cambridge - Idaho	RESIDENCE	Cambridge - Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 27. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Cambridge - Idaho.
OCCUPATION	Rancher.	OCCUPATION	H. wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

Address Cambridge. Idaho.

..... 192.....

[signature]
Registrar.

Filed 2-20-23 192 [signature]
Registrar.

N. B.—In [illegible] UNFADING INK—THIS IS A PERMANENT RECORD [illegible] than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 18 1942

JUN 27 1947

JUL 8 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-129.044-135

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

RECEIVED FEB 23 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of

No. St.

Registration District No. 84 File No. 109186

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Ralph Alexander Chamberlain

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8-29-1922

FATHER		MOTHER	
FULL NAME	Ralph Alexander Chamberlain	FULL MAIDEN NAME	Blanche Alexander
RESIDENCE	Cambridge-Idaho	RESIDENCE	Cambridge-Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Oklahoma	BIRTHPLACE	Missouri
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Ag No. used 3 in eyes

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Whiteman M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Cambridge-Idaho

Filed 2-20-23 19

R. W. Whiteman
Registrar

R. W. Whiteman
Registrar

S-Y-CO. 38071

PLACE OF BIRTH 243-2197-044-133

RECEIVED FEB 23 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Registration District No. 88 +

File No. 109188

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Alice Marie Buck
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes.	Sept. 19. 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralph Edwin Buck	FULL MAIDEN NAME	Violet Cecilia Allen.
RESIDENCE	Cambridge - Idaho.	RESIDENCE	Cambridge - Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	28. (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Chadron. Nebraska	BIRTHPLACE	Oregon.
OCCUPATION	Ranchet.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician ~~or midwife~~)

Address Cambridge - Idaho.

Filed 2-20-23 192 [signature]
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH C... A—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 19

JUL 2 1942

455-223-044-455

PLACE OF BIRTH

RECEIVED
FEB 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St. Registration District No. 88 File No. 109189

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Edith Christine Devaney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	no	no		Yes	Sept. 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Henry J. Devaney	FULL MAIDEN NAME	Edith Katherine Devaney
RESIDENCE	Cambridge, Idaho	RESIDENCE	Cambridge, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minneapolis, Minn.	BIRTHPLACE	Pendleton, Oregon
OCCUPATION	Attorney	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Cambridge Ida

Filed 2-20-23 192 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case ... WITH UNFADING INK—THIS IS A PERMANENT RECORD ... than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1948

614-216-0262 1918

PLACE OF BIRTH

[redacted]

orm V. S. No. 11-C—25m-1-1-

MAR 30 1923
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

Registration District No. _____ File No. 109192

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Virginia Lee Anna Fausett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	A. A. Fausett	FULL MAIDEN NAME	Beatrice Taylor
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wellington, Utah	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

Emergency and midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Edmon Ida

Filed March 30 1923 F. W. Alvarez M.D. State Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2

253-20 [redacted] 366

RECEIVED
APR 2 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109221

County of Ada

City of Kuna

Registration District No. 124 File No. 4

No. ..... St.

Primary Registration District No. 2202 Registered No. 160

Hospital .....

FULL NAME OF CHILD Marie Louise Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	12 2 1922

FATHER		MOTHER	
FULL NAME	W. Albert Bell	FULL MAIDEN NAME	Agnes V. Townsend
RESIDENCE	Kuna Idaho	RESIDENCE	Kuna Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	drayman	OCCUPATION	housewife

[illegible] yes 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

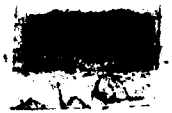
Address Meridian Idaho

Filed 3-30 1923 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



168-115-00 - 864

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

RECEIVED APR 2 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

109222

CERTIFICATE OF BIRTH

Registration District No. 124 File No. 4

Primary Registration District No. 2202 Registered No. 161

FULL NAME OF CHILD Herman ~~Morris~~ MAURICE Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 15 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Herman Guy Johnson	FULL MAIDEN NAME	Phyllis Margaret Young
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Nevada	BIRTHPLACE	Pennsylvania
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:28 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M S Fink

Pen M B
(Physician or midwife)

Address Mo Nampa Idaho

Filed 3-30 1923 W C Stevens
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ____ } ss.
County of ____

Certificate No. 109222

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or Death)
for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)
in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Herman Morris	Herman Maurice Johnson

Subscribed and sworn to before me this 30th
day of June, 1943

Notary Public, residing at Boise

My commission expires 2/14/47
(Seal)

Signed Mrs. Phyllis M. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director or informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____
day of ____, 19 ____.

Notary Public, residing at ____

My commission expires ____
(Seal)

Signed ____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 30 1943
JUL 1 1943

766-220-001-437

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
APR 2 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

T09224

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. — St.
Hospital —

Registration District No. 410 File No. 44
Primary Registration District No. 910 Registered No. 44

FULL NAME OF CHILD Ethel Mae Powell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F W			Yes	Dec 2

What bactericidal solution was used in eyes? Yes

Number of child of this mother including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Harry T Powell	FULL MAIDEN NAME	Maude L McCary
RESIDENCE	Star Idaho	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at birth M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella Hall MD
(Physician or midwife)

Address Star Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mch 20 1923 Emma Jones
Registrar.

REC[illegible]
APR 1[illegible]3
REAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/11 1923.

[illegible] Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Star
(ST. Idaho
(COUNTY Ada

FILE NO. 109224

DATE OF BIRTH December 20th

SEX OF CHILD Female

FATHER Harry F Powell

MOTHER Maude Lyda McGary
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ethel Mae Powell

Mrs Harry Powell.

Signature of Father or Mother.

154-126

PLA[redacted]

BU...

County of [redacted]

STATISTICS CERTIFIC...

City of Ada

No. ..... St.

Registration District No. 2

109236

Hospital St Jukes

Primary Registration District No. 1004

Registered N...

FULL NAME OF CHILD ✓ Newton Westley Anderson 104

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	12 / 26 / 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Geo. Anderson	FULL MAIDEN NAME	Hester Mary Baty
RESIDENCE	Mendrain	RESIDENCE	Mendrain
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36 ✓	AGE AT LAST BIRTHDAY (Years)	36 ✓
BIRTHPLACE	✓ ~~Bath Illinois Mason Co~~ Tenn	BIRTHPLACE	✓ Bath Illinois Mason Co
OCCUPATION	Rancher	OCCUPATION	Ho

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 52 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harold W Stone

M D

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....

Registrar.

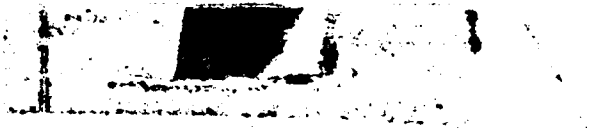
Address Overland Bldg

Filed Feb. 12 1923 R. H. Pratt

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



699-227
0 03 394

PLACE OF BIRTH

RECEIVED
MAR 14 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109256

County of Bannock

City of Pocatello

Registration District No. 28 File No. 83

No. ..... St.

Primary Registration District No. 7161 Registered No. 4784

Hospital Lynn Brothers

FULL NAME OF CHILD Doris Eugenia Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	Nov. (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Carl Wright	FULL MAIDEN NAME	Elnora Edith Trullinger
RESIDENCE	Crystal, Ida.	RESIDENCE	Crystal, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Whitney, Idaho	BIRTHPLACE	Vandalia, Illinois
OCCUPATION	Farming	OCCUPATION	Teaching School (Before marriage)

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

phy

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello, Idaho

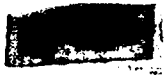
Filed 3/1 1923

R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 5 1973

281-114-003

PLACE OF BIRTH

RECEIVED
MAR 14 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 109257

County of Bannock
City of Pocatello
No. 650 No. 7th ave St.
Registration District No. 28 File No. 83
Hospital St Anthony's Primary Registration District No. 7161 Registered No. 4783

FULL NAME OF CHILD Robert Lewis Shaw
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 14 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Robert Emmett Shaw	FULL MAIDEN NAME Hazel V. Mais Shaw
RESIDENCE 525 No 6th ave	RESIDENCE 525 No 6th ave
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Colo	BIRTHPLACE Mont
OCCUPATION Garage Owner	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Wright M.D.
Pocatello, Ida.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3/1 1923 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-216-004-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 12 192 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109352

County of Bear Lake

City of Paris

No. 1 St. Registration District No. 52 State File No.

Hospital Primary Registration District No. 2136 Local Registrar's No.

FULL NAME OF CHILD NORMA PASSEY

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		yes	12-16, 1922

What bactericidal solution was used in eyes? Any

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Lee F Passey	FULL MAIDEN NAME	Ida H Howell
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Lanark	BIRTHPLACE	Fish Heaven
OCCUPATION	Farmer	OCCUPATION	None

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cutler

Physician

(Physician or midwife)

Address Montpelier Idaho

Filed 3-10 1923 H H King

Registrar.

Give names added from a supplemental report.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 13 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 109352

County of Bear Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Norma Passey (Name on Original Certificate) who was born (Was Born or Died) on December 16, 1922 (Date of Event)

in Paris (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by her father (Bible Record, Insurance Policy, Etc.) prepared on Oct. 12, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Norma Passey

Subscribed and sworn to before me this 12th day of October, 1942

Dean C. Funks

~~Notary Public, residing at~~ Clerk, Dist. Court

My commission expires

(Seal)

Signed x Bro F. Passey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. F. D. Ovid, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 14 1942

753-127-004-292

PLACE OF BIRTH

RECEIVED MAR 12 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St. Registration District No. 52 State File No. 109353

Hospital ..... Primary Registration District No. 2136 Local Registrar's No. .....

FULL NAME OF CHILD Everan Joseph Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	12-27, 1922

What bactericidal solution was used in eyes? 5° Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph Peterson	FULL MAIDEN NAME	Louisa Bishop
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Ovid	BIRTHPLACE	Bern
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 69 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Address Montpelier, Ida

Filed 3-1- 1923 [signature] Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/14 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Ovid FILE NO. 109353

(ST. Idaho DATE OF BIRTH Dec 27 1922

(COUNTY Bear Lake Co. SEX OF CHILD ~~Male~~ Male.

FATHER Joseph Peterson. MOTHER Louisa Bischoff (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Everan Joseph Peterson

Louisa Esther Peterson.

Signature of Father or Mother.

MAR 2 4 1951

319-136-004-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109354

County of Bear Lake

City of Montpelier

No. ..... St. ..... Registration District No. 52 ..... State File No. .....

Hospital ..... Primary Registration District No. 2136 ..... Local Registrar's No. .....

RECEIVED MAR 12 1923 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Dean Alfred Larsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	12 - ~~XXXX~~ 30, 1922

What bactericidal solution was used in eyes? 5 % Ag

Number of child of this mother, including present birth 2 ..... Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	H. P. Larsen	FULL MAIDEN NAME	Vitale Broomhead
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Labor	OCCUPATION	Wife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Geo F Culley

Montpelier
(Physician or midwife)

Address Montpelier, Ida

Filed 3-1-1923 H H King
Registrar.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 109354

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dean Alfred Larsen (Name on Original Certificate) who born (Was Born or Died) on Dec.30,1922 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dean Alfred Larsen
Date	Dec. 29th	Dec. 30, 1922

Subscribed and sworn to before me this 16
day of Sept., 1942

Notary Public, residing at

My commission expires
(Seal)

Signed Ivan P. Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salt Lake City, Utah
(Street Address, City, State)

Clerk, District Court

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

396-227-004-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 12 1923 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Vauman

No. ..... St. Registration District No. 52 State File No. 109365

Hospital ..... Primary Registration District No. 2,36 Local Registrar's No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Eve		Yes	12-27, 1922

What bactericidal solution was used in eyes? 5% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Helen Crosley	FULL MAIDEN NAME	M.C. Johnson
RESIDENCE	Vauman	RESIDENCE	Vauman
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Vauman	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Crosley

Phys.
(Physician or midwife)

Address Montpelier Idaho

Filed 3-1-1923 H H Avery
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-122-004-862

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109366

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 State File No. .....

Hospital ..... Primary Registration District No. 2136 Local Registrar's No. .....

FULL NAME OF CHILD ALBERT KEITH ASHLEY

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	12 - 22nd, 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Albert F. Ashley	FULL MAIDEN NAME	D. J. Haskin
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Geo F Ashley

Montpelier

(Physician or midwife)

Address Montpelier Ida

Filed 3-1-1923 W H Lee Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1943

414-123-005-429

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer

Registration District No. 46 File No. 109377

No. ..... St.

Primary Registration District No. 2123 Registered No. 16

Hospital .....

FULL NAME OF CHILD Lawrence Eugene Madson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct. 23 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chester Arthur Madson	FULL MAIDEN NAME	Eva Mary Usrey
RESIDENCE	Harrison, Idaho	RESIDENCE	Harrison, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Birnamwood, Wisconsin	BIRTHPLACE	Joplin, Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth One (2) Number of children of this mother now living, including present birth One (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C B Clizer
(Physician or midwife)

Given names added from a supplemental report.

Dec 20 1922 Address Tekoa Wn

Filed Dec 20 1922

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-114-90-697

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....
Registration District No. 73
Primary Registration District No. 21V-0
File No. 109454
Registered No. 123

FULL NAME OF CHILD Hugh Mac Brighton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.			Yes.	9 / 14 / 192?

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Wm Stewart Brighton	FULL MAIDEN NAME	Lillian H.
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	?	AGE AT LAST BIRTHDAY (Years)	?
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Parks City Utah.
OCCUPATION	Farmer & Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hallsteed M.D.
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb 20 192 3 W. Kinnaird
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

ED
1923
OF VITAL
ISTICS

Place of Birth (CITY Idaho Falls
ST. R R 5.
COUNTY Bonneville

FILE NO. 109454
DATE OF BIRTH Sept 14 1922
SEX OF CHILD Male
FATHER William S Brighton
MOTHER Lillian Frates
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Hugh Max Brighton

William S. Brighton.

Signature of Father or Mother.

251-205-010-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonnville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109457

Hospital .....

Primary Registration District No. 21V-0

Registered No. 120

FULL NAME OF CHILD Wilma Fay Beal
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 12 (Day) 5 (Year) 1922
Girl		Yes	

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm A. Beal	FULL MAIDEN NAME	Lucy A. Byerly
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Vandalia Mo.	BIRTHPLACE	Odessa, Mo.
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 W. Kinnaird
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1968

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls

(~~ST.~~

(COUNTY Bonneville

FATHER Wm Beal.

FILE NO. 10457

DATE OF BIRTH Dec 5 1922

SEX OF CHILD Female

MOTHER Lucy A. Byerly (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Wilma Fay Beal.

Wm A Beal.

Signature of Father or Mother

454-102-010-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 3

File No. 109458

Primary Registration District No. 2150

Registered No. 119

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	12/3 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clyde L. DeMolt	FULL MAIDEN NAME	Clara Smith
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Grantsville Utah	BIRTHPLACE	Iona, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T C Hallister
MD
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 W Tunnard
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

963-103-002-443

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 - 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 109460

County of Bonneville
City of Idaho Falls
No. ..... St. Registration District No. 73
Hospital ..... Primary Registration District No. 2170 Registered No. 117

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	1 1 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	J. A. Rockwood	FULL MAIDEN NAME	Mary Mullaney
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Centerville Utah	BIRTHPLACE	Iowa Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hollister
M. D.
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/20 192 3 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

258-126-010-866

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109461

Hospital .....

Primary Registration District No. 2150

Registered No. 116

FULL NAME OF CHILD Henry Hermon Beyer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	10 / 26 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Otto J. Byers	FULL MAIDEN NAME	Marie Hoffman
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Shawno, Wis	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hollister

M. D.
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. 319 W. 16 Str.
(COUNTY Idaho.

FATHER Otto J. Beyer.

FILE NO. 109461

DATE OF BIRTH 26. October

SEX OF CHILD ~~[illegible]~~ Son

MOTHER Marie M. Hofman.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Babys name is Henry Herman.

Otto J. Beyer.

Signature of Father or Moth

045-229-010-235

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109462

Hospital ..... Primary Registration District No. 2170 Registered No. 1175

FULL NAME OF CHILD Lucinda Drucilla Udell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	5/29 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chester Wm Udell	FULL MAIDEN NAME	Bertha Marie Stevens
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	Negro	COLOR	Negro
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Washington	BIRTHPLACE	Corrine Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister
MD
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 2/20 1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-212-000-462

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....

Registration District No. 73
Primary Registration District No. 210

File No. 109463
Registered No. 114

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	10/12/1922

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Jed Denning	FULL MAIDEN NAME	Cornelia M. Mason
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Afton Wyo.	BIRTHPLACE	St George Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallsted M.D.
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/20 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-111-010-255

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109464

Hospital .....

Primary Registration District No. 2170 Registered No. 113

FULL NAME OF CHILD Joseph Patrick Hargrave
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	10/11 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Alfred Martin Hargrave	FULL MAIDEN NAME	Anna Rose Kenna
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Campbellton Tex	BIRTHPLACE	Sligo Ireland
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Hollister

M D
(Physician or midwife)

Give names added from a supplemental report.

Address Idaho Falls Idaho

Filed 2/20 1923 W Kennard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls, FILE NO. 109464

ST. Idaho DATE OF BIRTH Oct. 11th 1922

COUNTY Bonneville SEX OF CHILD Male

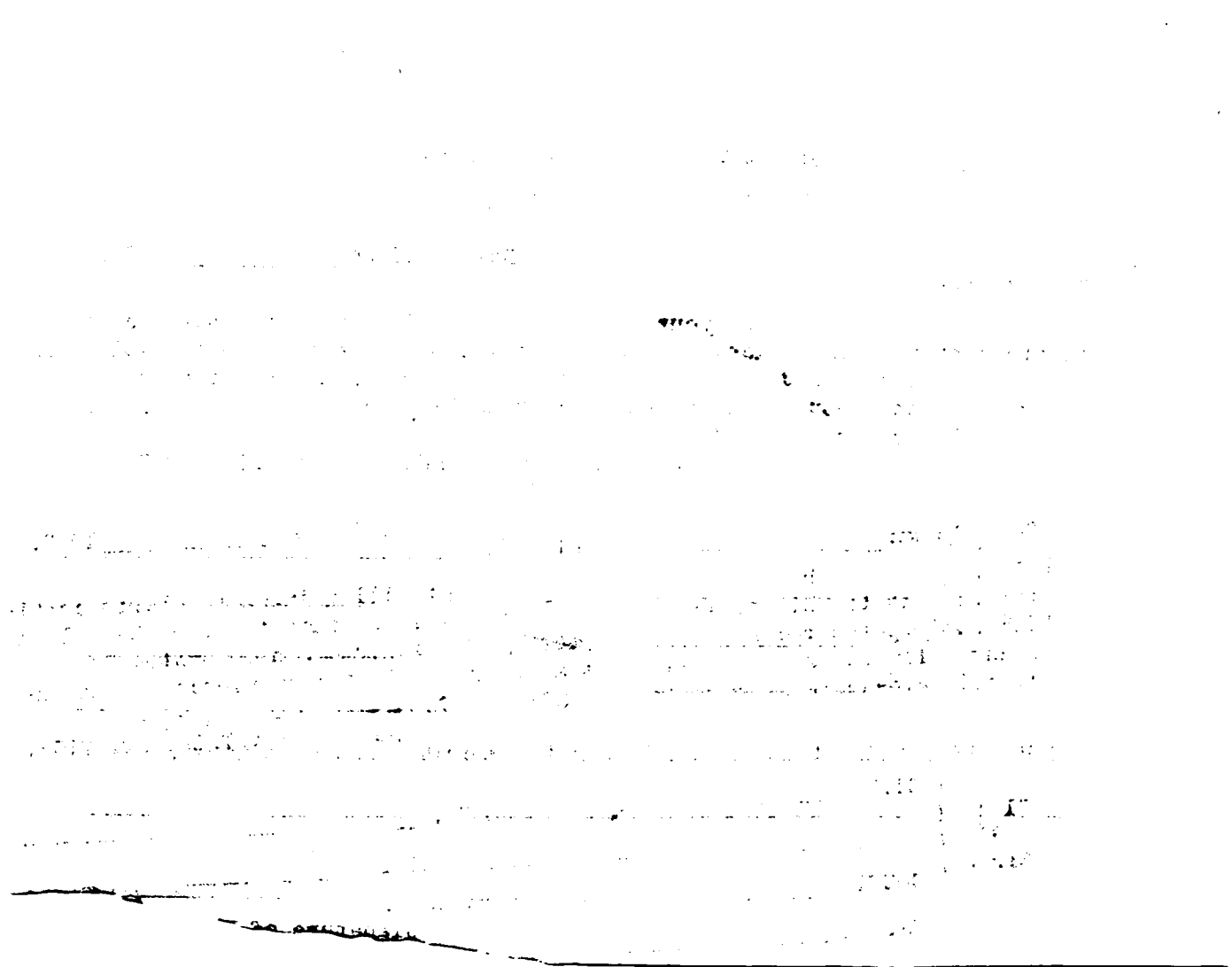
FATHER Alfred M. Hargrave MOTHER Anna Rose Kenna
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Joseph Patrick Hargrave

Alfred Martin Hargrave

Signature of



764-110-010-345

PLACE OF BIRTH

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 109465

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

Hospital ..... Primary Registration District No. 21V-0 Registered No. 112

FULL NAME OF CHILD .....

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	10/10/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fred Goddard	FULL MAIDEN NAME	Mildred Gene Lundberg
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Dubois Idaho	BIRTHPLACE	Idaho Falls Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) T. C. Hallister MD
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible]
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-205-610-754

PLACE OF BIRTH

RECEIVED MAR 8 BUREAU STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109466

Hospital .....

Primary Registration District No. 2150

Registered No. 111

FULL NAME OF CHILD JOAN CHRISTINE MAIN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	9/5 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Earl Carlisle Main	FULL MAIDEN NAME	Christine M. Pedersen
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Carthage, Ill.	BIRTHPLACE	Denmark
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Hollister
M. D.
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 2/20 1923 W. Kennard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____

Certificate No. 109466

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Joan Christine Main (Name on Original Certificate) who Born (Was Born or Died) on Sept. 5, 1922 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Joan Christine Main

Subscribed and sworn to before me this 8th day of October, 1942

J. Johansen

Notary Public, residing at Driggs, Idaho

My commission expires May 17 1945

(Seal)

Signed Earl B. Main

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed _____

(Signature of Any Credible Person Other Than Previous Year)

_____

(Street Address, City, State)

314-129,060-354

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109467

Hospital ..... Primary Registration District No. 2150 Registered No. 110

FULL NAME OF CHILD Clark David Lamoreaux
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	8/29 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wendell David Lamoreaux	FULL MAIDEN NAME	Lawrentia Agnes Le May
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Clauson Idaho	BIRTHPLACE	Red Lake Falls Minn
OCCUPATION	Insurance Agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister

MD
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 2/20 1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full nam included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls. (ST. Idaho. (COUNTY Bonneville

FILE NO. 109467

DATE OF BIRTH Aug 29, 1922

SEX OF CHILD Male

FATHER W. D. Lamoreaux

MOTHER Laurentia Le May (Maiden Name)

RECEIVED APR 23 1923 BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Clark David Lamoreaux

W. D. Lamoreaux

Signature of Father ~~or Moth~~

AUG 2 2

May 9 1941

231-122-010-546

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 3

File No. 109468

Hospital .....

Primary Registration District No. 2150

Registered No. 109

FULL NAME OF CHILD John Pershing Staley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	8/22/1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Axel Staley	FULL MAIDEN NAME	Ellen Ann Edwards
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Denmark	BIRTHPLACE	Carey Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 W. Kennard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1961

453-127-010-869

PLACE OF BIRTH

CHILDS NAME AMEND 11-16-88 dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 109469

County of Bonneville

City of Idaho Falls

No. ..... St. ..... Ward No. 73 File No. .....

Hospital ..... Primary Registration District No. 21V-0 Registered No. 10 A

FULL NAME OF CHILD ~~Wanda Jean Miller~~ JOHN DEAN MILLER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		Yes.	8/27/1922

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John D. Miller	FULL MAIDEN NAME	Lula A. Harman
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho Falls Idaho	BIRTHPLACE	Tooele, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) S.C. Hallsted M.D.
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 W. Turnbull
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1922-346435

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY West Philadelphia FILE NO. 109469

(ST. Mt. Hospital 41st & Ford DATE OF BIRTH June 24-1907

(COUNTY Philadelphia SEX OF CHILD Male

FATHER John Oliver Mellor MOTHER Effie Howe Mellor (Maiden Name)

RECEIVED
JUN 23 1923
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Wendell John Mellor Philadelphia Pa.

Mrs John O. Mellor

Signature of Father or Mother.

11-1-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS NOV 7 8 50 AM '88

State of _____ } ss.
County of _____ }

Certificate No. 22-109469

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Wendell John Miller (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 27, 1922 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Wendell John Miller	John Dean Miller

Subscribed and sworn to before me this 2nd day of Nov, 1988

X _____
Notary Public,
Residing at RIRIE Idaho
My commission expires 1994
(Seal)

X John Dean Miller
Signature of Applicant

X 7395 45E Idaho Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family record Delayed birth certificate shows John Dean Miller born Aug. 27, 1922 in Idaho Falls to John Oley Miller and Lula Luidholm Horman. Viewed by VS.

NOV 16 1988

Blessing record from LDS Church lists John Dean Miller was born Aug 27, 1922 in Idaho Falls to Lula Horman and John Oley Miller and was blessed Dec 3, 1922 Viewed by V.S.

Baptism record lists John Dean Miller born Aug 27, 1922 in Idaho Falls to Lula Horman and John Oley Miller and was baptised Sep 21, 1930. Viewed by V.S.

639-223-010-319

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109470

Hospital ..... Primary Registration District No. 2150 Registered No. A3

FULL NAME OF CHILD Kathleen Flint
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	2/23 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Fredrick Adell Flint	FULL MAIDEN NAME	Emma Ellen La Rue
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Farmington, Utah	BIRTHPLACE	Holdridge Neb.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hallister

P. L. [illegible]
(Physician or midwife)

Give names added from a supplemental report.

Address Idaho Falls Idaho

..... , 19....

Filed 2/20 1923 [illegible]
Registrar.

MC 7-27-31

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No Cert

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. L
(COUNTY Bonneville

FILE NO. 109470

DATE OF BIRTH February 23, 1922

SEX OF CHILD Female

FATHER F.G. Flint

MOTHER Ellen LaRue (Maiden Name)

CEIVED
R 27 1923

I HEREBY CERTIFY that the child herein described has been named:

Kathleen

Ellen LaRue Flint

Signature of Father or Mother.

696-116-010-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St. Registration District No. 73 File No. 109471

Hospital ..... Primary Registration District No. 2170 Registered No. 82

FULL NAME OF CHILD Robert Reed Fife
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	5/16 1922

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. L. Fife	FULL MAIDEN NAME	Zenobia H. Soelberg
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Mantua Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister
M.D.
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 A. Kennard
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Ammon
(ST. _____
(COUNTY Bonneville
FATHER R Lee Fife

FILE NO. 109471
DATE OF BIRTH May 13 1922
SEX OF CHILD Male
MOTHER Zenobia Soelberg
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Robert Reed Fife

R Lee Fife

Signature of Father or Mother.

RECEIVED
SEP 17 1923
BUREAU OF VITAL STATISTICS

OCT 6 1975

FEB 10 1955

251-111-010-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 3

File No. 109472

Hospital .....

Primary Registration District No. 2150

Registered No. 41

FULL NAME OF CHILD Cleo J. Snarr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	5/11 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Vere Snarr	FULL MAIDEN NAME	Lavern Marie Sharp
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Union Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hallister
M. D.
(Physician or midwife)

Give names added from a supplemental report.

..... , 19....

..... Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 6 11 30 AM '77

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss
County of ..... }

Certificate No. 109472

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Snarr (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1922 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child;s name	Unnamed	Cleo J. Snarr

Subscribed and sworn to before me this 31 day of August, 1977

Robert W Stone
Notary Public, residing at Salt Lake City, Utah
My commission expires 1-8-79
(Seal)

Signed LaVere L. Snarr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of August, 1977

Robert W Stone
Notary Public, residing at Salt Lake City, Utah
My commission expires 1-8-79
(Seal)

Signed Elizabeth Stringham
(Signature of Any Credible Person)

1146 Lincoln St. Midvale, Utah
(Street Address, City, State)

FORM DH 60-155

CL 7/12/76 (Check)

Honorable Discharge issued by the Army of the united States gives name as Cleo J. Snar,-39 902 115 Technician Fifth Grade of the 4th Armored Division states that he was discharged Decmeber 23, 1945 at Fort Douglas, Utah Inducted Nov. 23, 1942. This record also states that he was born May 11, 1922 in Idaho Falls, Idaho.
Viewed by V.S.
Insurance Policy issued by the Continental Casualty Company, Chicago, Illinois certifies that Cleo J. Snarr was born [redacted] May 11, 1922,. THis Policy # 37835 was issued April 1, 1956.
Viewed by V.S.

236-110-010-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....

Registration District No. 73 File No. 109473
Primary Registration District No. 21V-0 Registered No. A

FULL NAME OF CHILD Gerald
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	5/10 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	R. W. Stoddard	FULL MAIDEN NAME	May Frandsen
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Iona Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hollister
P. [illegible]
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 2/20 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-125-010-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....

Registration District No. 73
Primary Registration District No. 2 1 v - 0

File No. 109474
Registered No. 79

FULL NAME OF CHILD Marvin Kenneth Goddard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	4/25 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John H. Goddard	FULL MAIDEN NAME	Olga Lundberg
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Camas Idaho.	BIRTHPLACE	Idaho Falls Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/21 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

RECEIVED APR 24 BUREAU OF VITAL STATISTICS

Place of Birth (CITY Idaho Falls, Ida

ST. _____

COUNTY Bonneville

FATHER John Goddard.

FILE NO. 107474

DATE OF BIRTH April 25 1922

SEX OF CHILD Male

MOTHER Olga Lundberg. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Marvin Kenneth Goddard

Mrs. Olga Goddard.

Signature of Father or Mother

1949

169-105-010-255

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109475

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. .....

Hospital .....

Primary Registration District No. 21V-0 Registered No. 7

FULL NAME OF CHILD Helen Louise Jorgensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	5 / 5 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	N. C. Jorgensen	FULL MAIDEN NAME	Francis Swedin
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Denmark	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls

ST. Ida

COUNTY Bonneville

FATHER Nicholas Jorgensen

FILE NO. 109475

DATE OF BIRTH May 5 1922

SEX OF CHILD Female

MOTHER Frances Sorlien

(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Helen Louise Jorgensen

Frances Jorgensen

Signature of Father or Mother

K

OCT 6 1944

219-131 610-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109476

County of Bonneville

City of Idaho Falls

No. ..... St. Registration District No. 73 File No. .....

Hospital ..... Primary Registration District No. 2 1 1 0 Registered No. 77

FULL NAME OF CHILD Hollis Tanner Sargent
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	4/21/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vaughn Sargent	FULL MAIDEN NAME	Ella May Tanner
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Coalville, Utah	BIRTHPLACE	Rigby Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hollister

[signature]
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 2/20 1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls

(ST. Idaho

(COUNTY Jefferson

FILE NO. 109476

DATE OF BIRTH April 21-1922

SEX OF CHILD Male

FATHER Vaughn Sargent

MOTHER Ella May Tanner (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Hollis Tanner Sargent

RECEIVED
APR 25 1923
BUREAU OF VITAL STATISTICS

Vaughn Sargent

Signature of Father or Mother

JUN 19 1941

713-121-010-235

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109477

Hospital .....

Primary Registration District No. 21 v-0 Registered No. 76

FULL NAME OF CHILD James E Gates
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes.	4/21 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lovell Gates.	FULL MAIDEN NAME	Emma Steele
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Afton, Wyo.	BIRTHPLACE	Park City Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister

P Lyman
(Physician or midwife)

Address Idaho Falls Idaho.

Filed 2/20 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-220-010799

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109478

Hospital .....

Primary Registration District No. 2170

Registered No. 70

FULL NAME OF CHILD Ruthie Maude Ritchie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	4/30/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Ritchie	FULL MAIDEN NAME	Grace Price
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ucon, Idaho	BIRTHPLACE	[redacted] Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollester
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 2/20 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of (CITY Idaho Falls FILE NO. 109478

(ST.

FATHER John Ritchie MOTHER Grace Price
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Arthur Wade Ritchie

Signature of Father or Mother

RECEIVED
APR 26 1923
BUREAU OF VITAL
STATISTICS

FILE NO. 103478

CITY

ST.

FATHER

MOTHER

513-117-010-362

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109479

Hospital ..... Primary Registration District No. 2140 Registered No. 74

FULL NAME OF CHILD Napoleon Vallas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	4/17 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Pete Vallas	FULL MAIDEN NAME	Mary Cosmos
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tasselis Greece	BIRTHPLACE	Tasselis Mosiac Greece
OCCUPATION	Fruitsland Proprietor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hallister

P. [signature]
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-205 010-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 73 File No. 109480

Hospital ..... Primary Registration District No. 210-0 Registered No. 73

FULL NAME OF CHILD Viola Stucki
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes.	4/5 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Gottfried ~~Stuke~~ STUCKI	FULL MAIDEN NAME	Louise Anna Sharp
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wimmis Switzerland	BIRTHPLACE	Union, Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-358003

RECEIVED
JUN 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Soltman

ST. _____

COUNTY Bonneville

FATHER Fred Stucki

FILE NO. 109480

DATE OF BIRTH April 5-1922

SEX OF CHILD Female

MOTHER Louie A. Shart (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Viola Stucki

Fred Stucki

Signature of Father or Mother.

DUP OF 1922-358003

533-102-010-569

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109481

Hospital .....

Primary Registration District No. 21V-0

Registered No. 72

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	4 / 2 / 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	D. J. Elliott	FULL MAIDEN NAME	Surilda Norton
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Lincoln, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Hallister

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743-201-010-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109482

Hospital ..... Primary Registration District No. 21 V-0 Registered No. 71

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	4 / 1 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wilford Wm Putman	FULL MAIDEN NAME	Clara Jeane Charlesworth
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Price, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-230-010-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St. Registration District No. 73 File No. 109483

Hospital ..... Primary Registration District No. 2140 Registered No. 70

FULL NAME OF CHILD Mary Greta Shupe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	3/30 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	C. R. Shupe	FULL MAIDEN NAME	Lucy Allen
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Fairview Idaho	BIRTHPLACE	Orderville Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

P. Lyman
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 A. Kimball
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1944

559-117-010-964

PLACE OF BIRTH

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109484

Hospital .....

Primary Registration District No. 2150 Registered No. 69

FULL NAME OF CHILD Herbert Boyd Neider
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	3/17 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Herbert L. Neider	FULL MAIDEN NAME	Leona Rounds
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Blackfoot Idaho	BIRTHPLACE	Iona, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

..... 19....

.....
Registrar.

Filed 2/20 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

TO 447 C

(Individual)

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On October 21, 1964 before me, the undersigned, a Notary Public in and for said State, personally appeared Herbert L. Neider and Leona Neider,

, known to me to be the person s whose name s are subscribed to the within instrument and acknowledged that they executed the same.

WITNESS my hand and official seal.

Signature A. Shopa

A. SHOPA

Name (Typed or Printed)

STAPLE HERE

A. SHOPA
NOTARY PUBLIC
Los Angeles Co., California
My Commission Expires
March 31, 1965

(This area for official notarial seal)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 30 1964
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 109484

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Neider (male child) (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1922 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Herbert Boyd Neider

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed X Leona Neider
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5700 Woodlake Ave Woodland Hills Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed X Herbert L. Neider
(Signature of Any Credible Person)

2280 Ave De Los Plantes
(Street Address, City, State)
Thousand Oaks, California

FORM DH 60-155

CL 10-14-64. nm

Photo Copy of L.D.S. Church Cert. of Baptism and Confirmation, Feb. 1, 1931 gives full name as Herbert Boyd Neider, son of Hertert L. Neider and Leona Rounds, born March 17, 1922 at Idaho Falls, Idaho - viewed by V.S.

NOV 2 1964

Photo Copy of Honorable Discharge, dated Jan. 26, 1946 gives full name as Herbert Boyd Neider - viewed by V.S.

154-115-010551

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonnville

City of Idaho Falls

No. ..... St. Registration District No. 73 File No. 109485

Hospital ..... Primary Registration District No. 2150 Registered No. 68

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Bay		Yes	3/15/1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Alfred N. Anderson	FULL MAIDEN NAME	Sarah Eliza Evans
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Denmark	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-226-010-469

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109486

Hospital .....

Primary Registration District No. 2 1 4 0

Registered No. 07

FULL NAME OF CHILD Charline Virginia Simpson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes.	5 / 26 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Wm Floris Simpson	FULL MAIDEN NAME	Corrinne Florence Moreland
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Eaglesville Mo.	BIRTHPLACE	Creston Ia.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

P. Lyman
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 [redacted]

U45123-010-853

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....
Registration District No. 73
Primary Registration District No. 2170
File No. 109487
Registered No. 46

FULL NAME OF CHILD Roy August Muehlfeit
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	5 / 23 / 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	August Muehlfeit	FULL MAIDEN NAME	Ida Hecker
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Coltman Idaho	BIRTHPLACE	Pleasant Grove, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) L. C. Hallister
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls

(~~ST.~~ _____

(COUNTY Bonneville

FILE NO. 109487

DATE OF BIRTH May 23rd 1922

SEX OF CHILD Male

FATHER Aug. Muehlfeit MOTHER Ida Hecker (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Roy August Muehlfeit

Mrs Aug. Muehlfeit

Signature of Father or Mother

JUN 1 2 1942

DEC 1 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

219-122-010-652

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 109488

Primary Registration District No. 2170 Registered No. 51

FULL NAME OF CHILD KEITH WEBSTER SARGENT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	5/22/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Jas. Albert Sargent	FULL MAIDEN NAME	Elva Webster
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Hoytsville Utah	BIRTHPLACE	Grant Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister

P. L. [illegible]
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible]
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 109488

Date Filed Apr 6 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Keith Webster Sargent (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 22 1922 (DATE OF EVENT)
in Grant, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by L.D.S. Blessing Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 2, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Keith Webster Sargent

Subscribed and sworn to before me this 4th day of April, 1942.

Cynthia P. Smith
Notary Public, residing at Ucon, Idaho
My commission expires April 13, 1945
(SEAL)

Signed Elva Sargent
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Ucon Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1942.

Cynthia P. Smith
Notary Public, residing at Ucon Idaho
My commission expires April 13, 1945
(SEAL)

Signed Bert Sargent
(SIGNATURE OF ANY CREDIBLE PERSON, OTHER THAN PREVIOUS AFFIANT.)
Ucon, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

963 223-210-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109489

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

County of Bannock

City of Idaho Falls

No. ..... St.

Registration District No. VITA 73 File No. .....

Hospital ..... Primary Registration District No. 2 1 4 0 Registered No. 64

FULL NAME OF CHILD Herman Phyllis Robertson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	4 / 23 / 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Charles Franklin Robertson	FULL MAIDEN NAME	Marguerete Bale
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Fountain Green Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) J. C. Hallester

(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible]
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEC 9 1942

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls

ST. _____

COUNTY Bonneville

FILE NO. 103489

DATE OF BIRTH April 23 / 22

SEX OF CHILD Female

FATHER Chas Franklin Robertson MOTHER Marguerite Bale
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Herman Phyllis Robertson

Marguerite Robertson

Signature of Father or Mother

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

231-207-010-384

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109490

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 67

FULL NAME OF CHILD Dora Marie Staples
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	3/7/1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Andrew M Staples	FULL MAIDEN NAME	Caroline Thurson
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Central Utah	BIRTHPLACE	Monroe Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister

[signature]
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. 18
(COUNTY Bannock

FILE NO. 109490

DATE OF BIRTH March 7.

SEX OF CHILD Female

FATHER Andrew Staples

MOTHER Carrie Timeson
(Maiden Name)

VITAL

I HEREBY CERTIFY that the child herein described has been named:

Dora Marie Staples

Carrie Staples

Signature of Father or Mother

533-206.010-596

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St. Registration District No. 73 File No. 109492

Hospital ..... Primary Registration District No. 21V-0 Registered No. 141

FULL NAME OF CHILD ✓ .....
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet~~ ~~another?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	1st	Yes	3/6/1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred Ellis	FULL MAIDEN NAME	Marie Vroman
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Central City Neb.	BIRTHPLACE	Mullen Neb
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollester

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 W. Fremont
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-206-010-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109493

Hospital .....

Primary Registration District No. 21-2-0

Registered No. 64

FULL NAME OF CHILD Lorna Rose Shaw
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	3/6 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leo Shaw	FULL MAIDEN NAME	Maude M. Charlesworth
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Elsenore, Utah	BIRTHPLACE	Joseph, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 2/20 1923 W. Freeman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

RECEIVED
APR 24 1923
BUREAU OF VITAL STATISTICS

Place of Birth (CITY Idaho Falls
(ST. _____
(COUNTY Bonneville

FILE NO. 109493

DATE OF BIRTH Mar. 6 1922.

SEX OF CHILD Female

FATHER Leo Shaw

MOTHER Imand Ivy Charlesworth
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lona Rose Shaw

Imand Shaw

Signature of Father or Mother

JUN 30 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

415-125-010-415

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 109494

Primary Registration District No. 2140 Registered No. 63

FULL NAME OF CHILD DONALD DAVIS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	2/25 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Vernon J. Davis	FULL MAIDEN NAME	Viola Daniels
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Lake Shore Utah	BIRTHPLACE	Ammon Idaho
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

[signature]
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 109494

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Donald Davis (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Febuary 25, 1922 (DATE OF EVENT)
in Idaho, Falls, Idaho (PLACE OF EVENT) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts as shown by his mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Donald Davis
Donald Davis		

Subscribed and sworn to before me this 10 day of December, 19 42

Notary Public, residing at Potlatch, Idaho

My commission expires NOTARY PUBLIC residing at Potlatch, Idaho My commission expires December 10, 1943
(SEAL)

Signed Viola Davies Davis
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Princeton, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 14 1942

464-123-010-844

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109495

Hospital ..... Primary Registration District No. 2140 Registered No. 62

FULL NAME OF CHILD Richard Walter Dodge
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	2/23 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wilford W. Dodge	FULL MAIDEN NAME	Julia Humphreys
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Rigby Idaho	BIRTHPLACE	Lake View Mont.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 W. Kennedy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-115-010-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109496

Hospital .....

Primary Registration District No. 210-0

Registered No. 61

FULL NAME OF CHILD Edward Brennan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	2/15 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	James Brennan	FULL MAIDEN NAME	Elsie Denson
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Pueblo Colo.	BIRTHPLACE	Springfield Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hallister

P. Lyman
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 W. Fennan
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 109496

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Brennan (Name on Original Certificate) who [illegible] (Was Born or Died) on 9/15/22 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by memory (Bible Record, Insurance Policy, Etc.) prepared on 10-8-43 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edward Brennan

Subscribed and sworn to before me this 8th
day of Oct, 19 43

R. E. Sanderson
Notary Public, residing at Tucson Ariz

My commission expires My Commission Expires June 14, 1946.
(Seal)

Signed J. T. Brennan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 11 1943

OCT 13 1943

389-214-010-493

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109497

Hospital .....

Primary Registration District No. 21-0 Registered No. 6

FULL NAME OF CHILD Phyllis Eleanor Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes.	2/14 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Marion Christensen	FULL MAIDEN NAME	Eleanor Miller
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Gunnison, Utah	BIRTHPLACE	Idaho Falls Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallester

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 2/20 1923 W. [illegible]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-D 70-110

BOTH DELAYED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. Idaho
(COUNTY Bonneville

FILE NO. 109497

DATE OF BIRTH Feb. 14, 1922.

SEX OF CHILD Female

FATHER Marion Christensen

MOTHER Eleanor Miller (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Phyllis Eleanor Christensen

Mrs Marion C Christensen

Signature of Father or Mother.

DUP OF 1922 - D 70 - 110

553-212-010-466

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109498

Hospital .....

Primary Registration District No. 2170

Registered No. 4-9

FULL NAME OF CHILD Helen Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	2/13 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Hiram Nelson	FULL MAIDEN NAME	Flora Bell Moore
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Soda Springs Ida	BIRTHPLACE	Spanish Fork, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

P. [signature]
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls FILE NO. 10498

(ST. Idaho DATE OF BIRTH Feb. 12 - 1922.

(COUNTY Bonneville SEX OF CHILD Female

FATHER Hyrum Nelson MOTHER Flora B. Moore. (Maiden Name)

RECEIVED APR 27 1923 BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Helen Nelson.

Mrs. Hyrum Nelson.

Signature of Father or Mother.

MAR 3 1 1943

285-213-010-737 name added 3-19-86 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109499

Hospital .....

Primary Registration District No. 2150

Registered No. 1-8

FULL NAME OF CHILD Dorothy Louise Shelton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	2 / 13 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. R. Shelton	FULL MAIDEN NAME	Pearl Algood
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mendon, Utah	BIRTHPLACE	Wilford Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 2/20 1923 W. Fenwick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-10-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAR 10 3 48 PM '86

State of Idaho
County of Bonneville } ss.

Certificate No. 109499
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Shelton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 13, 1922 (Date of Event)
in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Dorothy Louise Shelton

Subscribed and sworn to before me this 13th day of March, 1986
Notary Public [illegible]
Residing at Idaho Falls, Id
My commission expires 8-20-91
(Seal)

Dorothy Louise (Shelton) Bowman
Signature of Applicant
1220 Cathryn - Idaho Falls, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1986
Notary Public [illegible]
Residing at Idaho Falls, Id
My commission expires 8-20-91
(Seal)

William Robert Bowman
Supporting Signature
694 Ruth IDAHO FALLS, IDAHO
Street Address, City, State

1 cc pd

Certificate of Blessing from LDS Church gives Dorothy Louise Shelton daughter of James Robert Shelton and Pearl Allgood born Feb 13, 1922 at Idaho Falls and was blessed June 4, 1922. Viewed by V.S.

Insurance policy lists insured as Dorothy Louise Bowman. Policy from Sentinel Security Life Ins Co. Dated Aug 14, 1974. Viewed by V.S.

619-202-010-863

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109500

Hospital .....

Primary Registration District No. 2140 Registered No. 47

FULL NAME OF CHILD Virginia Pearl Farnsworth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	2/2 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Vernon C. Farnsworth	FULL MAIDEN NAME	Naomi Holt
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Monroe, Utah	BIRTHPLACE	Vernal, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S C Hollister

P Lyman
(Physician or midwife)

Give names added from a supplemental report.

..... , 19....

..... Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/16/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Idaho Falls
ST. Idaho
COUNTY Bingham
FATHER Vernon C.

FILE NO. 109500
DATE OF BIRTH Feb. 2th 1922.
SEX OF CHILD Female
MOTHER Naomi Scott Farnsworth
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Virginia Pearl Farnsworth

Vernon C. Farnsworth

Signature of Father or Mother

1 8 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of [redacted]

City of Idaho Falls

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St.

Registration District No. 73 File No. 109501

Hospital .....

Primary Registration District No. 2150 Registered No. 56

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes.	1/19 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	M. C. Meyers	FULL MAIDEN NAME	Myrtle Kelsey.
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Joplin, Mo.	BIRTHPLACE	Sodalin, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

P. L. [signature]
(Physician or midwife)

Give names added from a supplemental report.

Address Idaho Falls Idaho.

....., 19.....

Filed 2/20 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 114-010-115

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 109502

Primary Registration District No. 21 V-0 Registered No. V-V-

FULL NAME OF CHILD Joseph Gavin Kruse
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	1/14 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry Kruse	FULL MAIDEN NAME	Lena Jaeger
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Stubble, Iowa	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

P. Lyman
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 2/20 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE

DECEASED

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. Idaho
(COUNTY Bonneville

FILE NO. 109502 Jan. 14

DATE OF BIRTH Jan. 14 1922

SEX OF CHILD Male

FATHER H. J. Kruse

MOTHER Lena Jaeger (Maiden Name)

RECEIVED
APR 4 1923
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Joseph Gavin Kruse

Mother dead.

Given by Aunt Mrs Carl Jaeger. Signature of Father or Mother

Idaho Falls. Ida.

PLACE OF BIRTH

799-111-910-569

RECEIVED MAR 8 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109503

No. ____ St.

Registration District No. 73

File No. ____

Hospital ____

Primary Registration District No. 21V-6

Registered No. 1-4

FULL NAME OF CHILD Glen A. Griffiths

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	1/11/1923

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. A. Griffiths	FULL MAIDEN NAME	Effie Norton
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Union, Utah	BIRTHPLACE	Iona, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hallister

S C Lyman
(Physician or midwife)

Address Idaho Falls Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/20 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-206.010-635

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109504

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....
Registration District No. 73
Primary Registration District No. 2110
File No. .....
Registered No. 153

FULL NAME OF CHILD Bernice Rosabelle Randall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	1/6/1923

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Leamon Randall	FULL MAIDEN NAME	Zoe Fletcher
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho Falls Idaho	BIRTHPLACE	Provo, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) I. C. Hallister
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/24 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO,

RECEIVED
M[illegible] 1923
BUR[illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls (Outside of city limits)
(ST. Idaho
(COUNTY Bonneville

FILE NO. 109504

DATE OF BIRTH Jan. 6, 1922

SEX OF CHILD Female

FATHER ~~E. J. Randall~~ John Seamon Randall

MOTHER Zoe Fletcher (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Bernice Rosabelle Randall

Zoe F. Randall

Signature of Father or Mother.

23/204 010 666

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 109565

Primary Registration District No. 2140 Registered No. V-2

FULL NAME OF CHILD VESTA Marie Blair
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) / (Day) 4th 1923 (Year)
Girl		Yes	

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Zebedee Blair	FULL MAIDEN NAME	Verna Woods
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Roanoke Virginia	BIRTHPLACE	Point Pleasant W. Virg.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 W Kennard
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

CEIVED
Y 4 1923
AU OF VITAL
TATISTICS

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls FILE NO. 109505

ST. _____ DATE OF BIRTH Jan 11 5

COUNTY [illegible] SEX OF CHILD Female Girl

FATHER [illegible] MOTHER Verna Blair
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Marie Blair

Luther Blair

Signature of Father or Mother

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Deschutes }

FEB 11 1942 Certificate No. 109505

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Vesta Marie Blair (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on Jan 4 - 1922 (DATE OF EVENT) in Idaho Falls - Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 4 - 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Marie Blair	Vesta Marie Blair
birthdate	Jan. 3, 1922	Jan. 4, 1922

Subscribed and sworn to before me this 3rd day of February, 1942

E. L. Allen
County Judge ~~Notary Public~~, residing at Bend, Ore.

My commission expires
(SEAL)

Signed Vesta Blair
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

414 Harriman St - Bend, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Deschutes }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 1942

E. L. Allen
County Judge ~~Notary Public~~, residing at Bend, Oregon

My commission expires
(SEAL)

Signed Norma Younce
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Prineville, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 1942 By
(REGISTRAR'S SIGNATURE)

FEB 18 1942

942-201-010-319

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 7-3 File No. 109506

Primary Registration District No. 2140 Registered No. V-1

FULL NAME OF CHILD Barbara Cornelia Rush
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	1/1/1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	E. J. Rush	FULL MAIDEN NAME	Velma Carman
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Creighton Neb.	BIRTHPLACE	McCloud, Okla.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Feb 20 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
DEPARTMENT

S[illegible] IDAHO.

[illegible]ARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Lincoln
ST.
COUNTY Bonneville

FILE NO. 109506
DATE OF BIRTH Jan-1st 1922
SEX OF CHILD Female

FATHER Earl J Rush
MOTHER Velma May Carman
(Maiden Name)

[illegible]ED
923
VITAL
[illegible]TICS

I HEREBY CERTIFY that the child herein described has been named:

Barbara Cornelia Rush

Mrs Earl J. Rush.

Signature of Father or Mother.

JUN 25 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County [illegible] Idaho

City of Idaho Falls

No. 231-111-006-295 St.

Registration District No. 73

File No. 109507

Hospital

Primary Registration District No. 21V-0

Registered No. V-0

FULL NAME OF CHILD Thomas Boyle Slayton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	5/11/1923

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	H. J. Slayton	FULL MAIDEN NAME	Lena King
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Naples N.Y.	BIRTHPLACE	So. Bristol N.Y.
OCCUPATION	merchant	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 2/20 1923 [illegible]
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB

County of Bingham }

Certificate No. 109507

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Thomas Boyle Slayton (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 12, 1922 (DATE OF EVENT)

in Firth, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Thomas Boyle Slayton

Subscribed and sworn to before me this 3rd day of February, 19 43

Notary Public, residing at Firth Ida

My commission expires June 7 - 1944

(SEAL)

Signed Lena Slayton

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 4 1943 By .....

(REGISTRAR'S SIGNATURE)

FEB 5 1942

AUG 18 1943

NOV 26 1964

AUG 19 1969

PLAC[redacted] name added 1/21/80

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

266-223-010-3 79

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 109508

Primary Registration District No. 2150 Registered No. .....

FULL NAME OF CHILD Phyllis Mae Bowman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	12/23 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alfred C. Bowman	FULL MAIDEN NAME	Lavernia Larson
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	St Anthony Idaho.	BIRTHPLACE	Downey Idaho
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-11-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF VITAL STATISTICS
JAN 3 9 36 AM '80

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 109508
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Bowman (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 23, 1922 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Phyllis Mae Bowman

Subscribed and sworn to before me this 31st day of Dec., 1979.
Notary Public, David Gorgan
Residing at Idaho Falls Idaho
My commission expires Lifetime
(Seal)

Phyllis Mae Godfrey
Signature of Applicant
794 Reed Ave Ida Falls, Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of Dec., 1979.
Notary Public, David Gorgan
Residing at Idaho Falls, Idaho
My commission expires Lifetime
(Seal)

LaVerna Armstrong
Supporting Signature
#3-715-Saturn, Idaho Falls
Street Address, City, State

Certif of Blessing from the LDS Church gives nameas Phyllis Mae Bowman daughtere of Alfred C. Bowman and Laverna Larson. born Dec 23, 1922 at Idaho Falls, Blessed Mach 4, 1923 viwed by V. S.

Marrige licesne and Certificate from Idaoo gives nameas John E. Godfrey and Phyllis Bowman. dated Sept 18, 1941 viewee d by. V. S

JAN 21 1980

643-107-010-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ____ St.
Hospital ____

Registration District No. 73
Primary Registration District No. 2 1 4 0
File No. 109513
Registered No. 44

FULL NAME OF CHILD John Newton Fullenwider
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	12 / 7 1922

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Ray R. Fullenwider	FULL MAIDEN NAME	Mabel F. Brown
RESIDENCE	Idaho Falls Idaho.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Burlington Jct. Mo.	BIRTHPLACE	Carleton Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Hallister
P Physician
(Physician or midwife)

Address Idaho Falls Idaho.

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 2/20 1923
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1922 - 102728

863-136-010-359 child's name added 10-27-87 lh

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital

Registration District No. 73
Primary Registration District No. 2170

File No. 109521
Registered No. 99

FULL NAME OF CHILD Roy Clifford Holmberg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	7/31/1922

What bactericide solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Axel Holmberg	FULL MAIDEN NAME	Ida Mary Clifford
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho Falls Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) S C Hollister M D
(Physician or midwife)

Address Idaho Falls Idaho.

Filed 2/20 1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-18-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 9 9 42 AM '87

State of Idaho
County of Bonneville } ss.

Certificate No. 109521
Date Filed 10-2-87

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 31, 1922 (Date of Event)

in Idaho Falls, Bonneville Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
full name of child	unnamed	Roy Clifford Holmberg

Subscribed and sworn to before me this 2d day of October, 1987.

Notary Public, Shirley M Stubbs
Residing at Idaho Falls, Idaho
My commission expires 3/28/91
(Seal)

x Roy Holmberg
Signature of Applicant
1478 E. 22nd. S.T.
Street Address, City, State
IDAHO FALLS, IDAHO 83404

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ___)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2d day of October, 1987.

Notary Public, Shirley M Stubbs
Residing at Idaho Falls, Idaho
My commission expires 3/28/91
(Seal)

Boyd R. Thomas
Supporting Signature
1931 Glenwood Dr.
Idaho Falls ID 83404
Street Address, City, State

OCT 2 7 1987

Diploma - Bachelor of Science degree from The University of Idaho dated June 6, 1954 gives name as Roy Clifford Holmberg.
Viewed by V.S.

Equitable Life Assurance Society ins. thru Boise Cascade Corp. gives name as Roy C. Holmberg. Certificate #464 effective date - Jan. 1, 1960.
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

652 - 118 010 - 345

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 186 73

File No. 109522

Hospital .....

Primary Registration District No. 2170

Registered No. 96

FULL NAME OF CHILD DICK DALE WEST
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	7 / 18 / 1922

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Fletcher E. West	FULL MAIDEN NAME Josephine C. Lundberg
RESIDENCE Idaho Falls Idaho	RESIDENCE Idaho Falls Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE St Paul Neb.	BIRTHPLACE Idaho Falls Idaho
OCCUPATION Cigar Merchant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) L. C. Hallister M.D.
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible] Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 109522
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed West (Name on original certificate) who was born (Was born or died) on July 16, 1922 (Date of event)
in Idaho Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance policy/and affidavit of mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed West	Dick Dale West

Subscribed and sworn to before me this 26th. day of December, 1941

Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-6-44
[SEAL]

Signed Josephine C. West
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls, Idaho-1055 Lake Ave.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th. day of December, 1941

Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-6-44
[SEAL]

Signed Oscar Lundberg
(Signature of any credible person other than the previous affiant.)

Rt. #5, Idaho Falls, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

453-17-010-695

PLACE OF BIRTH

RECEIVED
MAR 6 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109523

Hospital ..... Primary Registration District No. 210 Registered No. 97

FULL NAME OF CHILD Lynn J. Metcalf
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	7 / 17 1922

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Jesse Earl Metcalf	FULL MAIDEN NAME	Alice Freeman
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho Falls Idaho	BIRTHPLACE	Nile, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Hallester M D
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/20 1923
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D
923
VITAL
[illegible]

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Idaho Falls
ST. R. F. D. No 2.
COUNTY Bonneville
FATHER [illegible] E. Metcalf

FILE NO. 109523
DATE OF BIRTH July 17, 1922
SEX OF CHILD Male
MOTHER Alice L. Freeman
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named.

Lynn G. Metcalf

[illegible] E. Metcalf

Signature of Father or Mother

659-215-010-643

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St. Registration District No. 73 File No. 109524

Hospital ..... Primary Registration District No. 2 1450 Registered No. 96

FULL NAME OF CHILD Harriet Jane Ferguson
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	7/15 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	M. Ray Ferguson	FULL MAIDEN NAME	Lois Fullerton
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Vandalia Mo.	BIRTHPLACE	Amsworth Ia.
OCCUPATION	Foreman Pea House	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls

ST. Idaho

COUNTY Bonneville

FILE NO. 109524

DATE OF BIRTH July 15, 1922

SEX OF CHILD Female

FATHER Marvin Ray Ferguson

MOTHER Lois Fullerton (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Harriet Jane Ferguson

M. R. Ferguson

Signature of Father ~~or Mother~~.

7-12-41

613-114.010.437

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....
Registration District No. 73
Primary Registration District No. 210
File No. 109525
Registered No. 9 V

FULL NAME OF CHILD Billy Lew Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	7 / 14 / 192 9

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Edward Lew Walker	FULL MAIDEN NAME	Stella Georgia McGee
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Hastings Neb.	BIRTHPLACE	Lockwood Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Hallister M D
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/20 192 3 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-208-010-659

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109527

Hospital ..... Primary Registration District No. 2150 Registered No. 93

FULL NAME OF CHILD Margaret Lorene Malen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	7 / 8 / 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lawrence Malen	FULL MAIDEN NAME	Irene Ferrier
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho Falls, Ida	BIRTHPLACE	Culbertson, Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hallister
M. D.
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 2/20 1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls ST. First St COUNTY Bonneville

FILE NO. 109527

DATE OF BIRTH July 8, 1922

SEX OF CHILD Female

FATHER Laurence Molen MOTHER Irene Lenier (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Margaret Lorene Molen

Mrs Irene Molen

Signature of Father or Mother

OCT 19 1942

546-204-810-623

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109528

Hospital .....

Primary Registration District No. 21V-0

Registered No. 92

FULL NAME OF CHILD .....

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	7/4/192[illegible]

What bacteriolidal solution was used in eyes? 0

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Geo. L. Edwards	FULL MAIDEN NAME	Emma L. Williams
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	?
BIRTHPLACE	Sterling Utah	BIRTHPLACE	Ephraim, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** ..... **M. on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hallister M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/20 192[illegible]

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-101-810-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109529

Hospital .....

Primary Registration District No. 2140 Registered No. 91

FULL NAME OF CHILD John Jay Pitman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	7/1 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Kerr Pitman	FULL MAIDEN NAME	Francis Price
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Livingston Mont.	BIRTHPLACE	Draper Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hollister
M. D.
(Physician or midwife)

Give names added from a supplemental report.

Address Idaho Falls Idaho

....., 19....

Filed 2/20 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

458-114-020-667

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109

Hospital ..... Primary Registration District No. 210 Registered No. a

FULL NAME OF CHILD John Waldeman Dehlin

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.			Yes.	6 / 14 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Stanley W. Dehlin	FULL MAIDEN NAME	Harriett Foglesong
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hallister

Physician

(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/20 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 8 - 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls FILE NO. 109530

ST. Idaho DATE OF BIRTH June 14 1922

COUNTY Bonneville SEX OF CHILD Male

FATHER Stanley W Wehlin MOTHER Harriett Elizabeth Fogelsong (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

John Waldemar

Mrs. Stanley W. Wehlin

Signature of Father or Mother

PLACE OF BIRTH

RECEIVED
MAR 8 1923
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109531

County of Bonneville

City of Idaho Falls

No. ____ St.

Registration District No. 77

File No. ____

Hospital ____

Primary Registration District No. 2170

Registered No. 19

FULL NAME OF CHILD Agnes Goldie Jergen

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	and		Yes.	5 / 30 / 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Nick Jergen.	FULL MAIDEN NAME	Ida Feltman
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Okatchie Okla	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister M. D.
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report. ____, 19____

Died 6 months later Dec 28-19

Registrar.

Filed 2/20 1923

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth

CITY Idaho Falls FILE NO. 109531

ST. _____ DATE OF BIRTH May 30-22

COUNTY Bonneville SEX OF CHILD Female

FATHER Nick Gergen MOTHER Ada Feltman (Maiden Name)

RECEIVED APR 18 BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Agnes Goldie Gergen

Mrs Nick Gergen

Signature of Father or Mother.

_____

693-228-010-314

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109532

Hospital ..... Primary Registration District No. 2170 Registered No. 88

FULL NAME OF CHILD Wanda Gertrude Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	5/28/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Jas. Edward Williams	FULL MAIDEN NAME	Nellie Etta Campbell
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Jamestown, Colo.	BIRTHPLACE	Tracey Tenn
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister
M. D.
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 2/20 1923 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1944

893-[redacted]6-010-414
[redacted] OF BI[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....
Registration District No. 73 File No. 109533
Primary Registration District No. 2140 Registered No. 107

FULL NAME OF CHILD Barbara Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	8 26 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Alex Dave Hill	FULL MAIDEN NAME	Ethel May Madison
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho Falls Ida	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Labour	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hollister
M D
(Physician or midwife)

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

CEIVED
R 23 1923
REAU OF VITAL
STATISTICS

* * * * * * * * *

Place of Birth (CITY Idaho Falls
ST. 362 – 5th
COUNTY Bonneville
FATHER A.D. Hill

FILE NO. 109533
DATE OF BIRTH August 26 1922
SEX OF CHILD Female
MOTHER Miss Ethel Madison
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Barbra Hill

Mrs. A.D. Hill

Signature of Father or Mother

K

296-126-010-414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 109534

Hospital .....

Primary Registration District No. 2140 Registered No. 106

FULL NAME OF CHILD Charles William Kroll
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	8 / 26 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Cyril R. Kroll	FULL MAIDEN NAME	Esther Madison
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Idaho Falls Ida.
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ..... at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hollister

M D
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 2/20 1923 W. Kimmel
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. Idaho
(COUNTY Bonneville
FATHER C.R. Kroll

FILE NO. 109534
DATE OF BIRTH August 26
SEX OF CHILD Male
MOTHER Ethel Madison
(Maiden Name)

RECEIVED
APR 1923
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Charles William Kroll

Mrs Cyril R. Kroll

766-108-010-547

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 109535

Hospital .....

Primary Registration District No. 21 V-9

Registered No. 10 V

FULL NAME OF CHILD Jack Heymond Powers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	8/8 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Webb Gilbert Powers	FULL MAIDEN NAME	Susie Empey
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Newspaper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hallister
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 W Kinnaird
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls
(ST. 150 Corner Ave
(COUNTY Bonneville

FILE NO. 109535

DATE OF BIRTH August 8 1922

SEX OF CHILD Male

FATHER M.G. Powers

MOTHER Susie Empey
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

~~Jack Raymond~~ Jack Heymond Powers

M.G. Powers Father

Signature of Father or Mothe

JUN 25 1945

419-224-00-893

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109536

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No.

Hospital

Primary Registration District No. 2110

Registered No. 104

FULL NAME OF CHILD Hannah

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	8/24/1922

What bacterieidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Waldo E. Marring	FULL MAIDEN NAME	Emily Hill
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Naples N Y	BIRTHPLACE	Hanticoke Pa
OCCUPATION	Minister	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) P. C. Hallister M D
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible]
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-104-010-219

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109537

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. .....

Hospital .....

Primary Registration District No. 2150 Registered No. 103

FULL NAME OF CHILD Max Elden Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	8/4 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ezra Jerrild Nelson	FULL MAIDEN NAME	Gertrude Alpha Bartee
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mink Creek, Ida.	BIRTHPLACE	Madisonville Tex
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hallister
M D
(Physician or midwife)

Give names added from a supplemental report.

Address Idaho Falls Idaho

....., 19....

Filed 2/20 1923 C. Kimmind
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 21 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Cayuse
(ST. Idaho
(COUNTY ~~Bonneville~~

FILE NO. 109537

DATE OF BIRTH August 4

SEX OF CHILD Male

FATHER Eyvind J. Nelson

MOTHER Gertrude Alpha Barter
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Mart Elden Nelson

491-223-010-819

PLACE OF BIRTH

RECEIVED MAR 8 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No.

Hospital

Registration District No. 73 File No. 109538

Primary Registration District No. 211-0 Registered No. 1-2

FULL NAME OF CHILD Erma Beryle Draper

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	7 / 23 / 1922

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	I. L. Draper	FULL MAIDEN NAME	Ester A. Harlow
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pearl Ill	BIRTHPLACE	Nevo Ill.
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) I. L. Halliday M.D.
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls FILE NO. 109538

(ST. [illegible] DATE OF BIRTH July 23-1922

(COUNTY Bonneville SEX OF CHILD Female ~~Male~~ Yes

FATHER Lemuel L. Draper MOTHER Mrs Esther Edna Draper (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Edna Beryle Draper

Mr & Mrs T. L. Draper

Signature of Father or Mother.

RECEIVED [illegible] BUREAU OF VITAL STATISTICS

JUL 15 1943

789-126-010-75

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109539

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....
Registrar's District No. 73
Primary Registration District No. 21V-0
File No. .....
Registered No. 101

FULL NAME OF CHILD Keith Edward Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		Yes.	7/26/1922

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Edward Phillips	FULL MAIDEN NAME	Alta Vivian Perkins
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Downey Idaho	BIRTHPLACE	Mapleton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) L. C. Hallister
M.D.
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/20 1923 C. E. Furman
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

764-228-00-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St. Registration District No. 73 File No. 109540

Hospital ..... Primary Registration District No. 2150 Registered No. 100

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	7/28/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Joseph E. Poulsen	FULL MAIDEN NAME	Alice Cole
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Willard, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Hollister
M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Idaho Falls Idaho

Filed 2/20 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-113-010-331

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 109545

No. ..... St.

Primary Registration District No. 2140 Registered No. 1450

Hospital .....

FULL NAME OF CHILD Ronald Lavon Olsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Theodore Eugene Olsen	FULL MAIDEN NAME	Nina Clapp
RESIDENCE	Iona Idaho	RESIDENCE	Iona Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iona Ida	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed Feb 28 1923 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 24 1942

631.205.010.814

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 109546

Primary Registration District No. 2150 Registered No. 153

FULL NAME OF CHILD Masae Ota

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11 (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	T Ota	FULL MAIDEN NAME	H Yamamoto
RESIDENCE	Iona Ida	RESIDENCE	Iona Ida
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farm Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 2:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife
~~(Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed 2/28 1923 C Kennard

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-214-010-264

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 109547

No. ..... St.

Primary Registration District No. 2150 Registered No. 14-2

Hospital .....

FULL NAME OF CHILD Akino Komoda

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Seichi Komoda	FULL MAIDEN NAME	Chayono Komoda
RESIDENCE	Iona Ida	RESIDENCE	Iona Ida
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Liveborn (Born alive or stillborn), at 2 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed 2/26 1923 [signature]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-128-010-169

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. South Side R.F.D. 1 St.

Registration District No. 73 File No. 109549

Primary Registration District No. 217 Registered No. 17-0

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 28 1922

FATHER		MOTHER	
FULL NAME	Orlando Dr Dahn	FULL MAIDEN NAME	Estella Jordan
RESIDENCE	Iona R.F.D. #1.	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo. Mousri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs R W Denning

Midwife

(Physician or midwife)

Address Iona Idaho

Filed 2/24 19 23 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17/ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 109549

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ SEX OF CHILD Male

FATHER _____ MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

_____

_____

Signature of Father or Mother.

JAN 1 8 1972

695-230-010-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls,

No. 7th & Higbee St.

Registration District No. 73 File No. 109550

Hospital

Primary Registration District No. 2150 Registered No. 149

FULL NAME OF CHILD (Certificate of no value without full name of child.) 6

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Jan 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Guy Winder	FULL MAIDEN NAME	Laura Ritter
RESIDENCE	7th & Higbee	RESIDENCE	7th & Higbee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Richfield, Utah	BIRTHPLACE	Dequoin, Ill,
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:35 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Address Idaho Falls, Ida

Filed Feb 7 1923 W. Fernand Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-126-010-133

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 19
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Garfield

No. ____ St.

Hospital ____

Registration District No. 73

File No. 109564

Primary Registration District No. 2170

Registered No. 144

FULL NAME OF CHILD Max A. Groom

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 26 1922

FATHER	MOTHER
FULL NAME Charles W Groom	FULL MAIDEN NAME Maud Rachel Allen
RESIDENCE Garfield	RESIDENCE Garfield
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Garfield Idaho	BIRTHPLACE Hyrum Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male Born, at 9 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

midwife
(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Jan 19 1923

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of ____

Certificate No. 109564

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Groom (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec 26, 1922 (Date of Event)
in Garfield, Idaho (Bonneville) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (parents) (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Max "A" Groom

Subscribed and sworn to before me this 9 day of June, 1977

Notary Public, residing at Jerome

My commission expires May 81

(Seal)

Signed Charles N Groom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby RFD #1 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of June, 1977

Notary Public, residing at Jerome

My commission expires May 81

(Seal)

Signed Ethel Groom
(Signature of Any Credible Person)

Rigby, Idaho RT
(Street Address, City, State)

FORM DH 60-155

CL 5/16/77

Certif of Blessing from the LDS Church gives name as Max A. Groom son of Charles N. Groom and Maud Allen. Born Dec 26, 1922 at Garfield, Idaho. Blessed Feb 25, 1923, viewed by V. S.

Certif of Baptismand Confirmation from the LDS Church givese nzme as Max A. Groom son of Charles N. Groom and Maud Allen. Born Dec 26, 1922 at Garfield, Idaho. Baptized Jan 3, 1931. viewed by V. S.

212-120-010-293

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 109568

No. ..... St.

Primary Registration District No. 21 Registered No. 140

Hospital .....

FULL NAME OF CHILD Hedesiro Hasegawa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	T Kasegawa	FULL MAIDEN NAME	
RESIDENCE	Iona Ida	RESIDENCE	Iona Ida Chika Siton
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Iona Idaho

Filed 2/28 1923 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-228-010-394 AMENDED CHILD'S, FATHER'S & MOTHER'S NAMES 1-5-99 MS

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 109569

No. ..... St.

Primary Registration District No. 2150 Registered No. 139

Hospital .....

FULL NAME OF CHILD ~~Marie Esther Clark~~ MARIE ESTHER CLARK

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 28 (Day) 1922 (Year)

FULL NAME ~~Earnest~~ ERNEST FATHER Clark	FULL MAIDEN NAME ~~Ester~~ ESTHER MOTHER Pratt
RESIDENCE Iona Ida	RESIDENCE Iona
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Freedom Wyn	BIRTHPLACE Fairview Idaho
OCCUPATION School Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

~~(Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed 2/28 1923 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1942

8/17/98

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. #22-109569
Date Filed MARCH 8, 1923

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for MERIE ESTHER CLARK (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC.28,1922 (Date of Event)

in IONA, IDAHO (BONNEVILLE) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	MERIE ESTHER CLARK	MARIE ESTHER CLARK
FATHER'S NAME	EARNEST CLARK	ERNEST CLARK
MOTHER'S NAME	ESTER PRATT	ESTHER PRATT

Subscribed and sworn to before me this 3rd day of November, 1998

Notary Public, Kenna Paramore

Residing at

My commission expires

(Seal)

NOTARY PUBLIC
KENNA PARAMORE
10330 So. 1700 E.
South Jordan
My Commission Expires
November 4, 1998
STATE OF UTAH

x Marie C. Johnson
Signature of Applicant

x 2284 W. 12600 So. Riverton Utah 84065
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November, 1998

Notary Public, Kenna Paramore

Residing at

My commission expires

(Seal)

NOTARY PUBLIC
KENNA PARAMORE
10330 So. 1700 E.
South Jordan
My Commission Expires
November 4, 1998
STATE OF UTAH

[signature]
Supporting Signature

6328 So. 400 E. Murray UT 84107
Street Address, City, State

1 ccpd

CERTIFICATE OF BLESSING FROM THE LDS CHURCH SHOWS MARIE ESTHER CLARK BORN DEC. 28, 1922 IN IONA (BONNEVILLE) ID TO ERNEST R. CLARK AND ESTHER PRATT WAS BLESSED FEB. 4, 1923 VIEWED VS.

CERTIFICATE OF BAPTISM AND CONFIRMATION FROM THE LDS CHURCH SHOWS MARIE ESTHER CLARK BORN DEC. 28, 1922 IN IONA (BONNEVILLE) ID TO ERNEST R CLARK AND ESTHER PRATT WAS BAPTIZED JAN. 3, 1931 VIEWED VS.

715-116-010-143 Child's name & sex, mother's name & color and father's color amended 4-15-87 1h

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R F D H 1 St.

Hospital

Registration District No. 73 File No. 109570

Primary Registration District No. 2150 Registered No. 138

FULL NAME OF CHILD John Paez Aurelia Paez

Sex of Child Female ~~Male~~ | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 6 (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Paez	FULL MAIDEN NAME	Enedina Gutierrez ~~Enedina Gutierres~~
RESIDENCE	Idaho Falls R F D H 1	RESIDENCE	~~Mexico~~ Idaho Falls
COLOR	White ~~Yellow~~	COLOR	White ~~Yellow~~
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Iona Idaho

Filed 2/28 1923 W Kennard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-27-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED

MAR 9 1987

Bureau of Vital Statistics, Standards and Local Health Services

State of Utah
County of Salt Lake } ss.

Certificate No. 109570
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for John Paez (male) who was born on 6-16-22
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Bonneville County are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
childs name	John Paez	Aurelia Paez
sex of child	Male	Female
mothers name (maiden)	Enidina Jutieres	Enedina Gutierrez
color both parents	Yellow	White

Subscribed and sworn to before me this 5th day of March, 19 87
Notary Public, Elma J. Bradshaw
Residing at Murray, UT.
My commission expires 12/1/88
(Seal)

Aurelia Paez Young
Signature of Applicant
172 West 600 North, SLCity, UT. 84103
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March, 19 87.
Notary Public, Elma J. Bradshaw
Residing at Murray, UT.
My commission expires 12/1/88
(Seal)

Anna Paez Cano
Supporting Signature
160 W. Gregson Ave., SLCity, UT. 84115
Street Address, City, State

Record of Baptism from LDS Church gives name as Aurelia Paez, daughter of Juan Paez and Enedina Gutierrez Garcia, was born on 16 June 1922 at Lincoln, Bonneville Co., ID. Baptized on 22 Feb. 1930 by Russell D. Ash.
Viewed by V.S.

Record of Blessing from LDS Church gives name as Aurelia Paez, daughter of Juan Paez and Endeina Gutierrez Garcia, born 16 June 1922 at Lincoln, Bonneville Co., ID. Blessed 3 Sept. 1922 by O. W. Steele.
Viewed by V.S.

Birth certificate from Mexico gives name as Enedina Gutierrez Garcia born Nov. 12, 1901 to senora Ma. Nepomucena Garcia and finados Atanacio Gutierrez in San Buenaventura -- Juzgado Del Registro Civil; Buenaventura, Chih.
Birth register #350290.
Viewed by V.S.

'Color' correction OK'd by Bee Biggs, RN, State Registrar

454-120-010-719

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109.571

County of Bonneville

City of Idaho Falls

No. R F D # 3 St.

Registration District No. 73

File No.

Hospital

Primary Registration District No. 210

Registered No. 137

FULL NAME OF CHILD Treece Demming

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 7 (Month) 20 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME James Riley Demming	FULL MAIDEN NAME Lexie Gardner
RESIDENCE Idaho Falls R F D # 3	RESIDENCE Idaho Falls R F D # 3
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
AGE AT LAST BIRTHDAY 27 (Years)	COLOR White
BIRTHPLACE Iona Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Demming

(Physician or midwife)

Address Iona Bonneville Co Idaho

Given names added from a supplemental report.

19

Registrar

Filed 2/24 19 23

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-126-008-257

PLACE OF BIRTH

RECEIVED
APR 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Grimes Pass

No. ..... St.

Hospital .....

Registration District No. 12

File No. 109579

Primary Registration District No. 12

Registered No. 12

FULL NAME OF CHILD James Harp
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	4 (To be answered only in event of plural births)	Yes	Dec 26 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Robert Harp	FULL MAIDEN NAME	Julie Bears
RESIDENCE	Grimes Pass	RESIDENCE	Grimes Pass
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE		BIRTHPLACE	Council
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Branson
(Physician or midwife)

Give names added from a supplemental report.

....., 1923

Mrs E S Robison
Registrar.

Address .....

Filed apr 1923

Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-125014-793

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

108621

County of Canyon.

City of Nampa.

No. ..... St.

Registration District No. 7 File No. .....

Hospital .....

Primary Registration District No. 2096 Registered No. .....

FULL NAME OF CHILD Homer Leland Staats

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	Dec. 25 1922

	FATHER	MOTHER
FULL NAME	Ralph Walter Staats.	FULL MAIDEN NAME Katherine R. Pitts.
RESIDENCE	Nampa, Idaho.	RESIDENCE Nampa — Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Okla.
OCCUPATION	Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum MD
Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Address .....

Filed Mar. 5 1923 Pearle Dodds
Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Nampa

ST. R. 4.

COUNTY Canyon

FATHER Ralph.

FILE NO. 109621

DATE OF BIRTH Dec. 25, 1922.

SEX OF CHILD Male

MOTHER Katherine Staats
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Homer Leland Staats.

Mrs. Katherine Staats

Signature of Father or Mother.

413-125-014-331

PLACE OF BIRTH

RECEIVED MAR 17 19 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Apple Valley

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 1007

File No. 109654

Registered No. 13

Full Name of Child Lawrence Jeremiah Matthews

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
male	—	—	yes	Dec 25 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leslie Jennings Matthews	FULL MAIDEN NAME	Lena Grace Clark
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kans.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Parma

Filed 9-10 1923 Lulu Waldrop

Registrar

K

...e than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1956

DECEASED

751-210-014-275

PLACE OF BIRTH

RECEIVED
APR 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 300 - 9th Av. N. St.

Registration District No. 7

File No. 109676

Hospital

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Dorothy Lavell Pearson.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes.	Dec. 10th 1922.

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David D. Pearson	FULL MAIDEN NAME	Dorothy A. Spencer.
RESIDENCE	Nampa, Idaho.	RESIDENCE	Nampa, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Nebraska.
OCCUPATION	Laborer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Proctor

Physician.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr. 3 1923 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

122-105 014-993

PLACE OF BIRTH

RECEIVED
APR 5 1928
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 109677

County of Canyon

City of 812-9th. Av. S.

No. ..... St.

Registration District No. 7 File No. .....

Hospital .....

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Stowell Fielding Abbott.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes.	Dec. 5 1928.

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Stowell E. Abbott	FULL MAIDEN NAME	Fontella C. Richardson
RESIDENCE	Nampa, Idaho.	RESIDENCE	Nampa, Ida.
COLOR	White — AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 17. (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Oregon.
OCCUPATION	Ry. Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Apr. 3 1928 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1942

NOV 26 1957

25-3-112-916-819

PLACE OF BIRTH

RECEIVED
APR 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109744

County of Cassia
City of Albion
No. ..... St.
~~Hospital~~ At Home

Registration District No. 119
Primary Registration District No. 298
File No. .....
Registered No. .....

FULL NAME OF CHILD John Richard Bell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Febr. 12, 1922

What bactericidal solution was used in eyes? Boric Acid Soulition

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Otto Bell	FULL MAIDEN NAME: Lapreal Hardman
RESIDENCE: Albion Idaho	RESIDENCE: Albion Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Helen Lake Utah	BIRTHPLACE: Pleasant Green Utah
OCCUPATION: Labour	OCCUPATION: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

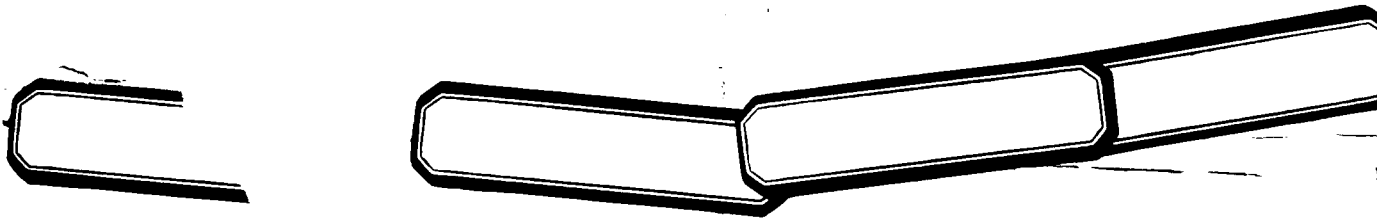
.....
Registrar.

(Signature) Mrs. Ellen Boosinger
(Practical Nurse)
(Physician or midwife)
Address Albion, Idaho

Filed Mar 1, 1923 C. L. Slater
Registrar.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each in order of birth stated.

AUG 15 1961



713-121-021-793

PLACE OF BIRTH

RECEIVED
APR 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St. ____

Registration District No. 27 File No. 109810

Hospital ____ Primary Registration District No. 2119 Registered No. 47

FULL NAME OF CHILD Gale Gilbert Palmer
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov. 21 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Frank Palmer	FULL MAIDEN NAME	Myrtle Gilbert
RESIDENCE	Preston Ida	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Morgan Utah	BIRTHPLACE	Whitney Idaho
OCCUPATION	~~Farmer~~ Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Nancy Beckstead

Midwife
(Physician or midwife)

Address Preston Idaho

Filed 4-3 1923 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each child, and the number of order of birth stated.

555-709 21-595

PLACE OF BIRTH

RECEIVED
APR 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 109811

County of Franklin
City of Franklin
No. ..... St.
Hospital Home
Registration District No. 27
Primary Registration District No. 2119
Registered No. 46

FULL NAME OF CHILD Leon Neeley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 9 1922

What bacteriolidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Johnathan Harvy Neeley	FULL MAIDEN NAME	Rachel M Nielson
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Riverton - Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or midwife)

Address Preston Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4-3 1923 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-123021-264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 7 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 109812

County of Franklin
City of Fairview
No. ..... St. ..... Registration District No. .....
Hospital Home Primary Registration District No. 2119 Registered No. 43

FULL NAME OF CHILD Orlan R. Ransom
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	One	Yes	June 23 1922

What bactericidal solution was used in eyes? Silver

Number of child of this mother, including present birth: One. Number of child of this mother now living, including present birth: One.

FATHER		MOTHER	
FULL NAME	Thomas A Ransom	FULL MAIDEN NAME	Eleanor D Bodily
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cleveland Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 [illegible]2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or midwife)
Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 4-3 1923 Mrs Ida Lippett Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at [illegible] SEPARATE RETURN must be made for each and the number [illegible], in order of birth stated.

JUN 4

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

PLACE OF BIRTH

915-22-3021-364

RECEIVED
APR 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Fair View
No. ____ St.
Hospital Home
Registration District No. 27
Primary Registration District No. 2119
File No. 109813
Registered No. 44

FULL NAME OF CHILD Arlale Ransom
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	June 23 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas A Ransom	Eleanor D Bodily
RESIDENCE	Fairview	Fairview Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Cleveland Idaho	Fairview
OCCUPATION	Day Laborer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10-30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or midwife)
Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 4-3 1923 Mrs Ida Tippets
Registrar.

MAY 23 1960

PLACE OF BIRTH

695 719-021652

County of Franklin

City of Wander

No. ____ St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 109820

RECEIVED APR 7 1923 BUREAU OF

Registration District No. 27 File No. ____

Primary Registration District No. 2119 Registered No. 45

FULL NAME OF CHILD Harley Leon Winger

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	Oct 10 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harley Jesse Laurence Winger	FULL MAIDEN NAME	Myrtle Leonora Webb
RESIDENCE	Wander	RESIDENCE	Wander
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri Missouri	BIRTHPLACE	Millville Utah
OCCUPATION	Farmer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Backstead
Midwife
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4-3 1923 Mrs Ida Suppes
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 Certified ~~Copy~~ Copies issued Jan. 15, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-1[illegible]

PLACE OF [redacted] IDAHO
[redacted] TAL STATISTICS

4 [redacted] U OF VITAL ATISTICS

CERTIFICATE OF BIRTH

County of Payette

883-213 038 883

City of [redacted] ion District No. 5 File No. 109825

No. [redacted] St.

Primary Registration District No. 2009 Registered No.

Hospital

FULL NAME OF CHILD Ella Leah Hylton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	—		01	yes	Aug 18 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Hylton	FULL MAIDEN NAME	Nettie Hylton
RESIDENCE	New Plymouth Ida	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mosuri
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born living at 1 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Smith MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address New Plymouth Ida

Filed Apr 3 1923 Wm T. Drysdale
Registrar

Registrar

8-Y CO. 20174

K

AUG 24 1945

819-129 038 812

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109826

County of Payette

City of New Plymouth

Registration District No. 5 File No.

No. St.

Primary Registration District No. 2009 Registered No.

Hospital

FULL NAME OF CHILD Robert N Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			9	yes	Dec 29 1922

FATHER	MOTHER
FULL NAME: William F. Harris	FULL MAIDEN NAME: Ethel Nannas
RESIDENCE: New Plymouth Ida	RESIDENCE: New Plymouth Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 64 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Salem Ore
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J H Smith M D

(Physician or midwife)

Address New Plymouth Ida

Filed Apr 3 1923 Wm J. Dryedale

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-120-022-331

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 7 1923 BUREAU OF VITAL STATISTICS

County of Fremont

CERTIFICATE OF BIRTH

109853

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No. 64

Hospital

FULL NAME OF CHILD Robert Frank Maurer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	4-20-1922

FATHER		MOTHER	
FULL NAME	Geo L Maurer	FULL MAIDEN NAME	Edith Clark
RESIDENCE	Ashton,	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	St Anthony Ida	BIRTHPLACE	Harwood, N. D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Metton MD

(Physician or midwife)

Address St Anthony

Given names added from a supplemental report.

19

Registrar

Filed 1/25 1923 Wm M Hansen Registrar

cc 3/11/11 5 MH

433-122022.214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 7 1923 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 109854

No. ..... St.

Primary Registration District No. 2177 Registered No. 65

Hospital .....

FULL NAME OF CHILD Not Known Darrel McCumber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	12-22 1922

FATHER	MOTHER
FULL NAME C. R. McCumber	FULL MAIDEN NAME Vadis Baum
RESIDENCE St Anthony	RESIDENCE St Anthony
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Bear Lake, Ida	BIRTHPLACE Provo, Ut
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellor MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1/25 1923 W. M. Hansen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 11-20-40

AUG 6 1987

469131022 · 335

PLACE OF BIRTH

RECEIVED APR 7 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 109855

No. ..... St.

Primary Registration District No. 2177

Registered No. 66

Hospital .....

FULL NAME OF CHILD Thomas Morgan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	12 31 1922

FATHER	MOTHER
FULL NAME Thos V. Morgan	FULL MAIDEN NAME Eliz. J. Clegg
RESIDENCE St Anthony	RESIDENCE St Anthony Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 54 (Years)	AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Toole U.	BIRTHPLACE Springville Ut
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jennellos

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/25 19 23 W M Hansen

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

958 21 025 866
PLACE OF BIRTH

RECEIVED
MAR 14 1923
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

109901

County of ..... Registration District No. 114 File No. .....

City of .....

No. ..... St. Primary Registration District No. 2182 Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Evelyn

Sex of Child Female | Twin, Triplet or other? one | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. (Month) 17 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME A M Reynolds	FULL MAIDEN NAME Jessie Howard
RESIDENCE White Bird Ida	RESIDENCE White Bird Ida
COLOR White	AGE AT LAST BIRTHDAY 48 (Years)
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Idaho
OCCUPATION Postmaster	OCCUPATION Domestic

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.50 A.M. on the date above stated.

(Signature) W. A. Foskett - M.D.

(Physician or midwife)

Address White Bird - Idaho

Filed Mar. 14 1923 W. A. Foskett Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1942

132-12505-557

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of

Registration District No. 104

File No. 109903

No. St.

Primary Registration District No. 2182

Registered No.

Hospital

FULL NAME OF CHILD George Richard Gelkire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec. 25, 1922

FATHER		MOTHER	
FULL NAME	Josh Henderson Gelkire	FULL MAIDEN NAME	Cleo Marjorie Engle
RESIDENCE	Lucile	RESIDENCE	Lucile
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	John Day, Idaho	BIRTHPLACE	Fergus, Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:[illegible] P.M. on the date above stated.

(Signature) W. A. Foskett M.D.

(Physician or midwife)

Address White Bird. Idaho

Filed Mar. 14 1923 W. A. Foskett
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1942

469-21 7025 766

PLACE OF BIRTH

RECEIVED MAR 1 1922 VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109904

County of Idaho

City of Canfield

Registration District No. 104 File No.

No. St.

Primary Registration District No. 2182 Registered No.

Hospital

FULL NAME OF CHILD Doris Elizabeth Morgan.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Nov	17	1922

FATHER		MOTHER	
FULL NAME	Clarence Edmund Morgan	FULL MAIDEN NAME	Agnes Martha Wood
RESIDENCE	Canfield	RESIDENCE	Canfield
COLOR	White	COLOR	Wht
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett M.D.
(Physician or midwife)

Address White Bird - Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 19

W. A. Foskett
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Please fill and send by
Return Mail
W. A. Fa[illegible]

JUN 16 1945

PLACE OF BIRTH

RECEIVED APR 9 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. 264 114 025 767 St.

Registration District No. 105 State File No. 109934

Hospital

Primary Registration District No. 2183 Local Registrar's No. 19

FULL NAME OF CHILD Casper Joseph Allied ~~Leubing~~ Sommer

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male				yes	3	14	1922 ~~1923~~

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Dr. Casper Sommer	FULL MAIDEN NAME: ~~Monica Frei~~ Tresa Pope
RESIDENCE: Cottonwood, Idaho.	RESIDENCE: Cottonwood, Ida.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 23 36 (Years)
BIRTHPLACE: Schwitzerland	BIRTHPLACE: ~~Schwitzerland~~ San Francisco Calif.
OCCUPATION: veterinary	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {~~Stillborn~~ / Born alive} at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Address Cottonwood, Ida.

Filed 4-1 1923 W.F. Orr

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/24/41 L. B.

C. A. BOTTOLFSEN, GOVERNOR
EMORY AFTON, COMMISSIONER
DEPARTMENT OF PUBLIC WELFARE
E. L. BERRY, M.D., DIRECTOR
DIVISION OF PUBLIC HEALTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELFARE
FRANK ENSIGN, BOISE
T. S. KERR, MOSCOW
I. E. ROCKWELL, BELLEVUE
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

Feb. 18, 1941

#109934
in folder.

Wesley F. Orr, M.D.
Cottonwood, Idaho

Dear Doctor Orr:

We have had a request for the birth certificate of Casper Joseph Sommer.

If you will recall, this was a Ceasarian Section, the mother died 24 hours after birth of the child. Her maiden name was Teresa Pope.

The record was not placed on file by you until a year after the birth of the boy, and the mother's name given is Monica Frei, who happens to be the woman who raised the boy after his own mother died. The birthdate on the certificate is also in error. Birthdate should be March 14, 1922 instead of March 10, 1923, as listed.

Will you kindly return this letter, authorizing us to make the changes necessary on this record?

Thanking you for your prompt attention to our request, we are

Very truly yours,

DIVISION OF PUBLIC HEALTH

Clyde A. Bridger

Clyde A. Bridger, Acting
Director of Vital Statistics

Cottonwood, Idaho
February 21, 1941

PBA

Dear Mr. Bridger,

According to my records the statements made above by you are correct, and I am advising you to correct the dates on the certificate.

Yours sincerely,

Wesley D. Orr M.D.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

RECEIVED
MAR 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rexburg

No. 254 724 026 432 St.

Registration District No. 98 File No. 109938

Hospital

Primary Registration District No. 2176 Registered No. 51

FULL NAME OF CHILD Jack Alvin Pedersen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Boy	✓		✓	Yes	Feb	24	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lorenzo Pedersen	FULL MAIDEN NAME	Maude McBride
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

Physician
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3/10 1923 Ray H Fisher
Registrar.

.O R A T T A T

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth

CITY Ririe

ST.

COUNTY Jeffersen.

FATHER Lorenzo Pedersen

FILE NO. 109938

DATE OF BIRTH Dec. 24-1922.

SEX OF CHILD Male

MOTHER Mattie May McBride
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Jack Alvin Pedersen

Mr. & Mrs Lorenzo Pederse

Signature of Father or Mother.

493 105 026 259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 24 1923
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rexburg

No. ..... St.

Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 217.6 Registered No. 44

CERTIFICATE OF BIRTH 109940

FULL NAME OF CHILD Joseph Hewitt Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	c		c	Yes	July 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Robt E Miller	FULL MAIDEN NAME	Flora Ker
RESIDENCE	Swan Valley Idaho	RESIDENCE	Swan Valley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saml Price
Rexburg Idaho
(Physician or midwife)

Give names added from a supplemental report.

..... , 19....

..... Registrar.

Address (Physician)

Filed 3/10 1923 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1 1942

434.109 026.667

PLACE OF BIRTH

RECEIVED
MAR 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

Registration District No. 98 File No. 109941

Primary Registration District No. 2176 Registered No. 48

FULL NAME OF CHILD Horace Nile McMurtrey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	✓		✓	Yes	Dec. 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Horace R McMurtrey	FULL MAIDEN NAME	Cora M. Fox
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wyo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Ririe Idaho

Filed 3/10 1923 Ray H Fisher
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922 - 12713

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth
CITY Rigby
ST.
COUNTY Jefferson
FATHER Horace McMurtrey

FILE NO. 109941
DATE OF BIRTH Dec. 9, 1922
SEX OF CHILD Male
MOTHER Cora Fox
(Maiden Name)

RECEIVED 192[illegible] BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Horace Nile McMurtrey

Horace McMurtrey

Signature of Father or Mother.

259 715 026 685

PLACE OF BIRTH

RECEIVED
MAR 24 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 109943

Hospital ..... Primary Registration District No. 2176 Registered No. 46

FULL NAME OF CHILD Robert Norton Ker
(Certificate of no value without full name of child.)

Sex of Child Boy | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb 15 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 | Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robt. E. Ker	FULL MAIDEN NAME	Myrtle L. Wheeler
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saint Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Rigby Idaho

Filed 3/10 1923 Ray H Fisher
Registrar.

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-230026-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 24 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Rigby
No. ..... St.
Registration District No. 98
File No. 109944
Hospital
Primary Registration District No. 2176
Registered No. 45

FULL NAME OF CHILD Doris Marie Perry
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—	—	Yes	Dec 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Albert Perry	Elizabeth Earl
RESIDENCE	Rigby Idaho	Rigby Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		32
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dave T Price
Physician
(Physician or midwife)
Address Rigby Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3/10 1923 Ray H Graham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

445 125026 291

RECEIVED MAR 1 1923 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. ..... St. ..... District No. 98

Hospital ..... Primary Registration District No. 2176

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 109960

Registered No. 29

FULL NAME OF CHILD Wayne L. Munson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	12-25 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Swen Munson	FULL MAIDEN NAME	Carrie Bradshaw
RESIDENCE	Rigby	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Address Rigby

Filed 3/10 1923 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 2 1964 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 109960

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Munson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25, 1922 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wayne L. Munson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 1964

B. A. Sandel

Notary Public, residing at Idaho Falls, Idaho

My commission expires 2-12-68

(Seal)

Signed Lillian Palmer
(Signature of Any Credible Person)

Rt #1, Box 119 Idaho Falls, Idaho
(Street Address, City, State)

FORM OH 60-155 L 6-4-64. one copy pd.

K

Social Security Card, #519-18-5261 gives full name as Wayne L. Munson - viewed by V.S

L.D.S. Church Cert. of Blessing, April 1, 1923 gives full name as Wayne Lorenzo Munson, son of Swen Munson and Carrie Bradshaw, born Dec. 25, 1922 at Ucon, Idaho- viewed by V.S.

JUL 3 1964

Military Record, U.S. Navy, date of honorable discharge Nov. 25, 1946 gives full name as Wayne L. Munson, born Dec. 25, 1922 at Ucon, Idaho - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 19 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109961

County of Jefferson
City of Grant
No. 915 St.
Hospital 229 026815
Registration District No. 98
Primary Registration District No. 2176
File No.
Registered No. 28

FULL NAME OF CHILD Airdith Lavell Randall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	12-29-22

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Orval Randall	FULL MAIDEN NAME	Lenora Hansen
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Ray H Fisher
(Physician or midwife)
Address Rigby
Filed 3/10 1923 Ray H Fisher Registrar.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls

ST. Idaho

COUNTY _____

FILE NO. 109961

DATE OF BIRTH Dec. 29th 1922

SEX OF CHILD Female

FATHER Orval Randall

MOTHER Lynora Hansen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ardith Lavell Randall

Mrs Orval Randall.
Signature of Father or Mother.

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25 1923
U OF VITAL

PLACE OF BIRTH
256 128 026674

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 19 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Rigby
No. ..... St.
Hospital home
Registration District No. 98
Primary Registration District No. 2176
File No. 109981
Registered No. 9

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	12 28 192 2

What bactericidal solution was used in eyes? 25% sol Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred L. Snowberger	FULL MAIDEN NAME	Emma L. Ord
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Warren Indiana	BIRTHPLACE	Replig Mich
OCCUPATION	Pharmacist	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call
Rigby Ida.
(Physician or midwife)

Address .....

Filed 3/10.1923 Ray H. Fisher
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 19 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. 344 926-026-418 Registration District No. 98 File No. 109982

Hospital home Primary Registration District No. 2176 Registered No. 8

FULL NAME OF CHILD _____
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		Yes	12/26/22

What bactericidal solution was used in eyes? Yes 25% Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alvin Ludlow	FULL MAIDEN NAME	Rachel C. Maynard
RESIDENCE	Lorenzo #1	RESIDENCE	Lorenzo #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah Co. Ut.	BIRTHPLACE	Silver Point Tenn
OCCUPATION	farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Call
Rigby
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Ida.

Filed 3/10 1923 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799 128 026 3/4

PLACE OF BIRTH

RECEIVED
MAR 19 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 109983

Hospital home Primary Registration District No. 2176 Registered No. 7

FULL NAME OF CHILD William Brigham Price
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		Yes	12/25 192 2

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Price	FULL MAIDEN NAME	Ida Campbell
RESIDENCE	Rigby No 2	RESIDENCE	Rigby, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Salt Lake Ut.	BIRTHPLACE	Rigby Ida
OCCUPATION	Jonnur	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.
(Physician or midwife)

Address Rigby Idaho

Filed 3/10 1923 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

...ITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 1942

MAY 26 1972

OCT 21 1958

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 19 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital home

Registration District No. 98

File No. 109984

Primary Registration District No. 2176

Registered No. 6

296-225-026-667

FULL NAME OF CHILD Norma Ilean Brown

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) 192 (Year)
F		Yes	12 20 22

What bactericidal solution was used in eyes? 25% sol Argyrol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Charles S. Brown	FULL MAIDEN NAME Lora J. Fox
RESIDENCE Rigby RD No 1	RESIDENCE Rigby RD No 1
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Salt Lake City	BIRTHPLACE Rigby Ida
OCCUPATION Farmer	OCCUPATION Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:39 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Call MD

(Physician or midwife)

Address Rigby Ida

Filed 3/10 1923 Ray H. Fisher
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...LAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 2 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 13 4 00 PM '76

State of .....
County of ..... } ss.

Certificate No. 109984

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Brown (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 25, 1922 (Date of Event)
in Garfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Norma Ilean Brown

Subscribed and sworn to before me this 10 day of
Sept, 1976
Robert J Baines
Notary Public, residing at Lewisville Idaho
My commission expires 5-26-77
(Seal)

Signed Susan Fernandez
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Star Route - Box 17-D Rigby Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of
Sept, 1976
Robert J Baines
Notary Public, residing at Lewisville
My commission expires 5-26-77
(Seal)

Signed Gladys Cansland
(Signature of Any Credible Person)
1031 Everett Pocatello, Ida
(Street Address, City, State)

FORM DH 80-155 CL 8/28/75

Certificate of Blessing gives name of child as Norma Ilean Brown daughter of Charles Samuel Brown and Ibra Fox born December 25, 1922 in Garfield, Jefferson COUNTY, Idaho. Blessed Feb. 4, 1923 in L.D.S.Church.
Viewed by V.S

A childs birth certificate on file with the state of Idaho gives name of mother as Norma Ilean Brown. Child of Norma born December 3, 1938 in Rigby, Idaho.
Certificate # 273991
Viewed by V.S.

NOV 4 1976

213-15-026-753

PLACE OF BIRTH

RECEIVED
MAR 19 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ripley

No. ..... St.

Registration District No. 98 File No. 109985

Hospital home

Primary Registration District No. 2176 Registered No. 5

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		yes	12/15/1922

What bactericidal solution was used in eyes? 25% Argyral

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Lee Bates	FULL MAIDEN NAME	Nettie Peterson
RESIDENCE	Ripley Ida	RESIDENCE	Ripley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Monroe Utah	BIRTHPLACE	Richfield Utah
OCCUPATION	Salesman	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call MD

Ripley
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Idaho

Filed 3/10 1923 Ray H Fisher
Registrar.

...ALLY WITH UNFADING INK—THIS IS A PERMANENT RECORD ...—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-109 026-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 19 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Registration District No. 98 File No. 109986

Hospital home

Primary Registration District No. 2176 Registered No. 4

FULL NAME OF CHILD James Wendell Hunter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		Yes	12 - 9 - 1922

What bactericidal solution was used in eyes? 25% sol. Argyrol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Daniel W. Hunter Jr.	FULL MAIDEN NAME	Ruth H. Hamilton
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Salt Lake City Ut.	BIRTHPLACE	Leland Ut.
OCCUPATION	School teacher	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Call M.D.

(Physician or midwife) Rogley Ida

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address

Filed 3/10 1923 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Lorenzo (ST. _____ (COUNTY Jefferson

FILE NO. 109986

DATE OF BIRTH Dec. 9, 1922

SEX OF CHILD Male

FATHER Daniel W Hunter, Jr. MOTHER Ruth Helen Hamilton (Maiden Name)

RECEIVED APR 23 1923 BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Jessee Wendell Hunter

Daniel W Hunter Jr

Signature of Father or Mother.

FEB 8 1943

PLACE OF BIRTH
815 208 026 154

RECEIVED
MAR 19 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Registration District No. 98 File No. 109987

Hospital home

Primary Registration District No. 2176 Registered No. 3

FULL NAME OF CHILD Julia Lorraine Havens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		Yes	12/8 1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William H. Havens	FULL MAIDEN NAME	Cora M. Anderson
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Davenport Iowa	BIRTHPLACE	Hyrum Utah
OCCUPATION	Laborer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Call MD

Ripley Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address

Filed 3/10 1923 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 31 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Louisville
(ST. Idaho
(COUNTY Jefferson

FILE NO. 109987

DATE OF BIRTH Dec 8/22

SEX OF CHILD Female

FATHER W. H. Havens

MOTHER Cora M Anderson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Julia Lorraine Havens.

W. H. Havens

Signature of Father or Mother.

JUN 2 2 1942

PLACE OF BIRTH
719-230 026-438

RECEIVED
MAR 19 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

109988

County of Jefferson
City of Rigby
No. ..... St.
Hospital home

Registration District No. 98
Primary Registration District No. 2176

File No. .....
Registered No. 2

FULL NAME OF CHILD Barbara Parkison
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	11-30-1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William R Parkison	FULL MAIDEN NAME	Cora McIntier
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Gina Nebraska	BIRTHPLACE	Archer Ida
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call Md
(Physician or midwife)
Rigby Ida
Address

Give names added from a supplemental report.

K ....., 192....
Registrar.

Filed 3/10 1923 Ray H Fisher
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth: CITY Rigby. ST. Idaho COUNTY Jefferson

FILE NO. 109988

DATE OF BIRTH Nov 30. 1923.

SEX OF CHILD Female

FATHER W.L. Parkison MOTHER Cora McEntier. (Maiden Name)

RECEIVED
1923
OF VITAL
STICS

I HEREBY CERTIFY that the child herein described has been named:

Barbara Parkison.

Cora Parkison.

Signature of Father or Mother.

819-103026869

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Grant

No. _____ St.

Hospital _____

Registration District No. 73 File No. 109989

Primary Registration District No. 21 V-0 Registered No. 1V-4

FULL NAME OF CHILD Gams Harada

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10 3 1922

FATHER		MOTHER	
FULL NAME	O Harada	FULL MAIDEN NAME	S Harada
RESIDENCE	Grant Idaho	RESIDENCE	Grant
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R A Denning

Midwife
(~~Physician or~~ midwife)

Given names added from a supplemental report.

_____ 19__

Address Tana Idaho

2/28 1923 A Kennard

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 9 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai
City of Coeur d Alene
No. 406 N. 3rd St.
Hospital 553 124 028 962
Registration District No. 30
Primary Registration District No. 1051
State File No. 109992
Local Registrar's No. 1482

FULL NAME OF CHILD Lorell David Nelson
(Certificate of no value without full name of child.)

Sex of Child: Male
Twin, Triplet or other? and Number in order of birth
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth: July (Month) 24 (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2
Number of child of this mother now living, including present birth 2

FATHER

FULL NAME: Mr. Wellman Nelson
RESIDENCE: Coeur d Alene
COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Iowa.
OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Vera Robins
RESIDENCE: Coeur d Alene Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Wash.
OCCUPATION: Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 6:15 P.M. on the date above stated.

(Signature) Dr. John T. Word
(Physician or midwife)
Address Coeur d Alene Idaho

Filed 4/5 1923

D. D. Greene
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343.118028-453

PLACE OF BIRTH

RECEIVED
MAR 12 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

Registration District No. 126 File No. 110037

Primary Registration District No. 2204 Registered No. 23

FULL NAME OF CHILD Donald Eugene Tucker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vern I. Tucker	FULL MAIDEN NAME	Grace Elizabeth Meldrum
RESIDENCE	Rose Lake, Ida.	RESIDENCE	Rose Lake, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Brooks, Iowa	BIRTHPLACE	West Jordan, Utah
OCCUPATION	Public School principal	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake, Ida.

Filed 2-28 1923 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 9, 1940. [illegible]

219-208029-966

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 10038

County of Kootenai

City of Harrison

No. ..... St. Registration District No. ..... File No. .....

Hospital Lakeview Primary Registration District No. ..... Registered No. 22

FULL NAME OF CHILD Ida Mabel Bare
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth 12-8-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Ag Boric

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Jas Roy Bare	FULL MAIDEN NAME Annie A. Rowe
RESIDENCE	Springston Ida	Springston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Nebr	Manitoba
OCCUPATION	Rancher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:40a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Tenney M.D.
(Physician or midwife)

Address Harrison Ida

Filed 2 28 1923 J M Tenney
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

119220028-381

38

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 12 1923
BUREAU OF VITAL STATISTICS

110039

CERTIFICATE OF BIRTH

County of Hoolense

City of Springston

No. ..... St.

Registration District No. 126 File No. 7

Hospital ..... Primary Registration District No. 2204 Registered No. 21

FULL NAME OF CHILD Seetta May Jarrett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11 20 1922

What bactericidal solution was used in eyes? A C Bam

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Benjamin E Jarrett	FULL MAIDEN NAME	Helen Thaxter
RESIDENCE	Springston Ida	RESIDENCE	Springston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kansas	BIRTHPLACE	Mont
OCCUPATION	Com. Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P M. on the date above stated.
(born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Address Harrison Ida

Filed 2 28 1923 J M Finney
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE O[redacted]

STATE OF IDAHO
[redacted]RTMENT OF PUBLIC WELFARE
[redacted]BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8
BUREAU
STAT

CERTIFICATE OF BIRTH

County of L[redacted]

City of

No. 693 224 029 557 St.

Registra[redacted] No. 61

File No. 110069

Hospital

Primary Registration District No. 1011

Registered No. 25

FULL NAME OF CHILD [redacted] Virginia Maude Wilkinson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	Dec 24 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ray Wilkinson	FULL MAIDEN NAME	Effie Neal
RESIDENCE	Medicine Hat Alberta Canada	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mich	BIRTHPLACE	Kentucky
OCCUPATION	R.R. Fireman	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair
Moscow Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address

Filed Feb 3 1923 M H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

X

AUG 14 1942

331-229 033-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Registration District No. 100 File No. 110159
Hospital —
Primary Registration District No. 2176 Registered No. 342

FULL NAME OF CHILD Eva Marcell Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	I	Yes	Dec 29 1922

What bactericidal solution was used in eyes? 15% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Keith Clark	FULL MAIDEN NAME	Ellen Long
RESIDENCE	Canyon Creek	RESIDENCE	Canyon Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Rexburg	BIRTHPLACE	Rexburg
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Rigby M.D.
Rexburg
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed 3/1 1923 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 17 1973

295 701 033-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 7 1923
BUREAU OF VITAL STATISTICS

County of Madison

City of Thornton

Registration District No. 100 File No. 110161

No. _____ St.

Primary Registration District No. 2178 Registered No. 376

Hospital Res

FULL NAME OF CHILD Raymond Ricks Kington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 1 1923 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Kington	FULL MAIDEN NAME	Bessie Ricks
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Rexburg Idaho

Filed 4/1 1923 J R Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho 4/17 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full nam included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Thornton

ST. Idaho

COUNTY Madison

FILE NO. 110161

DATE OF BIRTH July 1st 1922

SEX OF CHILD Male

FATHER Thomas Kington

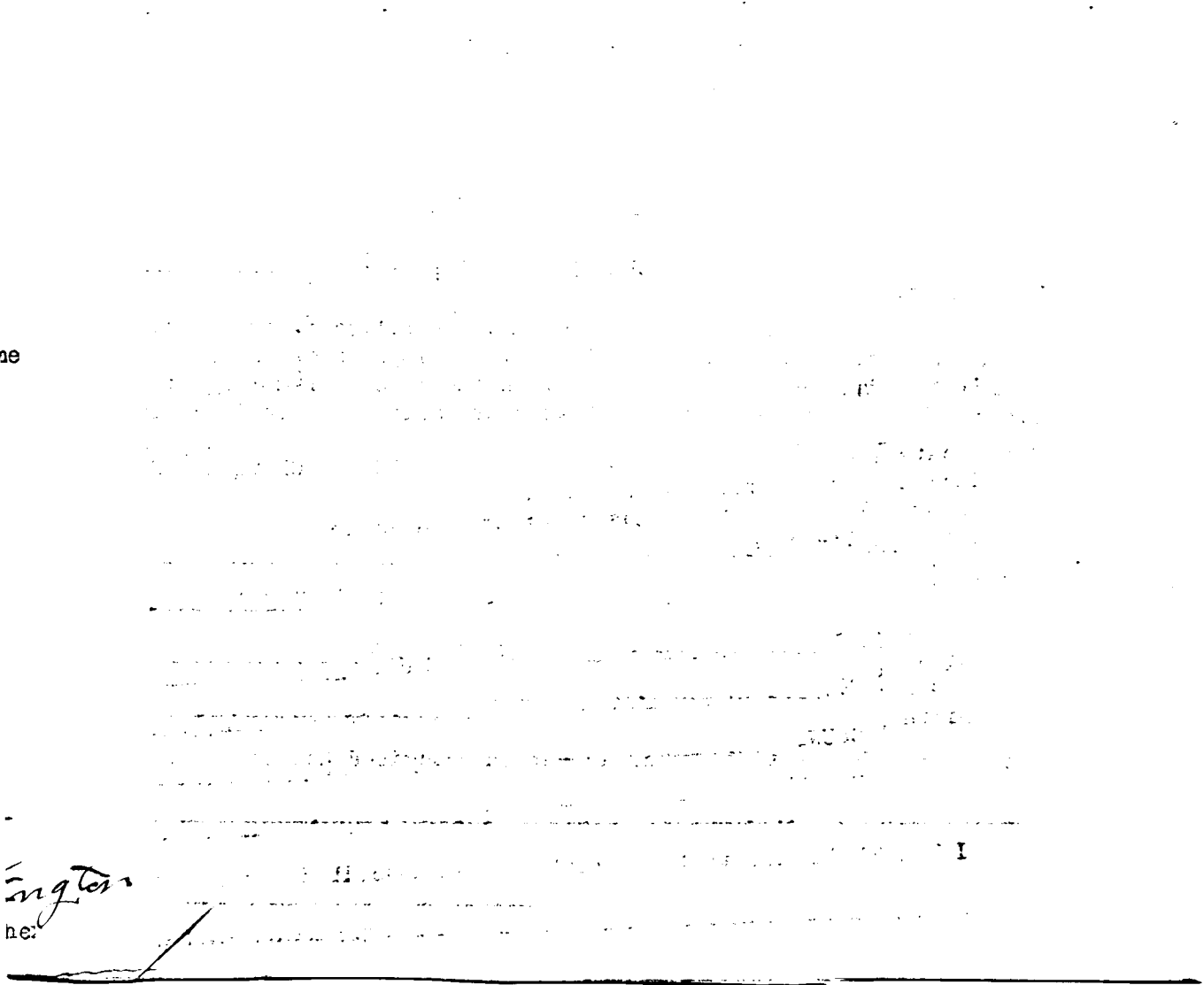
MOTHER Betsy D Ricks (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Raymond Ricks Kington

Thomas Kington Betsy K

Signature of Father or Moth



469-218033-819

PLACE OF BIRTH

RECEIVED
APR 7 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

1101 62

County of Madison

City of Saliam

Registration District No. 100

File No.

No. St.

Hospital Res

Primary Registration District No. 2178 Registered No. 427

FULL NAME OF CHILD Julia Grace Mortensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	Oct	18	1922

	FATHER	MOTHER
FULL NAME	Peter Mortensen	FULL MAIDEN NAME Annie Harris
RESIDENCE	Saliam	RESIDENCE Saliam
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M G Watts
Midwife
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

19

Registrar

Filed 4/1 1923 J Reynolds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/17 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

IVED
26 1923

Place of Birth
CITY Salem
ST.
COUNTY Madison
FATHER Peter Mortensen

FILE NO. 110162
DATE OF BIRTH Oct 18 - 1923
SEX OF CHILD Female
MOTHER Annie Mary Harris
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Zula Grace

Annie M. Mortensen
Signature of Father or Mother.

SEP 4 1942

293 228 034 363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 7 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ..... St. ..... Registration District No. 19 File No. 110209

Hospital ..... Primary Registration District No. 9015 Registered No. 1

FULL NAME OF CHILD Verla Biles
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female	1		2	yes	12	28	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Biles	FULL MAIDEN NAME	Wilma Calvert ~~Maud Bedford~~
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Wages	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fayre Kenagy M.D.
(Physician or midwife)

Address Rupert Idaho

Filed 1-17 1923 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Paul (ST. Idaho (COUNTY Minidoka

FILE NO. 110209

DATE OF BIRTH Dec. 28, 1922

SEX OF CHILD Female

FATHER John Biles

MOTHER Wilma Calvert (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Verla Biles

Miss Wilma Biles

Signature of Father or Mother.

JUN 16 1972

AUG 1 9 1972

331 108 034-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

RECEIVED
MAR 7 1923
BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 19 File No. 110210

Hospital ..... Primary Registration District No. 2015 Registered No. 2

FULL NAME OF CHILD David Harry Clayton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	12-8-1922

What bacteriocidal solution was used in eyes? Arg. Nos.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Burdette Clayton	FULL MAIDEN NAME Ruth Dreiber
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas Mo	BIRTHPLACE Kansas Missouri
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J B Kennedy
Physician
(Physician or midwife)

Address Rupert Idaho

Filed 1-15 1923 Ed O Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 7 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

110211

County of Minidoka

City of Heyburn

No. 218 216 634 244 St. Registration District No. 19 File No.

Hospital Primary Registration District No. 2013 Registered No. 3

FULL NAME OF CHILD Joy Sayer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	12 16 1922

What bactericidal solution was used in eyes? Cr. No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Sherman E. Sayer	FULL MAIDEN NAME	Florence Sands
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Domestic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) F. H. Cutler M.D.
(Physician or midwife)

Address Burley Idaho

Filed 1-15 1923 E. A. Elmore
Registrar.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 110211

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 16, 1932 (DATE OF EVENT),
in Hayburn, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Joy Sayer

Subscribed and sworn to before me this 20th
day of February, 19 42.
Mabel B. Yarnick
Notary Public, residing at Boise, Idaho
My commission expires Jan. 22, 1945
(SEAL)

Signed Sherman E Sayer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Buhl, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____
day of ____, 19 ____
Notary Public, residing at ____
My commission expires ____
(SEAL)

Signed ____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
____
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

AUG 1 [illegible] 42

718 129 038 793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
APR 4 192
BUREAU OF VIT
STATISTIC

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 110279

Primary Registration District No. 1008 Registered No. 16

FULL NAME OF CHILD Argyl Dwight Payton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W E Payton	FULL MAIDEN NAME	Olive Gilkerson
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Oreg-	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 30 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette Ida

Filed Mar 16 1923 J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

RECEIVED APR 30 1923 BUREAU OF VITAL STATISTICS

Place of Birth

CITY Payette

ST.

COUNTY

FATHER Donald Payne

FILE NO. 110279

DATE OF BIRTH

SEX OF CHILD Male

MOTHER Olive Garrison (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

August Dwight Payne

Mrs Donald Payne

Signature of Father or Mother.

SEP 17 1941

818 216 038 314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
APR 4
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

110280

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 17

Hospital

FULL NAME OF CHILD Belva Lapriel Haynie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Female				Yes	Nov 16 1923

FATHER		MOTHER	
FULL NAME	Richard H Haynie	FULL MAIDEN NAME	Alice Mary Lamotte
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Drexx Barbers	BIRTHPLACE	Wash.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 noon M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M.D.
(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed MAR 16 1923 19

J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/18 1923.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Payette

(ST. Idaho

(COUNTY Payette

FILE NO. 110280

DATE OF BIRTH November 16 - 1922

SEX OF CHILD Female

FATHER Richard M. Haynie

MOTHER Mrs Alda May Bennett Haynie
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Belva Gabriel Haynie

Mrs Alda M. Haynie
Signature of Father or Mother.

JUN 22 1956

239-207038-217

PLACE OF BIRTH

RECEIVED APR [illegible] BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 110281

No. ..... St.

Primary Registration District No. 1008 Registered No. 18

Hospital .....

FULL NAME OF CHILD HELEN NEOMA STINGLEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
FEMALE			Yes	Dec 7 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J H Stingley	Jennie Bagley
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Mo.	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1¼ P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Edwards M.D.

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed MAR 10 1923 19..... J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-110-038-766

PLACE OF BIRTH

RECEIVED
APR 4 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 110282

Primary Registration District No. 1008 Registered No. 19

FULL NAME OF CHILD Edgar Robert Fe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 10 1922

FATHER		MOTHER	
FULL NAME	Robt. Fee	FULL MAIDEN NAME	Ethel Powell
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	N. Dak.	BIRTHPLACE	Neb
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette Ida

Filed MAR 16 1923 19.... J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/23/41 L. B.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Payette
(ST. 9th
(COUNTY Payette

FILE NO. 110282

DATE OF BIRTH Dec. 10th

SEX OF CHILD Male

FATHER Robert Fee

MOTHER Ethel Marie Powell
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Edgar Robert Fee

1923 VITAL STATISTICS

Signature of Father or Mother.

219-119-038-853

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
APR 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

110283

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 20.

Hospital

FULL NAME OF CHILD Carl Harold Bain

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 19 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harold H Bain	Grace Helen
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 P. M. on the date above stated.

(Signature) J. R. Woodward M.D.

(Physician or midwife)

Address Payette Ida.

*Where there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed MAR 16 1923 19

J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

EIVED
7 1923
OF VITAL
ISTICS

Place of birth

CITY Payette,

ST.

COUNTY Payette,

FATHER Harold H. Bain.

FILE NO. 110283

DATE OF BIRTH Dec. 19, 1922.

SEX OF CHILD Male

MOTHER Grace Helm.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Earl Harold Bain.

Mrs. H. H. Bain

Signature of Father or Mother.

JAN 6 1943

239104-038-433

RECEIVED
APR 4
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 110284

No. ..... St.

Primary Registration District No. 1008 Registered No. 21

Hospital

FULL NAME OF CHILD William Courtney Stroup.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 24 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sheridan Stroup	Maud McClure
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Idaho	So. Dak.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. C. Woodward M.D.
(Physician or midwife)

Address Payette, Ida

Filed MAR 10 1923 19 J. C. Woodward
Registrar

..... 19.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 5 1923 BUREAU OF VITAL STATISTICS

County of Shoshone

City of Kellogg

No. 366 111 040-766 St.

Registration District No. 123

File No. 110315

Primary Registration District No.

Registered No. 1

Hospital NW

FULL NAME OF CHILD Robert Eugene ~~[illegible]~~ TOWER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	12 11 1922

FATHER		MOTHER	
FULL NAME	Charles ~~[illegible]~~ TOWER	FULL MAIDEN NAME	Mildred Clare Poole
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minn	BIRTHPLACE	California
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 4/3/ 1923

E. Hardy

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Clark }

Certificate No. 110315

JAN 23 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Robert Eugene Towers (Name on original certificate) who Was Born (Was born or died) on Dec. 11, 1921 (Date of event)
in Kellogg, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on Dec 31, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Towers	Tower

Subscribed and sworn to before me this 13th
day of January, 1942

J. E. Bussey
Notary Public, residing at Vanc., Wn.
My commission expires 12-18-44
[SEAL]

Signed Irene Tower Edmiston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Sister)
4005 Grant St. Vancouver, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Clark }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of Jan., 1942

J. E. Bussey
Notary Public, residing at Vanc. Wn.
My commission expires 12-18-44
[SEAL]

Signed C. H. Tear
(Signature of any credible person other than the previous affiant.)
3100 Grant St. Vancouver, Wash.
(Street Address, City, State)

Received for filing on JAN 23 1942 By
(Registrar's signature)

2 1942

236-212-040-453

PLACE OF BIRTH

RECEIVED
APR 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Registration District No. 153

File No. 110316

Hospital No

Primary Registration District No. ____

Registered No. 12

FULL NAME OF CHILD Mandalina Stosalovich

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	and	1	Yes	Dec 17 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Mike B. Stosalovich	FULL MAIDEN NAME	Mary Catherine Metrovich
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Serbia	BIRTHPLACE	Iowa
OCCUPATION	Miner	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), **at** 5 P **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address ____

Filed 4/3/ 1923

E. E. Hardy
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED APR 5 19.. BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 110317

663-116-040-818

No. ..... St.

Primary Registration District No. .....

Registered No. 3

Hospital No

FULL NAME OF CHILD Peter Hay Folden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	4	Yes	Dec 16 1922

FATHER		MOTHER	
FULL NAME	Ralph Andrew Folden	FULL MAIDEN NAME	Elizabeth Hay
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Norway	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4/3/1923

E E Hardy
Registrar

Registrar

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. 99-231 640-961 St.

Hospital No

RECEIVED
APR 5 1923
BUREAU OF VIT STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 110318

Primary Registration District No. Registered No. 4

FULL NAME OF CHILD Ann Catherine Erickson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	1 31 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Charles Erickson	FULL MAIDEN NAME: Martha Raasch
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Norway
OCCUPATION: Smelter man	OCCUPATION: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

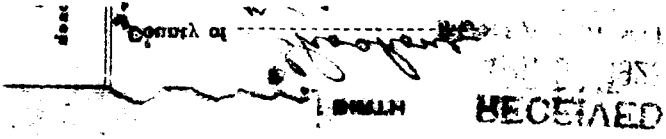
Registrar.

Filed 4/3/ 1923 E. E. Hardy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1945



CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS
DEPARTMENT OF PUBLIC WELFARE
STATE OF IDAHO

349-231 040-796

PLACE OF BIRTH

RECEIVED
APR 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of W. Kellogg

No. Co. Road St.

Registration District No. 123

File No. 110319

Hospital Res.

Primary Registration District No.

Registered No. 5

FULL NAME OF CHILD Leonard Alvie Turley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	12 / 31 / 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Stephen Turley	FULL MAIDEN NAME	Alvie Brown
RESIDENCE	W. Kellogg	RESIDENCE	W. Kellogg.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oklahoma	BIRTHPLACE	Germany.
OCCUPATION	Millerman	OCCUPATION	Housework.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. MacDougall

(Physician or midwife)

Address Kellogg, Idaho.

Give names added from a supplemental report.

K....., 19.....

Filed 4/31 1923 E. E. Hord

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1942

255 129 041 393

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Teton

City of Driggs

No. ..... St.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 110329

Hospital ..... Primary Registration District No. 9176 Registered No. 15

FULL NAME OF CHILD Alden Little Beesley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 29 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry C. Beesley	FULL MAIDEN NAME	Edith Little
RESIDENCE	Driggs Ida	RESIDENCE	Driggs, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, **at** 2 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Chas M Martin

Physician

(Physician or midwife)

Address Driggs, Ida

Filed 3-31-1923 Martha Marker **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1963

235-2014 041-693

PLACE OF BIRTH

RECEIVED
APR 5 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

110330

County of Teton

City of Driggs

No. ____ St.

Registration District No. 177 File No. ____

Hospital ____ Primary Registration District No. 2176 Registered No. 16

FULL NAME OF CHILD Emma Jean Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Oct 4 1922

What bacteriolidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J Stewart	Emma Wilson
RESIDENCE	Victor, Ida	Victor, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	32
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 Oz. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas H Masters
Physician
(Physician or midwife)

Address Driggs, Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2-31-1923 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169 224041 792

PLACE OF BIRTH

RECEIVED APR 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

110333

County of Fetom

City of Driggs

No. ..... St.

Registration District No. 77 File No. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 12

FULL NAME OF CHILD Elizabeth Jean Jorgensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 24 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Oswald Jorgensen	FULL MAIDEN NAME	Ethel Gibbin
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Ariz
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Driggs Ida

Filed 3/31/1923 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 4/18 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Driggs

(ST. Main

(COUNTY Teton

FILE NO. 110333

DATE OF BIRTH November 24th 1922

SEX OF CHILD Female

FATHER Edward Jorgensen MOTHER Ethel Gibson (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Elizabeth Jean Jorgensen

Mrs. Edward Jorgensen

Signature of Father or Mother.

366-207-043-957

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 14 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Donnelly

No. ..... St. ..... Registration District No. 15 File No. 110417

Hospital home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Eveline Ruth Loomis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Dec. 7 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Floyd Leroy Loomis	FULL MAIDEN NAME	Ida Viola Rexford
RESIDENCE	Donnelly Idaho	RESIDENCE	Ohio
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebraska	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. R. Loomis
Nurse
(Physician or midwife)

Give names added from a supplemental report.

Address Donnelly Idaho

..... 19..

Stella Cain
Deputy Registrar.

Filed Mar 1923 Stella Cain
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1944

MAY 8 1955

FEB 7 1973

342 123 044-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

RECEIVED
MAR 14 1923
BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 86 File No. 110433

Hospital ..... Primary Registration District No. 1010 Registered No. 1

FULL NAME OF CHILD Robert Holbrook Cushing
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12-23-1922

What bactericidal solution was used in eyes? Ag No. 3 1% sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John H. Cushing	FULL MAIDEN NAME	Winifred Poorman
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Denison Iowa	BIRTHPLACE	De Moines Iowa
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address

Filed March 1st 1923 W R Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 4 1942

DECEASED

593 101 001 - 249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 7 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

110494

County of Ada

City of Boise

No. ..... St. ..... Registration District No. 2 File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 148

FULL NAME OF CHILD Herbert Albert Nichols
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 1 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray A. Nichols	FULL MAIDEN NAME	Susie Surber
RESIDENCE	Emmett, Ida.	RESIDENCE	Emmett, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Oklahoma
OCCUPATION	Stage-driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Banalise (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
physician
(Physician or midwife)

Address Oxland Bldg. Boise

Filed Apr 12 1923 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1966
JAN 3 0 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

316·124 005 713

RECEIVED MAY 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St. Registration District No. 31 File No. 2 110608

Hospital ..... Primary Registration District No. ..... Registered No. 43

FULL NAME OF CHILD David Winifred Lawrence
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	July 24 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Lawrence	FULL MAIDEN NAME	Alice Jackson
RESIDENCE	Tensed Idaho	RESIDENCE	Tensed - Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Farm laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William Lawrence

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address

Filed April 30 1923 Y. Le Bihan
Registrar.

986 109 014-367

PLACE OF BIRTH

RECEIVED MAY 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 110728

No. 107-12th Avenue St.

Primary Registration District No. 2006 Registered No.

Hospital Joseph William

FULL NAME OF CHILD [illegible] Rhodes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓		✓	yes	Dec. 9 1922

FATHER

FULL NAME Joseph Elmer Rhodes

RESIDENCE Nampa Ida. R# 3

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Mississippi

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Audrey Mae Cox

RESIDENCE Nampa Ida R# 3

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Kentucky

OCCUPATION Housewife

What previous children of this mother are now living? Give initials?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:15 A.M. on the date above stated.

(Signature) Horace C Belknap

(Physician ~~or midwife~~)

Address Nampa, Idaho

Filed May 4 1923 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

121-219-019-242

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

110773

RECEIVED
MAY 1 1923
BUREAU OF VITAL STATISTICS

County of Custer

City of Leslie

Registration District No. 76 File No. 173

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Asay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Eleazer Asay	FULL MAIDEN NAME	La Preal Busk
RESIDENCE	Leslie, Idaho	RESIDENCE	Leslie Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Mackay, Ida

Filed 4/27 1923 Rose Nowalki

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 2 1987

463114 020845

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 110789

No. ..... St.

Primary Registration District No. 2020 Registered No. 47

Hospital .....

FULL NAME OF CHILD Wilber Doty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Dec. (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Henry Doty	FULL MAIDEN NAME	Irene Hunt
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	California	BIRTHPLACE	Nebr.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mtn Home Ida

Filed 12-20 1922 T E Evans

Registrar Registrar

S-Y-CO. 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-202-025-295

PLACE OF BIRTH

RECEIVED MAY 4 1923 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. 110810

Hospital ..... Primary Registration District No. 2181 Registered No. 17

FULL NAME OF CHILD Elizabeth Mae Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov. 2 1922

What bactericidal solution was used in eyes? 5% Sol. Cargentos

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Stewart Hall	May Kiesling
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Mountain Wash.	Seabrook Mo.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2: P M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) B. Chipman

Physician
(Physician or midwife)

Address Grangeville, Ida.

Filed May 1 1923 G E Stockton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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OCT 1 1942

FEB 4 1958

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PLACE OF BIRTH

RECEIVED MAY 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

Registration District No. 98 File No. 110833

Primary Registration District No. 2176 Registered No. 71

FULL NAME OF CHILD Jay Delos Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12 16 1922

What bactericidal solution was used in eyes? Ag No 3 2

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wallace Campbell	FULL MAIDEN NAME	Nathleen Pierce
RESIDENCE	Annis Ward	RESIDENCE	Annis Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	New Zealand
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. at 7 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Menan Ida

Filed 5-10 1923 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/31/41 UPMF

816-203 026-695

PLACE OF BIRTH

RECEIVED
MAY 4 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98 File No. 110834

Hospital ..... Primary Registration District No. 2176 Registered No. 70

FULL NAME OF CHILD ESTER VERLINE HAWKER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		N/Ro	12 3 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Albert Hawker	FULL MAIDEN NAME	Amy Fullmer
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was TBA at 5 P M. on the date above stated.
(Born alive or stillborn)

(Signature) Chas S Moody
MD
(Physician or midwife)

Address Menan

Filed May 1923

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843 264 035 - 219

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 110945

County of Nezperce

City of Peck

No. — St.

Registration District No. 93 File No.

Hospital

Primary Registration District No. 2371 Registered No.

FULL NAME OF CHILD Edith Cleo Hull.
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? X | and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 4 (Month) 4 (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argyrol & Boric acid

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER

FULL NAME John W. Hull.

RESIDENCE Peck

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Uretta Barnett

RESIDENCE Peck

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Neb.

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician

(Physician or midwife)

Address Peck Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5/1, 1922 Daniel Lyle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—25m-1-1-18

RECEIVED APR 21 1923 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 864 212 040 942 St.

Registration District No. 70

File No. 110989

Primary Registration District No. 1011

Registered No. 1

Hospital Wallace

FULL NAME OF CHILD Laurie Evelyn Hodge

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	other	2	X	Nov. 12 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Thomas Hodge	FULL MAIDEN NAME	Gladys Catherine Rusden
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Butte Mont.	BIRTHPLACE	Rossland B.C.
OCCUPATION	Deliveryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mark T. Dennis

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 2 1923

Registrar

Registrar

S-Y CO. 24655

[redacted]

9-12-41

649-108 041-464

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

RECEIVED MAY 3 192 BUREAU OF VIT STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 111013

Primary Registration District No. 2176 Registered No. 37

FULL NAME OF CHILD Vearl Harper Furniss
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 8 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William Furniss	FULL MAIDEN NAME	Rhoda M. Moulton
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Driggs, Ida

Filed Apr 30 1923 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

RECEIVED MAY 3 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 54 77 File No. 111017

No. ..... St.

Primary Registration District No. 2176 Registered No. 33

Hospital .....

FULL NAME OF CHILD Ray Hale Blanchard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	Dec. 1 1922

	FATHER	MOTHER
FULL NAME	Johnie Robert Blanchard	FULL MAIDEN NAME Lafawn Ballard Blanchard
RESIDENCE	Victor	Victor
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	20 (Years)
BIRTHPLACE	Victor	Payson Utah.
OCCUPATION	Farmer.	Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas H Martin

Physician

(Physician or midwife)

Given names added from a supplemental report.

19.....

Address Driggs Ida

Registrar

Filed Apr 30 1923 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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PLACE OF BIRTH

RECEIVED
MAY 3 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77 File No. 111018

Hospital ..... Primary Registration District No. 2176 Registered No. 32

FULL NAME OF CHILD Mary Estella Griggs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 18 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert Elmer Griggs	FULL MAIDEN NAME	Estella Henrie
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Driggs, Ida.

Filed Apr 30 1923 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 19[illegible]

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243-117 041-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 3 19..
BUREAU OF
STATISTICS

CERTIFICATE OF BIRTH

111019

County of Teton

City of Felt

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 31

FULL NAME OF CHILD Dean Wesley Bullock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	June 17 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Andrew P. Bullock	FULL MAIDEN NAME	Lennie Purion
RESIDENCE	Felt, Ida	RESIDENCE	Felt Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Dugg Ida

....., 19....

Filed Apr 30 1923 Martha Marker
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813 205 041 799

PLACE OF BIRTH

RECEIVED
MAY 3 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

111022

County of Teton

City of Victor

Registration District No. 77

File No.

No. St.

Hospital

Primary Registration District No. 2176

Registered No. 98

FULL NAME OF CHILD Jean Hatch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl				Yes	Nov	5	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O M. Hatch	Jean Price
RESIDENCE	Victor	Victor
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant.	Housework

WHAT PREVENTIVE OR PRINCIPAL SOLUTION WAS USED IN EYES?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) [illegible] Physician

(Physician or midwife)

Address Victor Idaho

Filed Apr 30 1923

Martha Marker
Registrar

MAY 1 6 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLAC[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 3 192[illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

~~City of~~ [illegible], R.D.

No. 745-122 632 633 St.

Registration District No. 77 File No. 111024

Primary Registration District No. 2176 Registered No. 26

Hospital

FULL NAME OF CHILD Hanford Lavere Gunnerson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Edward Gunnerson	FULL MAIDEN NAME	Jennie Wiberg
RESIDENCE	Alta Wyoming #1 Driggs R.D.	RESIDENCE	Alta Wyoming Driggs R.D. #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sandy Utah	BIRTHPLACE	Anaconda Montana
OCCUPATION	Farmer	OCCUPATION	Agrl Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? 209

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Driggs Ida

Registrar

Filed Apr 30 1923 Martha Marker
Registrar

JUN 27 1942

DEC 16 1942

267-108-341768

PLACE OF BIRTH

RECEIVED MAY 3 192 BUREAU OF STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77 File No. 111026

No. ..... St.

Primary Registration District No. 2176 Registered No. 24

Hospital .....

FULL NAME OF CHILD Joseph Wendell Bogley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	November 8 1922

FATHER		MOTHER	
FULL NAME	George Parley Bogley	FULL MAIDEN NAME	Heda Rosezella Johnson
RESIDENCE	Victor Ida	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Charleston Utah	BIRTHPLACE	Chapen Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Dizzy Idaho

Filed Apr 30 1923 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 3 1923 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Teton

City of Victor

No. 238-229 041-813 St.

Registration District No. 77

File No. 111027

Primary Registration District No. 2176 Registered No. 23

Hospital

FULL NAME OF CHILD Fern Lucile Schlarbaum

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 29th 1923 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Archie L. Schlarbaum	FULL MAIDEN NAME	Jessie May Hall
RESIDENCE	Victor, Idaho	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mt. Pleasant, Iowa	BIRTHPLACE	Mt. Pleasant, Iowa
OCCUPATION	farming	OCCUPATION	housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Ouzza Ida

Registrar

Filed Apr 30 1923 Martha Marker
Registrar

RECEIVED
MAY 21 1923
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 5/8 1923.

Dear Madame:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Victor
(ST. _____
(COUNTY Teton

FILE NO. 111027

DATE OF BIRTH Sept. 29th, 1922

SEX OF CHILD Female

FATHER Archie L

MOTHER Jessie May Hall
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Fern Lucile Schlarbaum

Jessie M. Schlarbaum

Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Teton

City of Driggs

No. 366 130 041 432 St.

(If born in hospital or institution give name.)

Received May 3, 1923 BUREAU OF VITAL STATI[redacted]

DE[redacted]

Registration District N[redacted] 32

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD T. Willard Coffman

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth May 30, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Virgil Coffman	18. Full maiden name: LaVeta L. McKee
10. Residence (usual place of abode) (If non-resident, give place and State): Richfield	19. Residence (usual place of abode) (If non-resident, give place and State): Richfield
11. Color or race: Wh	20. Color or race: Wh
12. Age at last birthday: 32 (years)	21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Douglas County Missouri	22. Birthplace (city or place) (State or Country): Richfield Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Service in	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Garage	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive 10:00 at A. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas. J. Martin, M. D.

or ....., Midwife

Address Driggs, Idaho

Give name added from a supplemental report .....

(Date of)

Filed April 30, 1923 193.. Martha Marker

Registrar.

Registrar.

K

[redacted]

DECEASED

319 125 010681

PLACE OF BIRTH

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd + Cedar St.

Hospital Spencer

Registration District No. 73 File No. 111303

Primary Registration District No. 2100 Registered No. 169

FULL NAME OF CHILD Harold Leroy Cazier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 25 1922

FATHER		MOTHER	
FULL NAME	Naman Smith Cazier	FULL MAIDEN NAME	Margaret O'Hara
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	, Ohio	BIRTHPLACE	, Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Spencer

MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Registrar

Filed Mar 9 1923 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 6/9 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth: CITY Idaho falls. FILE NO. 111303

~~St.~~ Spencer Hospital DATE OF BIRTH Dec. 25th 1922.

COUNTY Bonneville SEX OF CHILD Male

FATHER Naman S. Cager MOTHER Margaret O'Hara (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Harold Leroy Cager

Mrs N. S. Cagier

Signature of Father or Mother.

MAR 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

815-102-010-614.

County of Bonneville

City of Idaho Falls

No. Blvd. & Cedar St.

Hospital Spencer

RECEIVED MAY 12 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73

File No. 111304

Primary Registration District No. 21-0

Registered No. 168

FULL NAME OF CHILD Loyd Wade Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Walter V. Hansen	FULL MAIDEN NAME	Pearl Leona Wade
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Rigby Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Ray Hatch MD

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Filed May 9 1923 [signature]

Registrar

Registrar

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls. FILE NO. 111304

(ST. Spencer Hospital DATE OF BIRTH Oct. 2. 1922.

(COUNTY Bonneville SEX OF CHILD Male

FATHER ~~Walter~~ Walter V. Hansen MOTHER Pearl Leona Wade
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Loyd Wade Hansen

RECEIVED
SEP 27 1923
BUREAU OF VITAL STATISTICS

Mrs. Walter V. Hansen.

Signature of Father or Mother.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

PLACE OF BIRTH
962-206010-699

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

No. Blvd + Cedar St.

Hospital Spencer

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 111305

Primary Registration District No. 2 1 V 10 Registered No. 167

FULL NAME OF CHILD Thelma Myrtle Rose
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	Dec 1 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alfred Joseph Rose	FULL MAIDEN NAME	Sara Myrtle Wright
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	— — , Del.	BIRTHPLACE	— — , Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 05 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M.D.
(Physician or midwife)

Address Idaho Falls

Filed May 9 1923

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 22 1946

MAY 4 1978

JUN 17 1987

JAN 11 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH name added 2-9-88 lh

295-226-010-433

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 111306

No. Blvd & Cedar

Primary Registration District No. 21 X 50

Registered No. [illegible]

Hospital Spencer

FULL NAME OF CHILD Ronnie Singley

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James Thomas Singley	FULL MAIDEN NAME	Laura McClure
RESIDENCE	Annon, Idaho	RESIDENCE	Annon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Jackson, Georgia,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M.D.

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Registrar

Filed Mar 9 1923 [illegible]

Registrar

1-4-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 1 2 1988
VITAL STATISTICS

State of California
County of Los Angeles } ss.

Certificate No. 111306
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female Singley (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 26, 1922 (Date of Event)

in Idaho Falls, Bonneville Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Ronnie Singley

Subscribed and sworn to before me this 7th day of January 1988.

Notary Public, [signature]
Residing at LAWNDALE, CA
My commission expires 6/30/89
(Seal)

OFFICIAL SEAL
PAT ADDESSI
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires June 30, 1989

x Ronnie Crosley Brown
Signature of Applicant

x 235 N. Ocanthus Man Beach Ca.
Street Address, City, State
P.O. Box 938 MAN. BCH. CA. 90266

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of

(Must be completed ___)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2cc pd

LDS Church Certificate of Birth - blessing, gives name as Ronnie Singley born Oct. 26, 1922 in Idaho Falls, Bonneville, ID to James Thomas Singley and Laura Jane McClure. Entered on record Feb. 4, 1923.
Viewed by V.S.

Land Court Deed between Hawaiian Paradise Park Corp. of Honolulu, HI- Grantor & Henry Virgil Crosby and Ronnie Singley Crosby, Husband and Wife of Culver City, CA. Signed date given as Aug. 4, 1964.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

764 [illegible] 010-353

County of Bonneville

City of Idaho Falls

No. Blvd Spencer + Cedar St.

Hospital Spencer

RECEIVED MAY 12 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 73

File No. 111307

Primary Registration District No. 2100

Registered No. 164

FULL NAME OF CHILD Arlene Adlia Poulter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Arnold Poulter	FULL MAIDEN NAME	Ruby Telford
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 55 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch MD

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Registrar

Filed Mar 9 1923 [illegible]

Registrar

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 6/9 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls

ST. _____

COUNTY Bonneville

FATHER J. H. Poulter

FILE NO. 111307

DATE OF BIRTH Sept. 14 — 1922

SEX OF CHILD Female

MOTHER Ruby Telford
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Erlene Talitha Poulter

J. H. Poulter Mrs Ruby P.

Signature of Father or Mother

RECEIVED
JUN 19 1923
BUREAU OF VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

295-104-010-268

RECEIVED MAY 12 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd + Cedar St.

Registration District No. 73 File No. 111308

Hospital Spencer Primary Registration District No. 21 & 70 Registered No. 164

FULL NAME OF CHILD Ralph Eugene Sinclair
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov. 4 1922

What bactericidal solution was used in eyes? Argyrol 15% sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl Edwin Sinclair	FULL MAIDEN NAME	Grace Edna Boyd.
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Victor, Idaho	BIRTHPLACE	Madison, S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch MD
MD
(Physician or midwife)

Address Idaho Falls

Filed Nov 9 1923 W Freeman
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

STATE OF IDAHO.

DEPARTMENT OF [redacted] WELFARE.

Boise, Idaho 6/9 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Idaho Falls FILE NO. 111308

(ST. Spencer Hospital. DATE OF BIRTH November 4, 1922

(COUNTY Bonneville SEX OF CHILD Male

FATHER Earl Edwin Sinclair MOTHER Grace Edna Boyd (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ralph Eugene Sinclair.

Mrs. Earl E. Sinclair.

Signature of Father or Mother.

JUN 2 1945

MAY 28 194

PLACE OF BIRTH

743-28010663

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd. + Cedar St. Registration District No. 73 File No. 111309

Hospital Spencer Primary Registration District No. 21-V-0 Registered No. 163

FULL NAME OF CHILD Ruth Violet Gullixson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 18 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Charles Gullixson	FULL MAIDEN NAME Laura Fothergill
RESIDENCE Idaho Falls, Ida.	RESIDENCE Idaho Falls, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE — — , Iowa	BIRTHPLACE — — , Washington
OCCUPATION Mail Carrier	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Hollister M.D.

(Physician or midwife)

Address Idaho Falls Ida

Filed May 9 1923 [signature]

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1971

CONFIDENTIAL

PLACE OF BIRTH

797 M1 010814

County of Bonneville

City of Idaho Falls

No. Boulevard & Eedar St.

Hospital Spencer Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73

File No. 111310

Primary Registration District No. 2150

Registered No. 162

FULL NAME OF CHILD Eldon ~~Lloyd~~ LEON Piper Jr.

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	1	yes	Aug (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Eldon Lloyd Piper	FULL MAIDEN NAME	Cleda Hamilton
RESIDENCE	Salt Lake Utah	RESIDENCE	Salt Lake City Utah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illinois	BIRTHPLACE	Leon Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Forceps (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T C Hollister

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed May 9 1923 W Fernand

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Montana)
)ss
County of Yellowstone)

Certificate No. 111310

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Eldon Lloyd Piper (Name on original certificate) who was (was born ~~or died~~) on August 8th 1922 (Date of event) in Idaho Falls, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by letter from father (Bible record, insurance plcy, etc.) prepared on August 15, 1922 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Dateof birth	Aug. 8, 1922	Aug. 11, 1922
August 11th, 1922		August 11th 1922
Correct name is- ELDON LEON PIPER		

Subscribed and sworn to before me this 13 day of September 1941

Signed Leona S. Piper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at Billings, Montana.

2609 Sixth Avenue N., Billings, Montana
(Street address, City, State)

My commission expires January 14th 1944

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Montana)
)ss
County of Yellowstone)

SEP 18 1941

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of September 1941

Signed Vernon C. Piper
(Signature of any credible person other than the previous affiant.)

Notary Public
Residing at Billings, Montana

Laurel Road, Billings, Montana
(Street address, City, State)

My commission expires January 14th 1944
(SEAL)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

753105010-393

RECEIVED MAY 12 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd & Cedar St. Registration District No. 73 File No. 111311

Hospital Spencer Primary Registration District No. 2150 Registered No. 167

FULL NAME OF CHILD Robert Charles Peterson
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth (Month) Nov. (Day) 5 (Year) 1922

What bactericidal solution was used in eyes? Argyrol 15% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter David Peterson	FULL MAIDEN NAME	Lena Elizabeth Tillman
RESIDENCE	Idaho Falls, Ida. R.F.D. #2.	RESIDENCE	Idaho Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho Falls, Ida.	BIRTHPLACE	Poplar Bluff, Missouri.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

M.D.
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Mar 9 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

1943 6 JUL

MAR 25 1959
OCT 17 1960

613-228-010-284

PLACE OF BIRTH

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 111313

No. RFD 3 St.

Primary Registration District No. 2150

Registered No. 2V-9

Hospital

FULL NAME OF CHILD Marshie Alice Waters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	2	yes	10 28 1922

FATHER	MOTHER
FULL NAME: Webster Waters	FULL MAIDEN NAME: Bessie L. Shupe
RESIDENCE: Idaho Falls, Idaho.	RESIDENCE: Idaho Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Salina, Utah	BIRTHPLACE: Fairview, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.40 A.M. on the date above stated.

(Signature) X Mrs R W Denning

Midwife
(Physician or midwife)

Address Iona, Idaho.

Filed Oct 24 1923

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-22800-284

PLACE OF BIRTH

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 111314

No. RFD 3 St.

Primary Registration District No. 2150

Registered No. 174

Hospital

FULL NAME OF CHILD Bessie Louise Waters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	Twin	1	yes	10	28	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Webster Waters	Bessie L. Shupe
RESIDENCE	Idaho Falls, Idaho	Idaho Falls, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	27 (Years)
BIRTHPLACE	Salina, Utah	Fairview, Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) X Mrs P W Lemming

Midwife

(Physician or midwife)

Address Iona, Idaho.

19 ____

Registrar

Filed Jun 2 1923

Registrar

155-223 010-455

PLACE OF BIRTH

RECEIVED MAY 12 19[illegible] BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2170

File No. 111317

Registered No. 191

FULL NAME OF CHILD Doris Merie

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth 12 (Month) 23 (Day) 22 (Year)

FATHER	MOTHER
FULL NAME Edward Jennings	FULL MAIDEN NAME Rosanna Denning
RESIDENCE Rigby RFD #3	RESIDENCE Rigby RFD #3
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Kansas	BIRTHPLACE Iona Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:20 P M. on the date above stated.

(Signature) Mrs R W Denning
Midwife
(Physician or midwife)

Address Iona Idaho

Filed Mar 24 1923 [signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

DECEASED

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295 122010-355

PLACE OF BIRTH

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 111318

No. ..... St.

Primary Registration District No. 2 1 7 Registered No. 190

Hospital .....

FULL NAME OF CHILD Lloid King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fount King	FULL MAIDEN NAME	Mary Lee
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Salina Utah	BIRTHPLACE	Montana
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7/40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed Mar 26 1923 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695 209/010-396

PLACE OF BIRTH

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

111319

County of Bonneville

City of Iona

No. R F D 3 St.

Hospital

Registration District No. 13

Primary Registration District No. 2N-1

File No.

Registered No. 169

FULL NAME OF CHILD Wanda

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	11 9 1922

FATHER		MOTHER	
FULL NAME	Franklin L Winder	FULL MAIDEN NAME	Estes Ellen Troffs
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Basalt Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 2 50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Mrs R W Denning

Midwife

~~(Physician~~ or midwife)

Address Iona Idaho

Filed Jul 26 1923 _____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

165-210-010-295

County of Bonneville

City of Iona

No. ..... St.

Hospital home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 111326

Primary Registration District No. 2140 Registered No. 182

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12/14 1922

What bactericidal solution was used in eyes? 25% solution Argyral

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Archie W. Jones	FULL MAIDEN NAME	Ruby King
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	England (Strand)	BIRTHPLACE	Brigham Ut.
OCCUPATION	Laborer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Cecil MD
(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

Address

Filed May 14 1923 W. Kennedy Idaho
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ATTENDING INK—THIS IS A PERMANENT RECORD

693-110 010-219

PLACE OF BIRTH

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Mylo

No. ..... St.

Registration District No. 73

File No. 111328

Hospital home

Primary Registration District No. 214-0

Registered No. 140

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12-10-1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Joseph A. Wilding	FULL MAIDEN NAME	Eliza A. Barnes
RESIDENCE	Mylo Ida.	RESIDENCE	Mylo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Salt Lake City Ut	BIRTHPLACE	Downey, Ida
OCCUPATION	farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call MD

(Physician or midwife)

Address Rigby Ida

Filed Nov 14 1923 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

719 201 010 434

County of Bonneville

City of Idaho Falls

No. Blvd. & Cedar St.

Hospital Spencer

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 73

File No. 111332

Primary Registration District No. 2140

Registered No. 176

FULL NAME OF CHILD Beth Leona Garn

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Marten Garn	FULL MAIDEN NAME	Verna McMillan
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Parley Park Utah	BIRTHPLACE	Murray Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M. D.

M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed Mar 9 1923

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 695 713 010 966

RECEIVED MAY 12 1923 BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

No. Blvd + Cedar St.

Hospital Spencer

Registration District No. 73

Primary Registration District No. 2 1 4 0

File No. 111333

Registered No. 174

FULL NAME OF CHILD Lionel Jack Freeman

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Lionel Freeman	FULL MAIDEN NAME	Mary Ann Rowberry
RESIDENCE	Iona, Idaho	RESIDENCE	Iona, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Rexburg, Idaho	BIRTHPLACE	Toole, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ~~12~~ 5 1/4 05 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed Nov 5 1923 W Freeman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

815 124 010 566

RECEIVED MAY 12 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 111334

No. Blvd St.

Primary Registration District No. 2120

Registered No. 174

Hospital Spencer

FULL NAME OF CHILD Ralph Edward Hanson

Sex of Child Male

Twin ~~Triplet or other?~~ and Number in order of birth 2 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct. 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward S. Hansen	FULL MAIDEN NAME	Katie Jane Nowlin
RESIDENCE	Annon Idaho	RESIDENCE	Annon, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed Nov 9 1923 [signature]

Registrar

FEB 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

815 734 010 566

County of Bonneville

City of Idaho Falls

No. Blvd + Cedar

Hospital Spencer

RECEI[illegible] MAY 1[illegible] 19[illegible] BUREAU OF VITAL STATISTICS

Registration District No. 73

Primary Registration District No. 21[illegible]

File No. 111335

Registered No. 173

FULL NAME OF CHILD Ray Nowlin Hanson

Sex of Child Male

Twin ~~Triplet or other?~~ and Number in order of birth 1 (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct (Month) 24 (Day) 1902 (Year)

FATHER		MOTHER	
FULL NAME	Edward S. Hanson	FULL MAIDEN NAME	Katie Jane Nowlin
RESIDENCE	Hanson, Idaho	RESIDENCE	Hanson, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah.	BIRTHPLACE	, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife, ~~Ida.~~

Number of child of this mother, including present birth #5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M. D.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed Mar 5 1923 [illegible]

Registrar

399 131 014 258

PLACE OF BIRTH

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Parma

Registration District No. 9 File No. 111435

No. St.

Primary Registration District No. 8 0 0 7 Registered No. 28

Hospital

FULL NAME OF CHILD Donald Duane Crisp

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Dec. 31 1922

FATHER	MOTHER
FULL NAME Sidney Crisp	FULL MAIDEN NAME Alice Snyder
RESIDENCE Parma Ida	RESIDENCE Parma Ida.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Pendleton Ore	BIRTHPLACE Dewa, Colorado
OCCUPATION Farming	OCCUPATION H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 9. M.
(Born alive or stillborn)
on the date above stated.

(Signature) Don S. Munton
M Physician
(Physician or midwife)

Address Parma, Ida.

Filed 5-9 1923 Lulu Waldrop
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-228-022-249

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 111517

No. ..... St.

Primary Registration District No. 2177 Registered No. 90

Hospital .....

FULL NAME OF CHILD Baby Flaherty Marion Kathleen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			1st	yes	Dec 28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd W. Flaherty	FULL MAIDEN NAME	Lilliane S. Smith
RESIDENCE	Drummond Idaho.	RESIDENCE	Drummond Ida.
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17. (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Marion Kas.
OCCUPATION	Railway clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Watkins M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony Ida.

Registrar

Filed April 24th 1923 W. M. Hansen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 6/9 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth:
CITY St Anthony Ida
ST.
COUNTY Fremont
FATHER Lloyd W. Flaherty

FILE NO. 111517
DATE OF BIRTH December 29-1922
SEX OF CHILD Female
MOTHER Lillian Smith (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Marion Kathleen Flaherty

L. W. Flaherty

Signature of Father or Mother.

RECEIVED JUL 1923 BUREAU OF VITAL STATISTICS

OCT 6 1958

513-201-024-1164

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ____ St. ____

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

111560

Registration District No. 22

File No. ____

Primary Registration District No. 2018

Registered No. ____

Full Name of Child Florence Eaton

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	—	3rd	Yes	Aug 9 1923

FATHER

FULL NAME: Clarence B Eaton

RESIDENCE: Wendell Ida

COLOR: White AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Blacksmith

MOTHER

FULL MAIDEN NAME: Myrtle Douglas

RESIDENCE: Wendell Ida

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton

Physician (Physician or midwife)

Address Wendell Ida

Filed May 29 1923 E L Simonton Registrar

Given names added from a supplemental report

____ 19____

____ Registrar

JAN 9 1987

MAR 16 1962

DECEASED

219-119-024-252

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

RECEIVED MAY 27 1923 BUREAU OF VITAL STATISTICS

Registration District No. 22

File No. 111565

No. ..... St.

Primary Registration District No. 2018

Registered No. .....

Hospital .....

FULL NAME OF CHILD Everett Lee Barton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		7th	Yes	Jan 19 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B. L. Barton	FULL MAIDEN NAME	Mary Alice Best
RESIDENCE	Wendell Idaho	RESIDENCE	Wendell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cornaline (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Dimonton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wendell Idaho

Registrar

Filed June 24 1922 E L Dimonton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43-102-024-713

PLACE OF BIRTH

County of Gooding

City of Wendell

No. _____ St. _____

Hospital _____

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18 1P

CERTIFICATE OF BIRTH

Registration District No. 22

File No. 1157

Primary Registration District No. 2018

Registered No. _____

Full Name of Child John Richard Gates

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	—	9th	Yes	Sept 2 22

FATHER

FULL NAME Richard Gates

RESIDENCE Wendell Ida.

COLOR White AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Arkansas

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Della Gates

RESIDENCE Wendell Idaho

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Arkansas

OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Simonton

Physician

(Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed Jan 18 1923 E. C. Simonton
Registrar

of each, in order of birth stated.

133-24-024-384

PLACE OF BIRTH

County of Gooding

City of Wendell

No. _____ St.

Hospital _____

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 22

Primary Registration District No. 2018

File No. 111572

Registered No. _____

Full Name of Child Nola May McClure

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	✓	2d	yes	May 14 1922

FATHER

FULL NAME James B McClure

RESIDENCE Wendell Ida

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ireland

OCCUPATION Ditchrider

MOTHER

FULL MAIDEN NAME Edna Thurber

RESIDENCE Wendell Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION _____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simenton

Physician

(Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed May 20 1922 E L Simenton

Registrar

N. B.—In case of more than one child at birth, a separate RETURN must be filled out for each, in order of birth stated.

AUG 15 1946

942-209-024-385

PLACE OF BIRTH

Form V. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

County of Goodin

City of Wendell

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 22

File No. 111573

Primary Registration District No. 2018

Registered No. _____

Full Name of Child Leona ~~Hortense~~ Hartence Russell

SEX OF CHILD: Female	Twin Triplet or other? ✓ and Number in order of birth: 3d (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Jan. 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alexander M Russell	FULL MAIDEN NAME	Thurza Chastain
RESIDENCE	Wendell Ida	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Virginia	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Wendell Ida

Filed May 20 1923 E L Simonton

Registrar

N. B.—In case of more than one child at birth, a SEPARATE REPORT of each, in order of birth stated.

Contents—Merchandise 3rd or 4th Class Matter.
Postmaster—May be opened for Postal Inspection.
Return Postage Guaranteed.
Postmaster:—If not Delivered in ten days, check reason for non-delivery and return to us. Do not return before expiration of ten days, regardless of reason for non-delivery. See amended Secs. 595 & 637 P. L. & R.
Unclaimed [ ] Refused [ ]
Unknown [ ]

FROM
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO
Box 2149

OCT 1 1969

To:

IDAHO

JUL 2 9 1944

799-131-024-799

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Toadin

City of Wendell

Registration District No. 22

File No. 111575

No. ..... St.

Primary Registration District No. 2018

Registered No. .....

Hospital .....

Full Name of Child Melvin Glen Prince

SEX OF CHILD Male	Twin Triplet or other? ✓ and Number in order of birth 8th (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Mar 31 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Francis M. Prince	FULL MAIDEN NAME Harriet Jane Griffith
RESIDENCE Wendell Idaho	RESIDENCE Wendell
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Wendell Idaho

Registrar

Filed Apr. 22 1922 E. L. Simonton Registrar

N. B.—In case of ... at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-12-46

314-120-024-643

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

Registration District No. 22

Primary Registration District No. 2018

File No. 11586

Registered No. .....

Full Name of Child George Campbell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		5	Yes	July 20 1922

FATHER

FULL NAME Geo N. Campbell

RESIDENCE Wendell Ida

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Idaho

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Rose Fuller

RESIDENCE Wendell Ida

COLOR White AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Nebraska

OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Dimonton

Physician (Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 20 1923 E L Dimonton

Registrar

I. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

593-128-P25-247

County of Idaho

City of Elk City

No. ..... St.

Hospital .....

RECEIVED
MAY 15 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

Primary Registration District No. .....

File No. 111604

Registered No. .....

Full Name of Child Donald Lee Nitz

SEX OF CHILD Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

DATE OF BIRTH Nov. 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Conrad Nitz	FULL MAIDEN NAME	Violet Brooke Supplee Nitz
RESIDENCE	Elk City, Idaho	RESIDENCE	Elk City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Nov 28th 1922 (Born alive [redacted]), at 12 20 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Violet S. Scott

(Physician or midwife)

Given names added from a supplemental report.

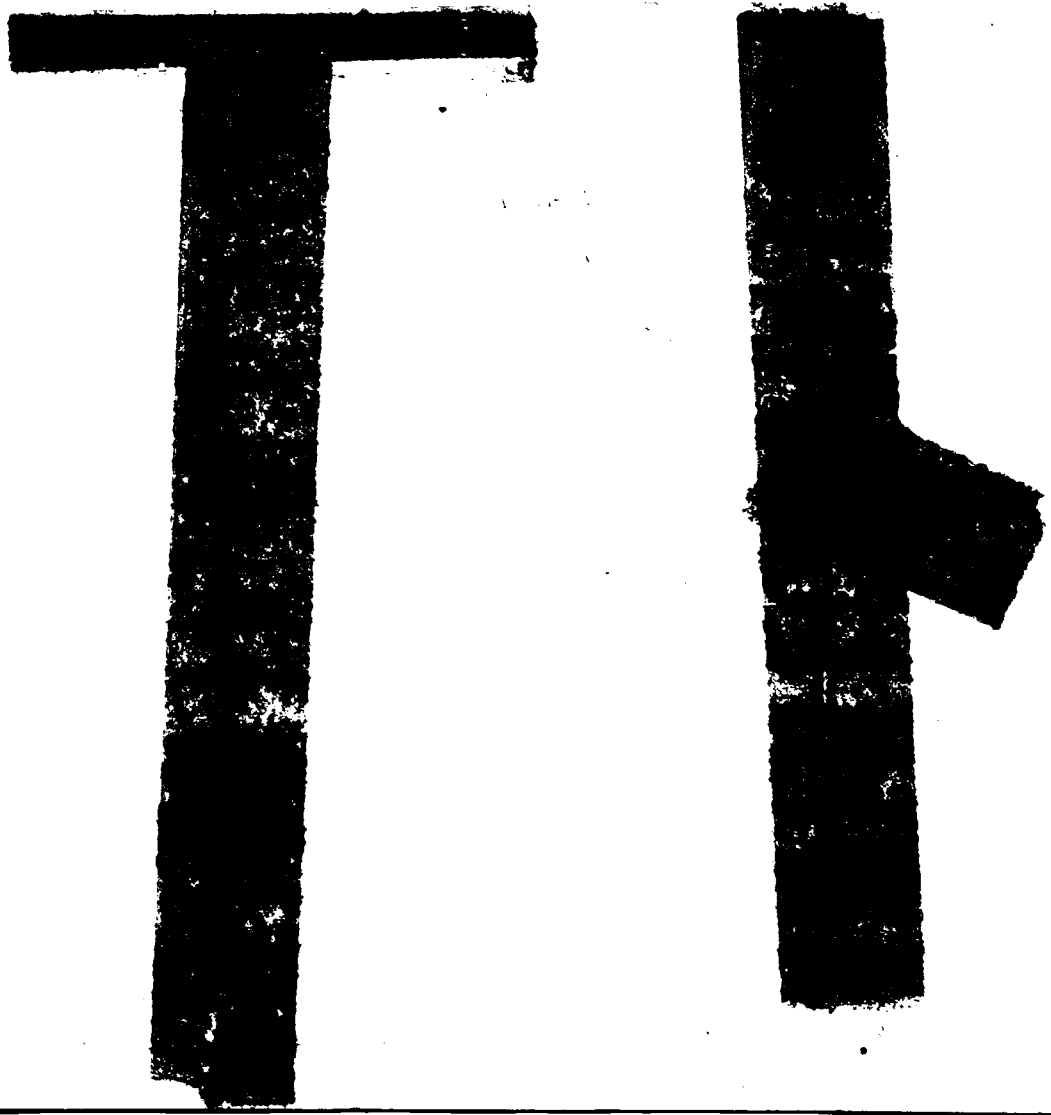
..... 19.....

Registrar

Address Elk City Idaho

Filed May 16 1923 F. W. Almond M.D. State Registrar

K



553-202-029-622

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 12 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Garfield Nash

No. R 7 Lo St.

Registration District No. 61 File No. 111645

Hospital

Primary Registration District No. 2141 Registered No. 48

FULL NAME OF CHILD Bertha Marie Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 2 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Knute Sanford Nelson	FULL MAIDEN NAME	Verna Lafaina Osborn
RESIDENCE	Latah Co Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Sweden	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Wiesel

Physician
(Physician or midwife)

Address Garfield Nash

Filed Jan 4 1922 W H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

Boise, Idaho 6/9 1923.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Garfield
(ST. _____
(COUNTY Latah.

FILE NO. 111645

DATE OF BIRTH Jan. 2. 1923.

SEX OF CHILD Female

FATHER Knute S. Nelson.

MOTHER Verna Lufama Nelson
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Bertha Marie Nelson.

Mr. Knute Sanford Nel

Signature of Father or Mother.

243-117-
035-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston Ida

No. ..... St.

Hospital White Hosp.

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

111758

...District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 239-a

FULL NAME OF CHILD Benjamin Lee Buchanan

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Masculine	2nd (To be answered only in event of plural births)	Yes	Nov. 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Owens Buchanan	FULL MAIDEN NAME	Olga Anderson
RESIDENCE	220-13th St. Lewiston, Ida	RESIDENCE	220-13th St Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Olathe, Kansas	BIRTHPLACE	Racine Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

Lewiston Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/1/23 19.....

William H. Hahl
Registrar

(over)

This was mailed me - with
this months records. No explanation

MAY 25 1942
JUL 31 1943

345-109-041-796

PLACE OF BIRTH

RECEIVED
JUN 4 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Chapin

Registration District No. 77

File No. 111823

No. ..... St.

Primary Registration District No. 2176

Registered No. 58

Hospital .....

FULL NAME OF CHILD Bruce Francis Kunz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	April 9 1922

FATHER		MOTHER	
FULL NAME	Alma A. Kunz	FULL MAIDEN NAME	Mary Grover
RESIDENCE	Cedron, Ida.	RESIDENCE	Cedron, Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Yates, Idaho.	BIRTHPLACE	Morgan Utah
OCCUPATION	Farmer	OCCUPATION	Grad school teacher

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. W. Martin
Physician
(Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 6-1-1923 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-217-041-394

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 4 1923 BUREAU OF VITAL STATISTICS

County of Teton

City of Driggs

Registration District No. 77 File No. 111836

No. ..... St.

Primary Registration District No. 3176 Registered No. 43

Hospital .....

FULL NAME OF CHILD Unnamed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Weston Smith	FULL MAIDEN NAME	Sylvia Liddiard
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Marker

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs, Ida

Filed 5-10-1923 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-215 019-791

PEACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH 111907

County of Custer

City of Challis

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. 111907

Registered No. _____

Full Name of Child Wilmina Beulah Hacker

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
female		yes	May (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Paul E. Hacker	FULL MAIDEN NAME	Dora Gravatt
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Creston Iowa
OCCUPATION	Electrical Eng	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Challis, Ida

Filed June 12 1923 C. L. Kirtley

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11—25m-6-15-3

...E OF IDAHO
...VITAL STATISTICS
...CATE OF BIRTH

JUL 26 1943

County of ...

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate petition must be made for each and the ... of each, in order of ... state.

Registrar

386127.003-154

PLACE OF BIRTH

RECEIVED
JUN 25 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

112067

County of Bannock

City of Pocatello

Registration District No. 28 File No. 89

No. ..... St.

Primary Registration District No. 2161 Registered No. 4990

Hospital .....

FULL NAME OF CHILD Harold Dean Thomson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.		Yes	July	27	1923

FATHER		MOTHER	
FULL NAME	William Thomson	FULL MAIDEN NAME	Virginia R Anderson
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Butterville, Utah	BIRTHPLACE	Salina, Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Am Newton M-D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello

Filed 6/1 1923

J. Young
Registrar

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-108-060-312

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 25 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 112314

County of Bonneville
City of Idaho Falls
No. Blvd. + Cedar St.
Registration District No. 73
Hospital Spencer
Primary Registration District No. 2170
Registered No. 224

FULL NAME OF CHILD Thomas Eugene Bowen, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 5 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER	MOTHER
FULL NAME Thomas Eugene Bowen	FULL MAIDEN NAME Lottie Lee Lake
RESIDENCE Arco, Idaho.	RESIDENCE Arco, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Nebraska.	BIRTHPLACE Lodonia, Missouri
OCCUPATION Druggist	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5 40 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Spencer M.D.
(Physician or midwife)

Address Idaho Falls Ida

Filed May 24 1923 W. Hammond
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

191-119010-331

PLACE OF BIRTH

RECEIVED
JUN 25 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Blvd + Cedar St. Registration District No. 73 File No. 112317

Hospital Spencer Primary Registration District No. 21 V-0 Registered No. 221

FULL NAME OF CHILD Quinn Dell Arave -
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 19 1922

What bactericidal solution was used in eyes? Argyrol 15 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Herchel Dell Arave	FULL MAIDEN NAME	Mae Clark
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Ogden, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Spencer
(Physician or midwife)

Address Idaho Falls Ida

Filed May 24 1923 W. Kinnaird
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 22 1965

168-126-014-963

PLACE OF BIRTH

[redacted] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 112378

RECEIVED
JUN 6 1923
BUREAU OF VITAL STATISTICS

County of Canyon
City of Nampa
No. 107-12th Ave So. Registration District No. 7 File No.
Hospital Primary registration District No. 1006 Registered No.

FULL NAME OF CHILD Raymond Rockwell Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov. 26, 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate Solution

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME J. E. Johnson	FULL MAIDEN NAME Lena Rockwell
RESIDENCE 822-11th Ave So.	RESIDENCE 822-11th Ave So.,
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Denver Colorado
OCCUPATION Painter	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Horace P. Belknap
(Physician or ~~midwife~~)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 5 1923 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-129036-368

PLACE OF BIRTH

RECEIVED JUN 25 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 112718

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 18 State File No. .....

Hospital ..... Primary Registration District No. 2176 Local Registrar's No. 174

FULL NAME OF CHILD Frank R Thomgren

(Certificate of no value without full name of child.)

Sex of Child Boy | Twin, Triplet or other? 1 | and Number in order of birth 1 | Legitimate? Yes | Date of birth Dec 19 (Month) (Day), 1922 (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME W J Thomgren	FULL MAIDEN NAME Harriet Loyd
RESIDENCE Rigby Idaho	RESIDENCE Rigby Idaho
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Sam T Price

Physician

(Physician or midwife)

Address Rexburg Idaho

Filed 6-10 1923 Ray H Fuller Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-130-027-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 29 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 112744

County of Jerome

City of Jerome

No. ..... St. ..... Registration District No. 23 ..... File No. .....

Hospital Home ..... Primary Registration District No. 1017 ..... Registered No. .....

FULL NAME OF CHILD Rulaud Jay Bird
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	and	3	Yes	Sept 30 1922

What bacteriocidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ellis Bird	FULL MAIDEN NAME	Alda Hawsley
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Chas. F. Zeller M.D.
(Physician or midwife)

Address Jerome, Ida.

Filed June 28 1923 E. D. Piper M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 7/16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Jerome
(ST. Idaho
(~~COUNTY~~ Jerome
FATHER Ellis Bird

FILE NO. 112744
DATE OF BIRTH Sept. 30-1922
SEX OF CHILD Male
MOTHER Alda Horsley.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Richard Jay Bird

Mrs Ellis Bird.

Signature of Father or Mother

ENROLLED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

452-131-027-619

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 29 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

112755

Registration District No. 22 File No. .....

Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Jane Avery Messenger

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or Quadruplet (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1st	yes	Dec. 31 1922

What bacteriocidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Dana L. Messenger	FULL MAIDEN NAME Helen A. Swarn
RESIDENCE Jerome	RESIDENCE Jerome
COLOR Wh.	COLOR Wh.
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Ill.
OCCUPATION Merchant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

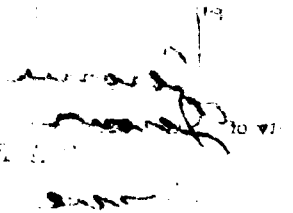
..... Registrar.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Address Jerome Ida.

Filed Jun 28 1923 E. D. Pipes M.D. Registrar.



STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 7/16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Jerome (ST. Idaho (COUNTY Jerome

FILE NO. 112755

DATE OF BIRTH Dec. 31- 1922

SEX OF CHILD Male

FATHER Dana Lafayette Messenger

MOTHER Helen Adelaide Warn. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

James Avery Messenger.

Mrs. Dana L. Messenger.

Signature of Father or Mother.

...ED ... 1923 ... VITAL ...

SEP 1 [illegible] 1940

MAY 8 1942

386-113-027-762

PLACE OF BIRTH

RECEIVED
JUN 29 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

112756

County of Jerome
City of Jerome
No. ..... St.
Hospital Home

Registration District No. 23
Primary Registration District No. 1017 2017

File No. .....
Registered No. .....

FULL NAME OF CHILD Daren Soren Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
M	other	3	yes	Dec. 13 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leslie S. Thompson	FULL MAIDEN NAME	Margaret E. Posey
RESIDENCE	Jerome Ida	RESIDENCE	Jerome, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Jerome, Ida.

Filed June 28 1923 E D Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-227-217-369

PLACE OF BIRTH

amend 2-9-83

RECEIVED
JUN 29 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

Primary Registration District No. 107

File No. 112758

Registered No. .....

FULL NAME OF CHILD Beulah Irene Boden

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		5	Yes	Dec 27 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Roscoe Boden	FULL MAIDEN NAME Dorothea Morrison
RESIDENCE Jerome, Ida.	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Wis.
OCCUPATION Treasurer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4.9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Address Jerome, Ida.

Filed June 28 1923 E. D. Cooper M.D. Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 7/16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Jerome

ST. _____

COUNTY Jerome

FILE NO. 112758

DATE OF BIRTH Dec. 27, 1922

SEX OF CHILD Female

FATHER Royce Boden

MOTHER Dorothea Morrison (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Beulah Irene Boden

Dorothea Boden

Signature of Father or Mother

1-27-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 7 4 44 PM '83

State of Utah
County of Salt Lake } ss.

Certificate No. 112758
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Beulah Irene Boden (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 4, 1922 (Date of Event)

in Jerome (Jerome) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	Dec 4, 1922	Dec 27, 1922
mothers first name	Dorothy	Dorothea

Subscribed and sworn to before me this 2nd day of February, 1983

Notary Public, Vijay R. Houtz

Residing at Salt Lake

My commission expires August 29, 1985

(Seal)

X Beulah I Fenton
Signature of Applicant

3783 So. 2035 East Salt Lake City, Utah 84109
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Utah
County of Salt Lake } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2ND day of FEBRUARY, 1983

Notary Public, Vijay R. Houtz

Residing at Salt Lake

My commission expires August 29 1985

(Seal)

X Mary Mellenthin
Supporting Signature

1752 Ramona Ave Salt Lake City, UT 84108
Street Address, City, State

lcc pd

LDS Church Certificate of Birth gives Beulah Irene Boden born Dec 27, 1922 in Jerome to Roscoe Boden and Dorothea Morrison and document was entered on record June 3, 1923. Viewed by V.S.

FEB 9 1983

Certificate of Baptism from LDS Church gives Beulah Irene Boden daughter of Roscoe Boden and Dorothea Morrison was born Dec 27, 1922 at Jerome and was baptised Dec 5, 1931. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

418-125-027-299

RECEIVED JUN 29 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23

File No. 112760

Hospital Home

Primary Registration District No. 1017 2017

Registered No. .....

FULL NAME OF CHILD George Edwin Mahoney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
	9	Yes.	Dec 25 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Rev. E. Mahoney	FULL MAIDEN NAME	Ada Brinhall
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mo.	BIRTHPLACE	Ariz.
OCCUPATION	Cook	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Teller
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Jerome, Ida.

Filed June 28 1923 E. D. P. per M.D. Registrar.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 7/16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Jerome

ST. Idaho

COUNTY Jerome

FILE NO. 112760

DATE OF BIRTH Dec 25-1923

SEX OF CHILD Male

FATHER Beverly E Mahoney

MOTHER Ad Brumbell (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

George Edwin Mahoney

RECEIVED SEP 10 1923 BUREAU OF VITAL STATISTICS

Beverly E Mahoney

Signature of Father or Mother.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

239-114-027-236

County of Jerome

City of Jerome

No. ..... St.

Hospital Jerome

RECEIVED

JUN 29 1923

BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 1017 2-0-17

File No. 112796

Registered No. .....

FULL NAME OF CHILD .....

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	3rd.	Yes	May 14 1923

What bactericidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME W. T. Strickland	FULL MAIDEN NAME Lodie Ann Scott
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Domestic work

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 A. M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Keller

(Physician or midwife)

Address Jerome Idaho

Filed June 28 1923 E. D. Piper M. D.

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

DELAYED

BHG-101-027-433

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Hospital .....

RECEIVED JUN 29 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 23

File No. 112801

1017

Primary Registration District No. 2017

Registered No. .....

FULL NAME OF CHILD Burk Allen Harmon Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 1 1922

FATHER		MOTHER	
FULL NAME	Burk Allen Harmon	FULL MAIDEN NAME	Faye M. Clung
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	wh	COLOR	wh.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E L Barry M D

(Physician or midwife)

Address Hazelton Ida

Filed June 28 1923 E. D. Piper M. D.

Registrar

Ordell Eyre

HAVENS

LOT

J. P. Q. 1922 3: 935

168-230-027-253

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Hospital .....

RECEIVED JUN 29 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

112802

Registration District No. 23 File No. .....

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Dorothy Mapine Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Dec 25 1922

FATHER		MOTHER	
FULL NAME	Geo. F Johnson	FULL MAIDEN NAME	Ora Ketchum
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	So. Dak.	BIRTHPLACE	New York
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E L Berry M D

(Physician or midwife)

Address Hazelton Ida

Filed June 28 1923 E. D. Piper M. D. Registrar

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NOV 24 1944

NOV 9

314-125-640-659

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 2 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Registration District No. 123

File No. 113226

Primary Registration District No. ____

Registered No. 53

Hospital Wardner

Full Name of Child Gordon Edlsey Sampsman

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Jan. 25 1922

FATHER	MOTHER
FULL NAME Edlsey Edward Sampsman	FULL MAIDEN NAME Frieda Marie Oertel
RESIDENCE Kellogg Idaho.	RESIDENCE Kellogg Idaho.
COLOR white	AGE AT LAST BIRTHDAY 29 (Years)
AGE AT LAST BIRTHDAY 29 (Years)	COLOR white
BIRTHPLACE Minneapolis Minn.	BIRTHPLACE Germany.
OCCUPATION Miner.	OCCUPATION Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including p

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at ____ on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Kennett

Physician
(Physician or midwife)

Address Kellogg Idaho

Filed 6/25/1923 E. E. Hardy
Registrar

Given names added from a supplemental report

....19....

....
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

JAN 7 1968

DELAYED

654-218-040-314

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 2 1923
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Kellogg

No. ..... St.

Hospital Wardner

Registration District No. 123

Primary Registration District No. .....

File No. 113228

Registered No. 59

Full Name of Child Mary Elizabeth Wergeland

SEX OF CHILD Female	~~Twin Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Feb 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Michael Wergeland	FULL MAIDEN NAME	Dora Caddy
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Cornwall, England
OCCUPATION	Laborer, lead refinery	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 928 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo H Kennett, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Kellogg, Idaho

Filed 6/21/1923 E. E. Hardy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

863-229-640-966

PLACE OF BIRTH

RECEIVED
JUN 2 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Registration District No. 123

File No. 113229

Primary Registration District No. ____

Registered No. 30

Hospital Wardner

Full Name of Child Marion Irene Holden

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	May 29 23

FATHER	MOTHER
FULL NAME George Frederick Holden	FULL MAIDEN NAME Marion Louise Root
RESIDENCE 6640 Elmwood Ave. Child Penn.	RESIDENCE 6640 Elmwood Phila. Penn.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE New York	BIRTHPLACE New Jersey
OCCUPATION Sailor	OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1319 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Kennett

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

____ 19____

Registrar

Filed 6/21/1923 E. E. Hand

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1946

c.c. 5/22/41. w.h.

DELAYED

168-117-040-295

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

113230

County of Shoshone

City of Kellogg

No. ____ St.

Hospital

RECEIVED
JUN 2 1923
BUREAU OF VITAL STATISTICS

Registration District No. 123

File No.

Primary Registration District No.

Registered No. 31

Full Name of Child James Abner Johnson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Yes	Aug 17 1922

FATHER		MOTHER	
FULL NAME	Richard Johnson	FULL MAIDEN NAME	Mamie Krenka
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Gardner
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Kennett, M.D.
(Physician or midwife)

Address Kellogg, Idaho

Filed 6/21/1923

E. E. Hardy
Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1942

APR 6 1970

864-125-040-884

PLACE OF BIRTH

STATE ~~OF IDAHO~~
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 2 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 113231

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No. .....

Hospital Yes

Primary Registration District No. ..... Registered No. 32

FULL NAME OF CHILD Kenneth Mason Youmans.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	1 (To be answered only in event of plural births)	Yes	Oct 25 1922

What bactericidal solution was used in eyes? Yes, Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Clarance Freeman Youmans	FULL MAIDEN NAME Dorothy E. Hyde
RESIDENCE Kellogg Ida.	RESIDENCE Kellogg Ida
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Oregon.	BIRTHPLACE Wash.
OCCUPATION Smelter man	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.
(Physician or midwife)

Give names added from a supplemental report.

..... 19 .....

..... Registrar.

Address .....

Filed 6/21 1923 E. E. Hardy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

717 [illegible] 040-268

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 2 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registrar's No. 123 File No. 113232

Hospital Wardner Primary Registration District No. ..... Registered No. 33

FULL NAME OF CHILD Boynton Franklin Gage
(Certificate of no value without full name of child.)

[redacted]

Sex of Child	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Male		Yes	Oct 3

What bactericidal solution was used in eyes? Argyrol 20% ag. dest.

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME George Chandler Gage	FULL MAIDEN NAME Kittie Emma Boynton
RESIDENCE Kellogg, Idaho	RESIDENCE Kellogg, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE North Danville, Vermont	BIRTHPLACE Morrisville, Vermont
OCCUPATION Accountant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Kennett, M.D.
(Physician or midwife)

Address Kellogg, Idaho

Filed 6/21/1923 E. E. Hardy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 05 2008

MAY 19 1942

JUN 1 1942

613-210
023-712

PLACE OF BIR[redacted]D

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Gem

No. [redacted] St.

District No. 70 File No. 113251

Hospital Primary Registration District No. 011 Registered No. 39

FULL NAME OF CHILD Blanche Ellamae Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	8/10 1922

What bactericidal solution was used in eyes? Yes 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Frank Walker	FULL MAIDEN NAME	Anna Gabriel
RESIDENCE	Gem	RESIDENCE	Gem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Neb	BIRTHPLACE	Kan
OCCUPATION	Mineman	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7.05 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed June 16 1922 F. L. [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1962

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... } ss.

SEP 15 10 51 AM '77

Certificate No. 113251

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Blanche Walker (Name on Original Certificate) who was born (Was Born or Died) on August 10, 1922 (Date of Event)
in Gem Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs middle name	omitted	Ellamae

Subscribed and sworn to before me this 13th day of 19 77

..... Notary Public, residing at .....
My commission expires 5-25-79
(Seal)

Signed Clarence W. Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of 19 77

..... Notary Public, residing at .....
My commission expires 5-25-79
(Seal)

Signed Aunt Gladys Burke
(Signature of Any Credible Person)

Rt 2 Box 2698
(Street Address, City, State)
Toppenish Wash. 98948

FORM DH 60-155

Correction corresp. 2-18-77 1 copy pd Rec. # 11799 fc

Notorized page from the Family Bible gives name asBlanche Ellamae Walker born August 19, 1922 in Gem, Idaho. Childs parents Anna Marie Gabriel and Frank Walker.
Viewed by V.S.
Notorized page from insurance Policy issued by the Metropolitan Life Insurance Company on August 1, 1954, gives name as Blanche E. Walker Wolf. Policy issued August 1, 1954. She was 32 at the time Policy # 540 882 207M was issued.
Viewed by V.S.

296-119-040-133

PLACE OF BIRTH

[redacted]

JUN 9

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. 113252

Hospital Providence

Primary Registration District No. 1011 Registered No. 40

FULL NAME OF CHILD Homer John Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 19 1924

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fern John Brown	FULL MAIDEN NAME	Iva L Allen
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mo
OCCUPATION	Clerk	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Brown
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address

Filed June 16 1924 F L Tungey
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 7/16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Nampa

ST. Idaho

COUNTY _____

FILE NO. 113252

DATE OF BIRTH Oct 19, 1922

SEX OF CHILD Male

FATHER Ford J Brown

MOTHER Ivah Allen
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Howard John Brown

Ford J. Brown

Signature of Father or Mother.

349-225-040-689

PLACE OF BIRTH

RECEIVED
JUN 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Wallace

No. 9 2nd St.

Registration District No. 10 File No. 113253

Hospital

Primary Registration District No. 1011 Registered No. 41

FULL NAME OF CHILD Mildred Bernice Funk

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	10/25/192[illegible]

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank W. Funk	FULL MAIDEN NAME	Ursula Forbush
RESIDENCE	Wallace	RESIDENCE	Montana
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mont	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was now alive (Born alive or stillborn), at 1 30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bain

(Physician or midwife)

Address

Filed June 16 192[illegible] H L Dunlap

Registrar.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1945

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 7/16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full nam included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Wallace

ST. 9- 2nd.

COUNTY Shoshone

FATHER Frank

FILE NO. 113253

DATE OF BIRTH Oct 25

SEX OF CHILD Female

MOTHER Undine (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Wilfred Bernice Turk

Undine Turk

Signature of Father or Moth

843-126.040-366

PLACE OF BIRTH

RECEIVED
JUN 9 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Gem

No. ..... St.

Registration District No. 70

File No. 113254

Hospital

Primary Registration District No. 10 11

Registered No. 42

FULL NAME OF CHILD Billie Clifford Nutsell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10/26/23

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Francis Nutsell	FULL MAIDEN NAME	Millie Low
RESIDENCE	Gem	RESIDENCE	Gem
COLOR	W	COLOR	~~Black~~ W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kan	BIRTHPLACE	Ida
OCCUPATION	Miner	OCCUPATION	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bran

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 6 1923 F L Dunlap

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho 6/17 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth

CITY Gem

ST. Idaho

COUNTY Boshome

FATHER [illegible]

FILE NO. 113254

DATE OF BIRTH 26 Oct

SEX OF CHILD Male yes

MOTHER Nellie Low (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

[illegible] Hutsell

Frank [illegible]

Signature of Father or Mother.

RECEIVED JUL 26 1923 BUREAU OF VITAL STATISTICS

238-105-090-231

PLACE OF BIRTH Amended October 24, 1958 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
City of Wallace
No. ____ St.
Hospital Wallace Hosp.

Registration District No. 70 File No. 113255
Primary Registration District No. 1011 Registered No. 43

FULL NAME OF CHILD ALBERT WILLIAM SCHUPP
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
MALE	x	2nd	x	November 5, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1.

FATHER	MOTHER
FULL NAME: Emery Andy Schupp	FULL MAIDEN NAME: Mary Lizzie Slahart
RESIDENCE: Mullan, Idaho	RESIDENCE: Mullan
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Everson, Penn.	BIRTHPLACE: Bohemia
OCCUPATION: Cook	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

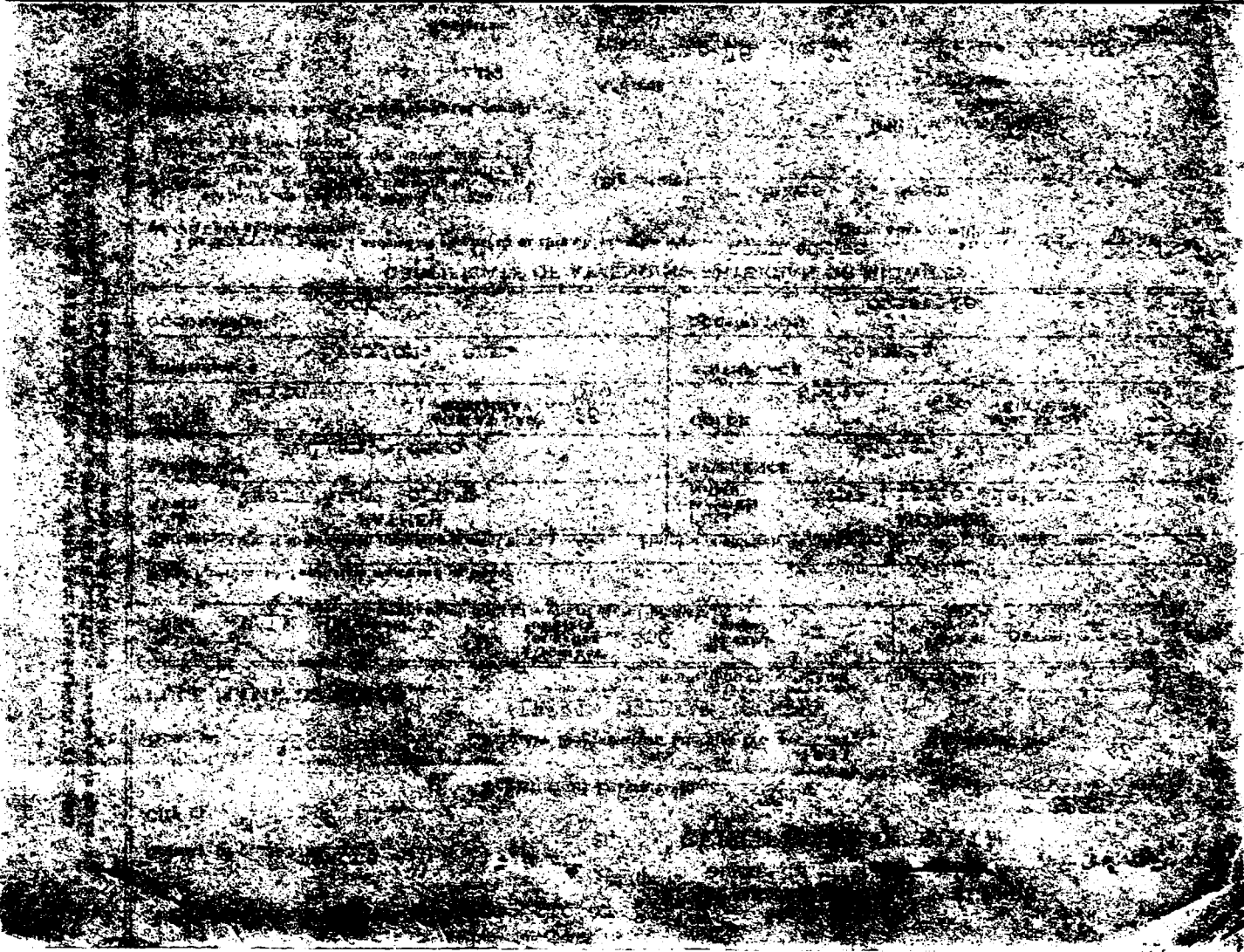
....., 192....

.....
Registrar.

(Signature) James R. Bean
(Physician or midwife)
Address ____

Filed June 16 1923 F. L. Quigley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of King

Certificate No. 113255

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Albert William Schupp (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1922 (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex of child	Female	Male

Subscribed and sworn to before me this 12th day of October 1958

Notary Public, residing at Seattle

My commission expires 11-11-1961

(Seal)

Signed Patricia Schupp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7944 31st SW Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 1958

Notary Public, residing at Seattle

My commission expires 11-11-1961

(Seal)

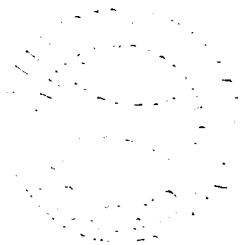
Signed Florence Bishop
(Signature of Any Credible Person)

1933 Walnut Seattle Wash.
(Street Address, City, State)

FORM DPH 55.155

WWB:nr

1 copy paid



154-221-040-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH
Amended 11/28/73

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Shoshone

CERTIFICATE OF BIRTH

City of

Registration No. 70

File No. 113256

No. St.

Primary Registration District No. 1011

Registered No. 44

Hospital Wallace

FULL NAME OF CHILD Dorothy Ann Anderson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	one	First	yes	Nov. 21 1922 2:30 a.m. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Winfred Anderson	FULL MAIDEN NAME	Marie Gladys Hanson
RESIDENCE	— ?	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	North Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Julius R Bean
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed June 16 1923 F L Tuckey
Registrar

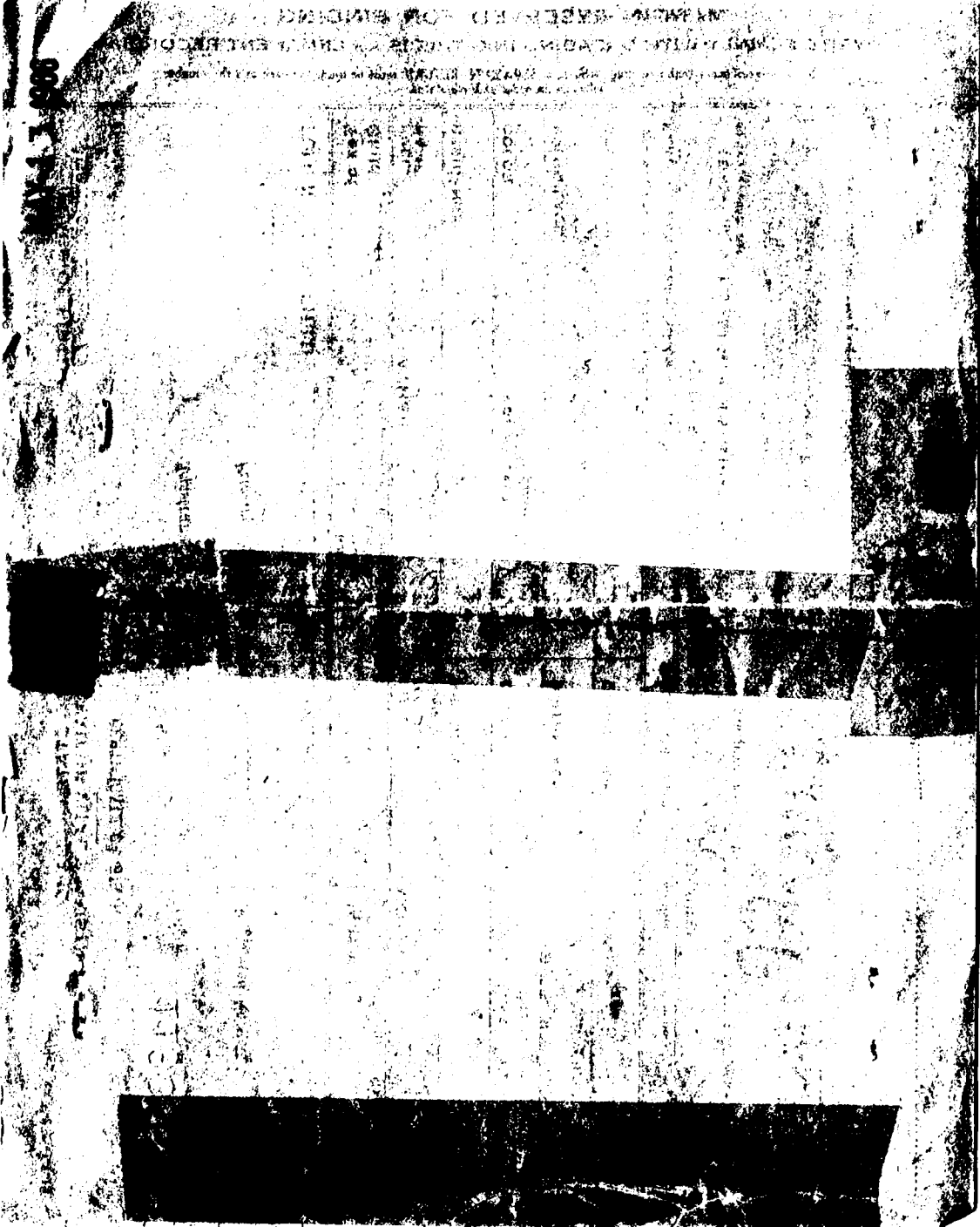
Registrar

5-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS NOV 14 2 02 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 113256

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Dorothy Ann Anderson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 21, 1922 (Date of Event)

in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	male	female

Subscribed and sworn to before me this 8 day of November, 1973

[illegible] Notary Public

Notary Public, residing at [illegible]

My commission expires My Commission Expires Oct. 14, 1979

(Seal)

Signed [illegible] Marvin Wurzenberger-Pastor

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of North Dakota } ss.
County of Ward }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Nov., 1973

Arlene Register

Notary Public, residing at Sawyer, N. D.

My commission expires ARLENE REGISTER

(Seal)

Notary Public, Ward County, N. Dak.

My Com[illegible] Feb. 22, 1977

Signed June B. Holmes

(Signature of Any Credible Person)

717 - 6th St. SW. Minot, N. Dak.

(Street Address, City, State)

FORM DH 60-155

CL 115/73 nm

Certif. of Baptism gives name as Dorothy Ann Anderson child of Arthur Winfred Anderson and Glady Anderson. Born Nov. 21, 1922. Was Baptized Jan. 31, 1923 or 1925 copy not readable. Viewed by V. S.

NOV 2 8 1973

Own child's birth certif. from North Dakota (54-11499) gives name as David Carl Nelson. born Aug. 22, 1954. Father's name given as Carl Bernard Nelson and Dorothy Ann Anderson given as the mother. Viewed by V. S.

279-227.040-279

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 9 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

113257

County of Shoshone

City of ..... No. ..... St.

Registration District No. 70

File No. .....

Hospital .....

Primary Registration District No. 1011

Registered No. 45

FULL NAME OF CHILD Fay Genevieve Sprague

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	12/27/192 2

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Sprague	FULL MAIDEN NAME	Dorothy Sprague
RESIDENCE	Osburn	RESIDENCE	Osburn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	S Dak	BIRTHPLACE	S Dak
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at full M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Brown

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 16 1923 F L Lindsey

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 7/16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Osborne
(ST. _____
(COUNTY Shoshone

FILE NO. 115257

DATE OF BIRTH: November 27

SEX OF CHILD Female

FATHER George Sprague

MOTHER Dorothy Sprague
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Fay Genevieve Sprague

Dorothy Sprague
Signature of Father or Mother.

RECEIVED
JUL 17 1923
BUREAU OF VITAL STATISTICS

891-216-
044-165

PLACE [redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

113340

County of Was[redacted]

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

File No. .....

Primary Registration District No. 1060

Registered No. 18

FULL NAME OF CHILD Martha Lois Hiatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elvon C. Hiatt	FULL MAIDEN NAME	Martha Charlotte Jones
RESIDENCE	Weiser, Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Madison Co Iowa	BIRTHPLACE	China Maine
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Hiatt

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 5/26 1923

W. R. Hamilton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-212-044-249

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 26 1923
BUREAU OF VITAL STATISTICS

County of Washington

City of

No. St.

Hospital

Registration District No. 86 File No. 113370

Primary Registration District No. 2112 Registered No. 48

FULL NAME OF CHILD Beula Beryl Robertson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	Oct. 12, 1922

FATHER		MOTHER	
FULL NAME	Arthur Francis Robertson	FULL MAIDEN NAME	Lois Amy Smith
RESIDENCE	Brownlee Oregon	RESIDENCE	Brownlee
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Bear Idaho	BIRTHPLACE	Bear Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy Smith (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar.

Filed 6-20 1923 W. R. Hamilton Registrar.
D Hamilton

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

983-231-029-753

PLACE OF BIRTH

RECEIVED AUG 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 210 N. Asbury St.

Registration District No. 61 File No. 113849

Hospital

Primary Registration District No. 1011 Registered No. 108

FULL NAME OF CHILD Lucille Marguerite Zylka
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Dec. 31 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Richard Zylka	FULL MAIDEN NAME	Irene Stella Peterson
RESIDENCE	210 N. Asbury, Moscow, Ida	RESIDENCE	210 N. Asbury, Moscow, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Freiburg, Germany.	BIRTHPLACE	Helena, Mont.
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Harry Einhorn

Physician
(Physician or midwife)

Address Moscow, Ida.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed July 30 1923 N S Hearthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1942

JUN 12 1975

395-211-042-335

PLACE OF BIRTH

STATE OF IDAHO
[redacted]ENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 23 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Tiber

No. ..... St. ..... Registration District No. 38 ..... File No. 113933

Hospital ..... Primary Registration District No. 2086 ..... Registered No. .....

FULL NAME OF CHILD Delma Rose Lincoln
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 11 1922

What bactericidal solution was used in eyes? 1% Nitrate of silver

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Richard Delvin Lincoln	FULL MAIDEN NAME	Rose Cleaver
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A Dwight M.D.
(Physician or midwife)

Address Filer Ida

Filed July 20 1923 A A Newberry
Registrar.

Give names added from a supplemental report.

....., 192....

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Registrar.

DELAYED

[redacted]

City of [illegible] BUREAU OF VITAL STATISTICS

No. _____ St. Registration District No. 38 File No. 113934

Hospital _____ Primary Registration District No. 2086 Registered No. _____

FULL NAME OF CHILD Robert Cecil Alldaffer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	Aug 2— 1922

What bactericidal solution was used in eyes? 1% Nitrate of Silver

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lacy Dale Alldaffer	FULL MAIDEN NAME	Viola Gammerson
RESIDENCE	Tyler	RESIDENCE	Tyler
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kan.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45a M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Dwight M.D.

(Physician or midwife)

Address Tyler, Texas

Give names added from a supplemental report.

....., 192.....

K..... Registrar.

Filed July 30 1923 A A Newberry Registrar.

365-126-042-141

PLACE OF BIRTH

RECEIVED
JUL 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38 File No. 113935

Hospital .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Ralph Emmerson Conner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 26 1922

What bactericidal solution was used in eyes? 1% Nitrate of silver

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Rudy E. Conner	FULL MAIDEN NAME	Ida May Adams
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed July 20 1923 A A Newberry
Registrar.

DELAYED

3-31-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 29 9 32 AM '81

State of _____ } ss.
County of _____

Certificate No. 113935
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ralph Emerson Connors (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-26-22 (Date of Event)

in Filer (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Ralph Emerson Connors	Ralph Emmerson Conner
fathers last name	Connors	Conner

Subscribed and sworn to before me this 22nd day of April, 1981.

Notary Public, Patricia K. Cotton

Residing at 204 E. Main, Talent, Or.

My commission expires 12/20/83

(Seal)

Ralph E Conner
Signature of Applicant

P. O. 275 Talent
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of JACKSON

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April, 1981.

Notary Public, Patricia K. Cotton

Residing at 204 E. Main, Talent, Or.

My commission expires 12/20/83

(Seal)

George M. Conner
Supporting Signature

Talent OR PO Box 103
Street Address, City, State

1 cc pd

Cradle Roll Certificate issued by Mrs. S. E. Williams Superintendent Cradle Roll and Mrs. R. F. Moseley, Superintendent, gives name of child as Ralph Emmerson Conner enrolled a member of the Cradle Roll of Marva Suncay School of Marva. Viewed by V.S. Enrolde December 20, 1922 and born May 26, 1922.
Viewed by V.S.

JUN 9 1981

Family Record gives name as Ralph Emmerson Conner born May 26, 1922, in Twin Falls, County, File, Idaho, to Rudy E. Conner and Ida May Adams. Record old.
Viewed by V.S.

294-211-042-955

PLACE OF BIRTH

RECEIVED
JUL 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

113936

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38 File No. .....

Hospital .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Clara Louisa Simon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	May 11 1922

What bactericidal solution was used in eyes? 1% nitrate of silver.

Number of child of this mother, including present birth Fourth Number of children of this mother now living, including present birth four.

FATHER		MOTHER	
FULL NAME	James Simon	FULL MAIDEN NAME	Sophia Zennet
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A Dwight M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Filer Ida

Filed July 20 1923 A A Newbury
Registrar.

1943

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231-230 042-361

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

RECEIVED
JUL 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 113937

Primary Registration District No. 7086 Registered No. .....

FULL NAME OF CHILD Margery Blastock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)
Female		yes	July 30 (Day) 1922 (Year)

What bactericidal solution was used in eyes? 1% Nitrate of silver

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Stanley Blastock	FULL MAIDEN NAME	Irene Loader
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Eng.	BIRTHPLACE	Eng.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Filer Ida

Filed July 20 1923 A. A. Newberry
Registrar.

MAR 22 1948
MAY 22 1961

214-201-042-271

PLACE OF BIRTH

RECEIVED
JUL 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

113938

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38

File No. .....

Hospital .....

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Marguerite Maxine Saunders
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	Oct.	1	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Nitrate of silver

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Reece Saunders	FULL MAIDEN NAME	Marguerite Erma Spalding
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ky.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M. D.
(Physician or midwife)

Address Filer, Ida.

Filed July 30 1923 A. A. Newberry
Registrar.

Give names added from a supplemental report.

....., 192....

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Registrar.

366-114-042-255

PLACE OF BIRTH

RECEIVED
JUL 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38

File No. 113939

Hospital .....

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Richard Carroll Looney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 14 1922

What bactericidal solution was used in eyes? 1% Nitrate of silver

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ray Davis Looney	FULL MAIDEN NAME	Dell Beer
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Tenn.	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight, M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Filer, Ida.

Filed July 20 1923 A. A. Newberry
Registrar.

MAR 5 1942

168-127-042-666

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

RECEIVED JUL 23 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 113940

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Lawrence George Johnson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes	Oct 27 1923

What bactericidal solution was used in eyes? 1% Nitrate of silver

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo. Leonard Johnson.	FULL MAIDEN NAME	Marie Wood.
RESIDENCE	Curry.	RESIDENCE	Curry.
COLOR	White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Colo.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Filer, Ida.

Filed July 30 1923 Aanewberry
Registrar.

557-123-042-493

PLACE OF BIRTH

RECEIVED
JUL 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38 File No. 113941

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Cecil ~~[illegible]~~ EZRA Engle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes.	Nov. 23 — 1922

What bactericidal solution was used in eyes? 1% Nitrate of silver.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ezra C. Engle	FULL MAIDEN NAME	Sadie Ruth Miller
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Filer, Idaho

Filed July 20 1923 A. A. Newberry
Registrar.

NOV 7 1974

315·118·042-717

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

RECEIVED
JUL 23 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 113942

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Norman Lancaster

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	Dec. 18 1922

What bacteriocidal solution was used in eyes? 1% Nitrate of silver

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Clarence Edward Lancaster	FULL MAIDEN NAME Goldie Mae Paget
RESIDENCE Filer	RESIDENCE Filer.
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Colo.	BIRTHPLACE Mo.
OCCUPATION Farmer.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:44 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Dwight for M. D.

(Physician or midwife)

Address Filer, Ida.

Filed July 20 1923 A. McCleery Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

JAN 24 1942

[redacted] 31S.18-028-269

BIRTH

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Idaho

No. _____ St.

Hospital _____

Registration District No. 45

Primary Registration District No. _____

File No. 114475

Registered No. _____

Full Name of Child Baby Cavender Milton Wayne

SEX OF CHILD: M	Twin Triplet or other? 1 and Number in order of birth (To be answered only in event of plural birth)	Legitimate? yes	DATE OF BIRTH 6-18 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Milton Cavender	FULL MAIDEN NAME	Eva Bogarth
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Id
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wash.	BIRTHPLACE	Wash
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 25 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

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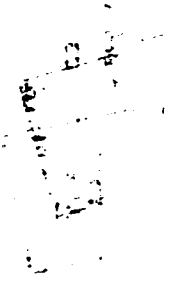
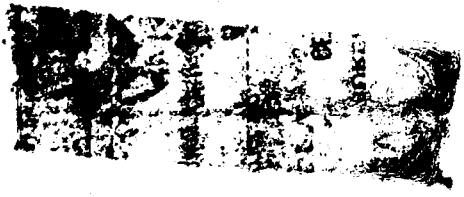
Registrar

Address _____

Filed 6/20 1923 Kasich

Registrar





DELAYED

413-205028-553

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE [redacted]
BUREAU OF V[redacted]

County of Kashmir

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [redacted]

City of S Lake

Registration District No. 45

File No. 114476

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Barby Jacobson

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
7	1		—	yes	6 - 5 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jorgen Jacobson	FULL MAIDEN NAME	Cora Nelson
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp L. Id
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Ill
OCCUPATION	Woodsman	OCCUPATION	Hsw f.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle A Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed 6/18 1922 Kadish

Registrar

K

DELAYED

915-102-028-731

PLACE OF BIRTH

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

DELAYED

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 4

File No. 14477

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child ~~Baby Raney~~ ROY ELWOOD RANEY

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M				Yes	9 – 2 – 1922

FATHER

FULL NAME: Chas E Raney

RESIDENCE: Spirit Lake Idaho

COLOR: Wh AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Mo

OCCUPATION: Mach. - R.R Shops

MOTHER

FULL MAIDEN NAME: Mary Ann Plank

RESIDENCE: Sp L

COLOR: Wh AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Wash.

OCCUPATION: Hswf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle A Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 19 22

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED STAMP ADDED TO CERTIFICATE FACE 03/22/2018 AJT

03/22/2018 ADDED ATTACHMENT DATED OCT 4, 1923 - THIS WAS PREVIOUSLY ATTACHED TO SIBLINGS BIRTH CERTIFICATE STATE FILE # 1921-114533 AJT

DELAYED

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho SEP 12 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Spirit Lake
(CO. Kootnai
(COUNTY [redacted]

FILE NO. 104563

DATE OF BIRTH May 2, 1922.

SEX OF CHILD [redacted]

FATHER Charles Raney MOTHER Mary Plank (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Roy Elwood Raney.

Mrs. Mary Raney.

Signature of Father or Mother.

RECEIVED OCT 4 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Pierce }

Certificate No. 114477
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Roy Elwood Raney (Name on original certificate) who was born (Was born or died) on May 2, 1922 (Date of event)
in Spirit Lake, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by official record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Lack of name -- The child in this case was named Roy Elwood Raney at the time of birth but the doctor apparently forgot name and did not report it when other facts concerning birth were recorded.		

Subscribed and sworn to before me this 5th day of June, 1942.

Notary Public, residing at Tacoma, Wash.

My commission expires April 20, 1945

[SEAL]

Signed Mary Ann Raney Mother
(Signature of parent or attendant if correcting a birth record; of ~~attendant, funeral director~~, informant if correcting a death record; or other credible person)

1641 East 28th, Tacoma, Washington
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Pierce }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 1942.

Notary Public, residing at Tacoma, Wash.

My commission expires April 20, 1945

[SEAL]

Signed Charles Elwood Raney Father
(Signature of any credible person other than the previous affiant)

1641 East 28th Tacoma Washington
(Street Address, City, State)

Received for filing on JUN 8 1942 by
(Registrar's signature)

JUN 1 0 1942

March 22, 2018

#1921-114563 = Roy Elwood Raney born 06/24/1921 at 4:45 pm, second child born to CE Rainey age 31 and Mary Plank age 23

#1922-114477 = Roy Elwood Raney born 05/02/1922 at 10:45 pm, third child born to Chas E Rainey age 33 and Mary Plank age 24

Since the date of birth, time of birth, ages of the parents and birth order is different on each certificate, we do not believe that these are duplicate records of the same birth. Both records need the proper Delayed notations made on them since they were both stamped received August 22, 1923, more than one year after the date of event.

Program Supervisor Kathy Anderson and Registration Supervisor Kathleen Sullivan reviewed the records and we *think* when these certificates were received here late from the local registrar, neither certificate listed the child's name and our office likely sent out an inquiry for the child's name on each certificate to the parents.

#1921-114563 - On October 4, 1923, we stamped a returned inquiry signed by the mother that states the child born on 05/02/1922 should bear the name of Roy Elwood Raney. This inquiry was attached to the certificate for the child that ~~was born~~ in 1921. Our theory is that our office likely added the name of Roy Elwood Raney to the certificate and attached the inquiry in error. There is no evidence that we received a request from the parent(s) to name the child born in 1921, we did not find a death certificate on file for this child and there is no evidence that a copy of this certificate was ever issued.

#1922-114477 – On June 8, 1942, we stamped a notarized affidavit received signed by the mother requesting to add the name of Roy Elwood Raney to the birth certificate. Since her original request to name this child was incorrectly attached to the 1921 record, we amended the certificate with this affidavit. There is no evidence that a copy of the certificate was ever issued and we do not have a death certificate on file for this child.

03/22/2018 – We removed the original inquiry signed by the mother from 1921-114563 and attached it to 1922-114477. We did not remove the name of Roy Elwood Raney from the 1921 certificate because we do not have proof that our office actually entered the name in error, it could have been there at the time of filing.

Kathy Anderson
Program Supervisor
(208) 334-5982

154.525 078783

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 23 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

114478

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Registration District No. 67

File No. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Mary Ellen Anderson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	1		yes	7-25-1923

FATHER

FULL NAME: Melvin Anderson

RESIDENCE: Spirit Lake Idaho

COLOR: Wh

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Mich

OCCUPATION: Auto mechanic

MOTHER

FULL MAIDEN NAME: Mary Veronica Dolan

RESIDENCE: Spirit Lake

COLOR: Wh

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Wis

OCCUPATION: Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:55 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D Prunty M D

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 28 1923

Registrar

DELAYED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full nam included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Spirit Lake
(ST. _____
(COUNTY Kootenai

FILE NO. 14478

DATE OF BIRTH July 25, 1

SEX OF CHILD Female

FATHER Melvin W. Anderson

MOTHER Vera Dolan
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Mary Ellen Anderson

Mrs. Melvin A

Signature of Father or Moth

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PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

114480

County of Kootenai

City of S Lake

No. 349-204028-154 St.

Registration District No. 45

File No.

Primary Registration District No.

Registered No.

Hospital

RECEIVED BUREAU OF VITAL STATISTICS

Full Name of Child ~~xxxxxx~~ Curnutt LOUISE BERNARDINE CURNUTT

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
7	1		yes	8 (Month) 4 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace Curnutt	FULL MAIDEN NAME	Zelma Anderson
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl J Prendt MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 8/11 1922 [signature]

Registrar

of each, in order of birth stated.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 114480
Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby Curnutt (Name on Original Certificate) who Was Born (Was Born or Died) on Aug. 4, 1922 (Date of Event) in Spirit Lake Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Curnutt	Louise Bernardine Curnutt
Louise Bernardine	Curnutt	

Subscribed and sworn to before me this 9th day of April, 1942

Notary Public, residing at Seattle Wash

My commission expires April 30, 1942
(Seal)

Signed Mrs. H B. Curnutt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Burton, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 15 1942

653718028-386

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. _____ St.

Hospital _____

Registration District No. 45

File No. 114481

Primary Registration District No. _____

Registered No. _____

Full Name of Child Richard Curtis Wells

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 7-18 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Aza O. Wells	FULL MAIDEN NAME Mabel Thornbury
RESIDENCE Spirit Lake	RESIDENCE Spirit Lake
COLOR White AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Shelby Neb.	BIRTHPLACE Hartford Kas.
OCCUPATION Dairyman	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Spirit Lake Ida

_____ 19____

Filed 7/22 1922 Kadish

Registrar

Registrar

DELAYED

ficate sent to this office. It is of vital importance to have the full ne included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth

CITY Spirit Lake

ST.

COUNTY Kootenai

FATHER A. O. Wells

FILE NO. [illegible]

DATE OF BIRTH July 18 1

SEX OF CHILD Male

MOTHER Mabel Thornburn
(Maiden Name)

RECEIVED
P 19 1923
BUREAU OF VITAL
STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Richard Curtis Wells

A. O. Wells

Signature of Father or Mot

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PLACE OF BIRTH

County of Kootenai

City of St Lake

No. _____ St.

Hospital _____

RECEIVED AUG 22 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 45

File No. 114482

Primary Registration District No. _____

Registered No. _____

Full Name of Child ~~Baby Cox~~ SHARON ELIZABETH COX

SEX OF CHILD: Fem.	Twin Triplet or other? 1 and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 7 (Month) – 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Dale Cox	FULL MAIDEN NAME	Elva Bowers
RESIDENCE	Rosalia Wn	RESIDENCE	Rosalia
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash.	BIRTHPLACE	Wash
OCCUPATION	Auto Battery service sta	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl A Prindle M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 7/18 1922 [signature]

Registrar

... In case of more than one child at birth, a SEPARATE REPORT must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 114482
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Sharon Elizabeth Cox (Name on original certificate) who was born (Was born or died) on July 14, 1942 (Date of event)
in Spirit Lake Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, Insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Cox	Sharon Elizabeth Cox

Subscribed and sworn to before me this 19th day of December, 1941.
Isabelle Irving
Notary Public, residing at 1940 Bel Air Dr Glendale
My commission expires Sept 3, 1942
[SEAL]

Signed Dale William Cox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1066 S. Genesee St, Los Angeles Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1942
Joan Wyman
Notary Public, residing at Beverly Hills
My commission expires
[SEAL]

Signed Mrs Nellie A. Bowen
(Signature of any credible person other than the previous affiant.)
1066 So. Genesee Ave.
(Street Address, City, State)
Los Angeles Calif

Received for filing on MAR 5 1942 By
(Registrar's signature)

MAR 7 1945

559-212-028-286

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 114483
Local Reg. No.
Reg. Dist. No. 45

Amended 2/6/76

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Spirit Lake
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): LaWilma
b. (Middle): Mae
c. (Last): Neighbors

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): July 12, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Mack
b. (Middle):
c. (Last): Neighbors

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Hot Springs, Ark.
10. USUAL OCCUPATION: Broom Maker
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Della
b. (Middle): E.
c. (Last): Showers

13. AGE (At time of this birth): 27 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Butler Co., Iowa
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. W. Martin
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Spirit Lake, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 7/18/23
22. REGISTRAR'S SIGNATURE: Kadish
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was ~~a standard serological test for syphilis~~ performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS ____ OZS.
TIME 3:13 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

DELAYED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 4 12 58 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 114483

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Wilma Mae Neighbors (Name on Original Certificate) who was born (Was Born or Died) on July 12, 1922 (Date of Event) in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Wilma Mae Neighbors	LaWilma Mae Neighbors

Subscribed and sworn to before me this 02 day of December, 1975

Notary Public, residing at Medford, Oregon

My commission expires 6/3/79

(Seal)

Signed Della Esther Fry

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

79 Reager St, Medford, Oregon 97501

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-158 CL 11/3/75

Marriage certif from California gives names as Robert W. Dennis and LaWilma M. Neighbors. dated Aug 2, 1947. viewed by V. S.

Family record statement from a friend of the famiy Fern Esther Gucher states nam given as LaWilma Mae Neighbors. viewed by V. S.

736 20 1028 465

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of S Lake

No. _____ St.

Hospital _____

Registration District No. 45

Primary Registration District No. _____

File No. 11 4484

Registered No. _____

Full Name of Child ~~Baby~~ Glotfelty VIRGINIA MARIE GLOTFELTY

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Fem	1		—	yes	7 - 1 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Glotfelty	FULL MAIDEN NAME	Iola Doe
[redacted]DENCE	Spirit Lake Id	RESIDENCE	Sp L
[redacted]	Wh	COLOR	Wt
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
[redacted]PLACE	Md.	BIRTHPLACE	Wash
OCCUPATION	Woodsman	OCCUPATION	Hsw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 7/5 1922 Kaiser

Registrar

NOV 12 1953

NOV 21 1954

DELAYED

386-104-028-342

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

114485

County of Kootenai

City of S Lake

No. _____ St.

Hospital _____

AUG 24 1922 BUREAU OF VITAL STATISTICS

Registration District No. 45

Primary Registration District No. _____

File No. _____

Registered No. _____

Full Name of Child ~~Baby~~ Mullay, JOHN THOMAS

SEX OF CHILD: M	Twin Triplet or other? 1 and Number in order of birth ~ (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 7 (Month) – 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Mullay	FULL MAIDEN NAME	May Cusick
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp L
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minn
OCCUPATION	R R shops Boiler mkr	OCCUPATION	Hswf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle A Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address _____

_____ Registrar

Filed 7/25 1922 Kaasch Registrar

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PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

AUG 22 1923

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4-1

File No. 114486

Primary Registration District No. _____

Registered No. _____

Full Name of Child Elvin Clinton Call

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M	1	—	Yes	6-22-1922

	FATHER	MOTHER
FULL NAME	A. C. Call	FULL MAIDEN NAME Camilla Donovan
RESIDENCE	Spirit Lake Ida	RESIDENCE Spirit Lake Ida
COLOR	White	COLOR wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE Ia
OCCUPATION	Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.31 P M the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Trinkle MD

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 6-27-1923

Registrar

DELAYED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Spirit Lake
(ST. _____
(COUNTY Kootenai

FILE NO. 104486

DATE OF BIRTH June 22-1922

SEX OF CHILD Male

FATHER Alva C Call

MOTHER Camilla Donovan
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Elvin Clinton Call

Camilla Call
Signature of Father or Mother.

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4 1923
OF VITAL

PLACE [redacted]

Form V. S. No. 11—25m-6-15-18

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BUREAU OF VITAL STATISTICS

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CERTIFICATE OF BIRTH

County of Kootenai

City of S Lake

No. 349 727 028 545 St

Registration District No. 45

File No. 114487

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Turcotte Carol Lee

SEX OF CHILD: Male	Twin Triplet or other? 1 and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 6 (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jos Turcotte	FULL MAIDEN NAME	Eden Eden
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp. L.
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Canada	BIRTHPLACE	Ia
OCCUPATION	Lab	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 75 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prendt MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 6/29 1923 [signature]

Registrar

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SEP 19 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Spirit Lake FILE NO. 14487

(ST. Idaho DATE OF BIRTH June 27 1922

(COUNTY Kootenai SEX OF CHILD Male

FATHER Joseph Turcotte MOTHER Mrs Edna Turcotte
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Carol Dee Turcotte

Mrs Turcotte
Signature of Father or Mother

795 728 028 54

PLACE OF BIRTH

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

114488

County of Kootenai

City of Coeur d'Alene

Registration District No. 5

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Carl Robert King

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	1	—	yes	4 28 1922

	FATHER	MOTHER
FULL NAME	Jas Philip King	FULL MAIDEN NAME: Mary Dr Martha
RESIDENCE	Spirit Lake Idaho	Spirit Lake Id
COLOR	White	AGE AT LAST BIRTHDAY (Years): 50 / COLOR: Wh / AGE AT LAST BIRTHDAY (Years): 41
BIRTHPLACE	Canada	Wis
OCCUPATION	Lab Lbr Co	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis A Prindle M D

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 4/29 19 28

Registrar

N. B.—In case of more than one child at birth, a SEPARATE of each, in order of birth.

DELAYED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full na included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Spirit Lake FILE NO. 104488

ST. 4 to DATE OF BIRTH April 28

COUNTY _____ SEX OF CHILD Male

FATHER Phillip King MOTHER Mary Herman (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Paul Robert Henry King

Mrs Phillip King

Signature of Father or Mo

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SEP 27 1923
BUREAU OF VITAL STATISTICS

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AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of S Lake

Registration District No. 45 File No. 114489

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vivian Belle McKenna

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	Yes	11 18 1922

FATHER		MOTHER	
FULL NAME	Ambrose McKenna	FULL MAIDEN NAME	Gladys Shaw
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp. L.
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Wyoming	BIRTHPLACE	Tenn.
OCCUPATION	Laborer	OCCUPATION	Hsw f.

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 20 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4/22 1922 Kadish

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Spirit Lake
(ST. 5th & Jefferson.
(COUNTY Kootenai

FILE NO. 104489

DATE OF BIRTH Nov 18. 1922.

SEX OF CHILD Female

FATHER A. McKenna

MOTHER Gladys Shaw (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Vivian Belle.

Mrs A. McKenna

Signature of Father or Mother.

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BUREAU OF VITAL STATISTICS

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PLACE OF BIRTH

RECEIVED AUG 2[illegible] 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

Registration District No. 45 File No. 114490

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Baker Evelyn Elinor Baker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1			yes	11 - 11 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J Baker	FULL MAIDEN NAME	Viola F Nelson
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Id
COLOR	Wh	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Maine	BIRTHPLACE	Wn
OCCUPATION	Lumber worker	OCCUPATION	Hsw

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.35 A.M. on the date above stated.

What bactericidal solution was used in eyes? AgNO3 1%

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

K ..... 19.....

Registrar

Address .....

Filed 11/13 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED AUG 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kashana

City of S Lake

Registration District No. 45 File No. 114491

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Agnes Marie Dolan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1		—	yes	12 - 28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Dolan	FULL MAIDEN NAME	Mary Preschinger
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp Lake Id
COLOR	Wh	COLOR	Wh.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Minn.
OCCUPATION	Machinist	OCCUPATION	Housewife

what bactericidal solution was used in eyes? 1% agno

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle A Prindle
MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12/29 1922 Kadish
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Spirit Lake

ST. Idaho

COUNTY Kootenai

FATHER Geo. Dolan

FILE NO. 104491

DATE OF BIRTH Dec. 28-1922

SEX OF CHILD Female

MOTHER Mary Preschinger (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Agnes Marie Dolan

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Mrs. Geo. Dolan

Signature of Father or Mother.

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AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kadiak

City of S Lake

Registration District No. 45

File No. 114492

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Earle Davis Stacy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		—	Y	12 (Month) - 26 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Slattery	FULL MAIDEN NAME	Margaret Foelke
RESIDENCE	S/p Lu K	RESIDENCE	S/p h
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Wis
OCCUPATION	Rub	OCCUPATION	Hsw

What bactericidal solution was used in eyes? 1% agnoz

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S Smith

M D
(Physician or midwife)

Given names added from a supplemental report.

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Registrar

Address .....

Filed 12/28 1922 Kadish
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Spirit Lake

(ST. 5th

(COUNTY Kootenai

FILE NO. 104492

DATE OF BIRTH Dec 26th 1922

SEX OF CHILD Male

FATHER George L Stacy

MOTHER Margaret Alice Foelker (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Earle Dare Stacy

Mrs George Stacy

Signature of Father or Mother

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AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

CERTIFICATE OF BIRTH

City of Spirit Lake

Registration District No. 45 File No. 114493

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Velma Francis Rooks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 - 14 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alva C. Rooks	FULL MAIDEN NAME	Carrie Clark
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Grundy C. Missouri	BIRTHPLACE	Granite, Idaho
OCCUPATION	Logging contractor	OCCUPATION	Housewife

What bactericidal solution was used in eyes? argyrol 25% sol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

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Address Spirit Lake Idaho

Filed 12/18 1922 Kaceish

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Dear Madam: Boise, Idaho 9/12 1923.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

* * * * * * * *

BUREAU OF VITAL STATISTICS.

Place of Birth (CITY Spirit Lake
(ST. New Hampshire
(COUNTY Kootenai

FILE NO. 104493

DATE OF BIRTH Dec. 14 1922

SEX OF CHILD Female

FATHER Ulva C. Rooks

MOTHER Carrie Margaret Clark
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Velma Frances Rooks

Carrie M Rooks

Signature of Father or Mother.

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SEP 24 1923
BUREAU OF VITAL STATISTICS

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Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

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AUG 22 1923
BUREAU OF [illegible]
STATISTICS

STATE OF IDAHO
BUREAU OF [illegible] STATISTICS
CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake

Registration District No. ..... File No. 114494

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Joseph Hockett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 - 4 - 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Thos Hockett	FULL MAIDEN NAME Clarice Ethel Thompson
RESIDENCE Spirit Lake	RESIDENCE Spirit Lake
COLOR White AGE AT LAST BIRTHDAY 43 (Years)	COLOR White AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Allen Co. Kansas	BIRTHPLACE Albion - Illinois
OCCUPATION Boiler Maker Helper	OCCUPATION Housewife

What bactericidal solution was used in eyes? argyrol 25% sol.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Martin

Physician
(Physician or midwife)

Given names added from a supplemental report.

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Address Spirit Lake Ida.

Filed 12/14 1922 Kamish
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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PLACE OF BIRTH

RECEIVED AUG 22 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

114495

County of Kootenai

City of S. Lake

Registration District No. 45

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Claude Clifford Dawson

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
M	1	—	Yes	Aug 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo H Dawson	FULL MAIDEN NAME	Winnifred Goodman
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kan	BIRTHPLACE	Mo.
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D Pindle MD

1% AgNO3 sal for eyes

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Aug 7 1923 [signature]

Registrar

AgNO3 1% Eyes

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PLACE OF BIRTH

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of S Lake

No. _____ St.

Hospital _____

Registration District No. 45

File No. 114496

Primary Registration District No. _____

Registered No. _____

Full Name of Child Harold Wesley Herbert

SEX OF CHILD M	Twin Triplet or other? 1 and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Herbert	FULL MAIDEN NAME	Katherine Schingel
RESIDENCE	Spirit Lake Id.	RESIDENCE	Sp L
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Minn	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Registrar

Filed 6/25 1922 [signature]

Registrar

DELAYED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

* * * * * * * * *

Place of Birth (CITY Spirit Lake
(ST. ———
(COUNTY Kootenai

FILE NO. 104496

DATE OF BIRTH June 8— 19-

SEX OF CHILD Male

FATHER Lewis A. Herbert

MOTHER Miss Katie Schu
(Maiden Name)

RECEIVED
SEP 1923
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Harold Wesley Herbert

Mrs. Lewis A. H

Signature of Father or M

:i-
name
e
n-

s.

22

nzel

erbert

Mother.

753219 028 962

PLACE OF BIRTH

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Idaho Registration District No. 45 File No. 1/4497

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Marie Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Sept 19 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Peterson	FULL MAIDEN NAME	Anna Mae Rose
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	In	BIRTHPLACE	Id
OCCUPATION	Boiler maker helper	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:10 A M. on the date above stated. What bactericidal solution was used in eyes? Agno3 1%

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Strandt MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sep 24 1922 Kaminski Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Spirit Lake

ST. Idaho

COUNTY Kootenay

FILE NO. 104497

DATE OF BIRTH September 17th -

SEX OF CHILD Female

FATHER Walter Peterson

MOTHER Anna Mae Kerr
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dorothy Marie Peterson

RECEIVED
Sep 25 1923
BUREAU OF VITAL STATISTICS

Walter W. Peterson

Signature of Father or Mother.

APR 28 1945
AUG 2 - 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419 717 028 662

PLACE OF BIRTH

RECEIVED AUG 22 192 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

Registration District No. 45 File No. 1 4498

No. ____ St.

Hospital Prindle Hospital Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Jack Foster Marshall

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 17 1922

	FATHER	MOTHER
FULL NAME	Cyril William Marshall	FULL MAIDEN NAME Ida Marie Foster
RESIDENCE	Spirit Lake, Idaho	Spirit Lake, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	18 (Years)
BIRTHPLACE	Neilsville, Wisconsin	Spokane Washington
OCCUPATION	Lath mill Contractor	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) C. O. Martin

Physician
(Physician or midwife)

Address Spirit Lake, Idaho

Filed 9/22 1922 Registrar

859/211 028 859

RECEIV[redacted]
AUG 22 1[redacted]
BUREAU OF VITAL
STATISTICS

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Registration District No. 45 File No. 114499

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Esther Margaret Heisner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 11 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Lee George Heisner	FULL MAIDEN NAME Florence Margaret Heisner
RESIDENCE Spirit Lake, Idaho	RESIDENCE Spirit Lake, Idaho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Muscatine, Iowa	BIRTHPLACE Athol, Idaho
OCCUPATION Flume walker	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Spirit Lake, Idaho

Filed 9/14 1922 Kaniah Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

MAY 16 1963

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

114500

County of Kootenai

City of Spirit Lake

Registration District No. 45 File No.

No. St.

Hospital Twindle Hospital Primary Registration District No.

FULL NAME OF CHILD Eugene Harold Whittemore

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 18 1922

	FATHER	MOTHER
FULL NAME	Harold Wm Whittemore	FULL MAIDEN NAME Leona Elora Bartlett
RESIDENCE	Spirit Lake Idaho	RESIDENCE Spirit Lake, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE Ashland Wisconsin
OCCUPATION	Lumber Mill worker	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-10 A M. on the date above stated.

(Signature) A. O. Martin

Physician (Physician or midwife)

Address Spirit Lake Idaho

Filed 9/22 19 22 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MAY 1 1942

MAR 4 1947

SEP 4 1968

295-229 028 193

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 22 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

Registration District No. 45 File No. 174501

No. ..... St.

Hospital Pringle Hospital Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mildred Josephine King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	9-29-1922

FATHER		MOTHER	
FULL NAME	Arthur King	FULL MAIDEN NAME	Florence Mildred Archer
RESIDENCE	Spirit Lake Idaho	RESIDENCE	Spirit Lake, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Rockford, Washington
OCCUPATION	Lath mill worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated. What bacteriendal solution was used in eyes? Argyrol 25%

(Signature) O. C. Martin

Physician
(Physician or midwife)

Address Spirit Lake Idaho

Filed 5/30 1923 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

MAY 8 1942

455102028 263

Form V. S. No. 11-C—25m-7-21-19

RECEIVED AUG 22 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of S Lake

Registration District No. 45 File No. 114502

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Bob~~ Denning JAMES STEWART DENNING

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		—	Yes	Sept 2 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S.K. Denning	FULL MAIDEN NAME	Warriet Bolger
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Id
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Ida
OCCUPATION	Box factory 4 man	OCCUPATION	Hsw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P M. on the date above stated. What bactericidal solution was used in eyes? agno 3 1%

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Dawson MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Sept 10 1922 Kaniel Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No. 114502

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Baby Denning (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 9-2-22 (DATE OF EVENT)
in Spirit Lake, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 11-5-22 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Denning	James Stewart Denning

Subscribed and sworn to before me this 10th
day of March, 1942.

Notary Public, residing at Yakima.
My commission expires March 29, 1943
(SEAL)

Signed S. K. Denning
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of March, 19 42.

Notary Public, residing at Yakima
My commission expires March 29, 1943
(SEAL)

Signed A. R. Peck
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2111 N Chestnut
(STREET ADDRESS, CITY, STATE)
Yakima Wn

Received for filing on 4-13-42 By
(REGISTRAR'S SIGNATURE)

MAR 19 1952

FEB 20 1957

39224 028 749

PLACE OF BIRTH

RECEIVED
AUG 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kan Lo

City of S Lake

Registration District No. 45

File No. 114503

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Joan Sarah Carpenter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1			yes	8 (Month) - 24 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed Carpenter	FULL MAIDEN NAME	Mary Purdy
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Id
COLOR	wh	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Lebanon Syria	BIRTHPLACE	Lebanon Syria
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S Friedl MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 8/27 1922 [signature] Registrar

What bactericidal solution was used in eyes? Ag 1%

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO,

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Bayote

ST. Europe

COUNTY Seireau

FILE NO. 104503

DATE OF BIRTH Aug. 24. 1922

SEX OF CHILD Female

FATHER Ed. Carpenter

MOTHER Marie Jurdy (Maiden Name)

RECEIVED SEP 20 1923 BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Joan Sarah Carpenter

Mr & Mrs. Edward Carpenter

Signature of Father or Mother.

639101029 413

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 2 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Blanchard

Registration District No. 45 File No. 114504

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Alvin Elsworth Olin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		—	yes	Sept 1 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Olin	FULL MAIDEN NAME	Corenieu Mac
RESIDENCE	~~Spirit Lake~~ Blanchard Id	RESIDENCE	Blanchard Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Nash. (state)
OCCUPATION	Lab	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.05 A M. on the date above stated. What bactericidal solution was used in eyes? AgNO3 1.%

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 9/8 1923 Kadish Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 10 1960

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RECEIVED
AUG 22 192[illegible]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Spirit Lake

No. 567 212-028 75 St.

Registration District No. 465

File No. 114505

Primary Registration District No.

Registered No.

Hospital

Full Name of Child ~~[illegible]~~ ADELE Vogrig

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 8 (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Vogrig	FULL MAIDEN NAME	Vogrig Angilina
RESIDENCE	Spirit Lake Ida.	RESIDENCE	Spirit Lake Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Sawmill employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Spirit Lake Ida.

Filed 8/14 1922 Kadish

Registrar

Registrar

Ag Nos 1 0/0 Eye

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 114505

Date Filed October 26, 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Vogrig (Name on Original Certificate) who was born (Was Born or Died) on August 12, 1922 (Date of Event)
in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School registration (Bible Record, Insurance Policy, Etc.) prepared on September 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Mary	Adele Vogrig

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed angela Vogrig
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E. 948 Augusta, Spokane 13, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7
day of Nov, 1944.

H H Haberman

Notary Public, residing at Spokane, Wn

My commission expires Sept 1, 1945
(Seal)

Signed John Vogrig
(Signature of Any Credible Person Other Than Previous Year)

E. 948 Augusta, Spokane 13, Washington
(Street Address, City, State)

NOV 13 1944

268-122-028-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

RECEIVED AUG 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake, Ida.

Registration District No. 45

File No. 1/4506

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Bohnen Gerald C. Bohnen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		—	1	1 - 22 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gerhard Bohnen	FULL MAIDEN NAME	Mary Roloff
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp. L. Id
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Germany	BIRTHPLACE	Russia
OCCUPATION	Operator R.R. Sta	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S Priestley MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Spirit Lake, Ida.

Filed 1/23 1922 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 0 1942

JUL 2 [illegible]

[illegible] 1 8 1942

DELAYED

437131 028 249

PLACE OF BIRTH

RECEIVED
AUG 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Cabin

No. _____ St.

Hospital _____

Registration District No. 45

Primary Registration District No. _____

File No. 114507

Registered No. _____

Full Name of Child Donald Vernon McPhail

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
M	1		1	yes	Mar 81 '22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas Donald McPhail	FULL MAIDEN NAME	Edna Burgeson
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Nebraska
OCCUPATION	Car man RR shops	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.30 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle I Prindle M D

Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 4/4 1922 [signature]

Registrar

APR 1 1942

DELAYED

PLACE OF BIRTH

RECEIVED AUG 22 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur

No. 459-109 028-693 St.

Registration District No. 45

File No. 114508

Hospital

Primary Registration District No.

Registered No.

Full Name of Child Kenneth Duane Merrill

SEX OF CHILD: M	Twin Triplet or other? 1 and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 4 (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Merrill	FULL MAIDEN NAME	Bessie Wilkinson
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp. Lake
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wis	BIRTHPLACE	Minn
OCCUPATION	Truck driver	OCCUPATION	Hswf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prentiss MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 4/13 1922 Kowick

Registrar

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full na included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Spirit Lake
(ST. Idaho
(COUNTY Kootenai
FATHER Elmer J Merrill

FILE NO. 14508
DATE OF BIRTH Apr 9 1921
SEX OF CHILD Male
MOTHER Bessie A. Wilkinson (Maiden Name)

RECEIVED 19 19 [illegible]

I HEREBY CERTIFY that the child herein described has been named:

Kenneth Duane Merrill

Bessie A. Merrill

Signature of Father or Moth

me

Merrill

er.

515-205028 '296

PLACE OF BIRTH

RECEIVED
AUG 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of S Lake

No. ..... St.

Hospital .....

Registration District No. 45

File No. 114509

Primary Registration District No. .....

Registered No. .....

Full Name of Child Jean Louise Nance

SEX OF CHILD: 7	Twin Triplet or other? 1 and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Apr (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Robt Nance	FULL MAIDEN NAME	Richie Browning
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp Lake
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Neb	BIRTHPLACE	Mo
OCCUPATION	Meat dealer	OCCUPATION	Housef.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl O Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4/10 1922 Kaarish

Registrar

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Spirit Lake, Idaho FILE NO. 104509

(ST. _____ DATE OF BIRTH April 5,1922

(COUNTY Kootenai SEX OF CHILD Female

FATHER Ramiel Robert Nance MOTHER Richie Browning (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Jean Louise Nance

RECEIVED
APR 3 1923
BUREAU OF VITAL STATISTICS

Ramiel Robert Nance

Signature of Father or Mother.

289 210 028 493

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
JUL 22 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. _____ St.

Hospital _____

Registration District No. 45

File No. 114510

Primary Registration District No. _____

Registered No. _____

Full Name of Child Marceline Margaret Shircliff

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
female		yes	4 (Month) 10 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Loyal Jackson Shircliff	FULL MAIDEN NAME: Margaret Miller
RESIDENCE: Spirit Lake, Idaho	RESIDENCE: Spirit Lake
COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Cumberland, Md	BIRTHPLACE: Lonaconing, Md
OCCUPATION: Lumberman	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Shircliff, Md

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4/12 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Spirit Lake. Ida
(ST. _____
(COUNTY Kootenai

FILE NO. 104510

DATE OF BIRTH Apr. 10 1922.

SEX OF CHILD Femle

FATHER Mr. Lloyd J. Shirliff

MOTHER Mrs. Lloyd J. Shirliff
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Marcelline Margaret Shirliff.

365 119 028 951

PLACE OF BIRTH

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Idaho

No. ..... St.

Hospital .....

Registration District No. 45

File No. 114511

Primary Registration District No. .....

Registered No. .....

Full Name of Child Ward Herbert Loudelius

SEX OF CHILD male	Twin Triplet or other? 1 and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Apr. 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter B Loudelius	FULL MAIDEN NAME	Phoebe Reamer
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Id
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Pa
OCCUPATION	Lime Keeper R.R. shops	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:31 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prindt MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4/24 1922 [signature]

Registrar

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 9/12 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Coeur d'Alene FILE NO. 104511

(ST. Idaho DATE OF BIRTH April 19th 1922

(COUNTY Kootenai SEX OF CHILD Male

FATHER Walter B. Rondelius MOTHER Phoebe P. Reamer (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Ward Herbert Rondelius

Walter B. Rondelius

Signature of Father or ~~Mother.~~

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PLACE OF BIRTH

743120 028 236

County of Kootenai

City of Spirit Lake

No. _____ St.

Hospital _____

RECEIVED AUG 22 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 114512

Primary Registration District No. _____ Registered No. _____

Full Name of Child Lester Erwin Gutridge

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	4 (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wesley Gutridge	FULL MAIDEN NAME	Lelah Alma Bloom
RESIDENCE	Spirit Lake, Idaho	RESIDENCE	Spirit Lake, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Butler, Mo.	BIRTHPLACE	Cove, Ore
OCCUPATION	Boilermaker	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Shircliff M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Spirit Lake, Idaho

Filed 4/20 1922 [signature]

Registrar

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho SEP 12 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY _____ FILE NO. 104512

(ST. _____ DATE OF BIRTH _____

(COUNTY _____ ~~SEX OF CHILD~~ Male

FATHER _____ MOTHER _____ (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named: Leston Owen Gutridge

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0 1923
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Signature of Father or Mother

SEP 2 8 19

JAN 1 6 1974

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PLACE OF BIRTH

RECEIVED AUG 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Lawrence

City of S Lake

No. _____ St.

Hospital _____

Registration District No. 45

Primary Registration District No. _____

File No. 114514

Registered No. _____

Full Name of Child George Nicholas Fallis

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
M	—		—	yes	Apr 7 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rudolph Fallis	FULL MAIDEN NAME	Katherine Crone
RESIDENCE		RESIDENCE	Sp Lake
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Ia
OCCUPATION	R.R. Shops	OCCUPATION	Hswf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 55 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Registrar

Filed 4/25 1923 [signature]

Registrar

DELAYED

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of P. Lake

441-129-028-299

No. _____ St.

Registration District No. 44

File No. 114515

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child ~~Baby~~ Clark, Carl Duane

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M	—	—	Yes	5-29-22

FATHER		MOTHER	
FULL NAME	Geo Clark	FULL MAIDEN NAME	Blanche Briggs
RESIDENCE	Blanchard Id	RESIDENCE	Blanchard Id
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wyom	BIRTHPLACE	N Dakota
OCCUPATION	Woodsman	OCCUPATION	Home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Smith MD

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jun 30 1922

Registrar

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE,

Boise, Idaho SEP 12 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Blanchard

ST. _____

COUNTY Bonner

FATHER Geo. Clark

FILE NO. 104515

DATE OF BIRTH May 29. 1923

SEX OF CHILD Male

MOTHER Blanch E. Briggs (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Carl Eugene Clark

(Died later)

Blanch E. Clark

Signature of Father or Mother.

843-125028-315

PLACE OF BIRTH

RECEIVED AUG [illegible] 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 45

File No. 11516

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Claire Vaery Hulet

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M	1	—	Yes	5-25-1922

FATHER		MOTHER	
FULL NAME	Robt J Hulet	FULL MAIDEN NAME	Ethel Fern Daugherty
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Laborer B.R. shops	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle A Priddy MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/27 1922

Registrar

DELAYED

239-112028-494

PLACE OF BIRTH

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 145

File No. 14517

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Baby Strange Male

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	1	—	Yes	4 - 12 - 22

FATHER

FULL NAME: David Henry Strange

RESIDENCE: Blanchard Wash (Ida) P.O.

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Blanchard Wash. (Ida) PO

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Gladys Brown

RESIDENCE: Blanchard Wash (Ida PO)

COLOR: White AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Dawson City Alaska

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl A. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 8/22 1923

Registrar

DELAYED

613-213-028 197

PLACE OF BIRTH

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of S Lake

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. 1/4518

Registered No. _____

Full Name of Child Virginia Anne Tallman

SEX OF CHILD: Fem	Twin Triplet or other? 1 and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 4 - 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orva E Tallman	FULL MAIDEN NAME	Matilda Aigner
RESIDENCE	Near Spirit Lake Ida	RESIDENCE	Near Spirit Lake
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl A Prendt MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 4/15 1922 Kadish

Registrar

DELAYED

655-209 028-699

PLACE OF BIRTH

RECEIVED
AUG 22 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida. Registration District No. 45 File No. 114520

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Gwendolin Jean Wentworth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1		—	Yes	2 (Month) 9 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas Wentworth	FULL MAIDEN NAME	Mathe Frink
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp L
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Neb	BIRTHPLACE	Ia
OCCUPATION	R.R. Shops Lab	OCCUPATION	Hawf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was A alive (Born alive or stillborn) at 12:20 P.M. on the date above stated.

(Signature) Earl S Prindle MD

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Spirit Lake, Ida.

Filed 2/10 1922 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

942.118 016-215

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

115313

County of Custer

RECEIVED
OCT 3 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Mackay

Registration District No. 76 File No. 194

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Milton S. Russell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	12 (Month) 18 (Day) 1923 (Year)

FATHER		MOTHER	
FULL NAME	Milton Russell	FULL MAIDEN NAME	Bessie Sanders
RESIDENCE	Mackay, Idaho	RESIDENCE	Mackay, Idaho
COLOR	Wh AGE AT LAST BIRTHDAY 60 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Electrician	OCCUPATION	Hwife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12/30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Mackay, Ida

Filed 9/29 1923 Rose Nowacki
Registrar

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO)
-(SS - AFFIDAVIT
COUNTY OF CUSTER)

F. P. Richards, being first duly sworn, on oath, deposes and says: That he is a legally qualified, licensed, and acting physician in the state of Idaho; that, on the date of Monday December 18, 1922, he attended the birth of Milton Sanders Russell which occured in Mackay, Idaho on said date.

F. P. Richards M.D.

Subscribed and sworn to before me this 14th day of May, 1942.

MAY 21 1942

Notary Public residing at Mackay, Idaho.
My Commission Expires Aug. 1, 1945

MAY [illegible] 42

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Woodland

No. 213-204-025-255 St.

RECEIVED OCT 11 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

115544

Registration District No. 47 State File No.

Hospital Primary Registration District No. 247 Local Registrar's No.

FULL NAME OF CHILD LUCILLE MARIE Bacon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
4		yes	Oct 4, 1923

What bactericidal solution was used in eyes? Ag No.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Guy Bacon	FULL MAIDEN NAME	Tila Kenworthy
RESIDENCE	Woodland	RESIDENCE	Woodland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at Alive 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan M.D.

(Physician or midwife)

Address Kansas

Filed 10/9 1923 C. J. Johnson

Registrar.

Give names added from a supplemental report.

, 192

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 115544

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Bacon	Lucille Marie Bacon

Subscribed and sworn to before me this 23rd day of Oct, 1922

Notary Public, residing at Boise

My commission expires .....
(Seal)

Signed Mrs Guy C Bacon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notus Idaho Box 532
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

331-212 001-263

[redacted]

No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED
NOV 13 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 115856

No. ..... St.

Primary Registration District No. 1004

Registered No. 362

Hospital St. Alphonsus

FULL NAME OF CHILD Florena ~~[illegible]~~ Lorene Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Oct (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Oscar S. Clark	FULL MAIDEN NAME	Florence Lucille Bolatho
RESIDENCE	R#3 Boise	RESIDENCE	R#3 Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	~~[illegible]~~ 22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Boise, Ida	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harold W Stone

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 24 1923 R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 11 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 115856

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Florence Louise Clark (Name on Original Certificate) who was born (Was Born or Died) on October 12, 1922 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle Name	Louise	Lorene
Father's Age	23	22

Subscribed and sworn to before me this 27
day of Aug., 19 43

Notary Public, residing at Boise

My commission expires 1/24/47
(Seal)

Signed Mrs. Oscar Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 25 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

434-139-040-128

County of Shoshone

City of Mullan

No ——— St.

Hospital ———

RECEIVED
OCT 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 70

File No. 116488

Primary Registration District No. 10 11

Registered No. 78

FULL NAME OF CHILD Wallace William Wayne McMannis

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	X (To be answered only in event of plural births)		X	Yes	Dec 20 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William George McMannis	FULL MAIDEN NAME	Elsie Ashworth
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Montana, Bannack
OCCUPATION	Quarts Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Ralfs MD (Physician or Midwife)

Address Mullan Ida

Filed 8/11/23 19.....

Given names added from a supplemental report

....., 19.....

SYMS - YORK CO., PTRS. & SORS. 17326

Registrar

Registrar

JAN 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
DEC 1 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago Sdaho

No. ..... St.

Hospital .....

Registration District No. 84

File No. 116668

Primary Registration District No. 2161

Registered No. 16

FULL NAME OF CHILD Grace Mary Barrett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Feb 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Barrett	FULL MAIDEN NAME	Ruby Rodebeck
RESIDENCE	Lago Sdaho	RESIDENCE	Lago Sdaho
COLOR	white	COLOR	whit
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sdaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Doc Hubesd grace Sdaho
Mary a Turner
(Physician or midwife)

Given names added from a supplemental report.

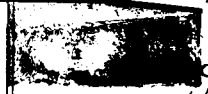
..... 19....

Address Lago Sdaho

Filed Dec-1- 1923 Mrs. G. G. Fit
Registrar

S-Y CO. 24655

Dup of 1922-551604



168-H2-028-456

Form V. S. No. 11-C--25m-7-21-19

OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 2 1 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

117014

County of Kootenai

City of Rose Lake

Registration District No. 124 File No. 8

No. ..... St.

Primary Registration District No. 2204 Registered No. 8

Hospital .....

FULL NAME OF CHILD Norman Ellsworth Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Evan Johnson	FULL MAIDEN NAME	Sylvia Gelina DeFigh
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Harrington, Washington	BIRTHPLACE	Creola, Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sylvia G Johnson (mother of child)
~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19....

Address Rose Lake Idaho

Filed 12-3 1923 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-215-030-559

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 1 1923 BUREAU OF VITAL STATISTICS

County of Lemhi

City of Leadore

No. _____ St.

Registration District No. 42

File No. 117090

Primary Registration District No. 2153

Registered No. 20

Hospital _____

FULL NAME OF CHILD Francis Marjory Coleman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
	(To be answered only in event of plural births)			Yes	Feb. 15 (Month) (Day) 1922 (Year)

FATHER

FULL NAME: Harrison Coleman

RESIDENCE: Leadore

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: _____

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Helen Josephine Vezina

RESIDENCE: Leadore

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Leadore, Idaho.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Keller, Physician (Physician or midwife)

Address Leadore, Ida

Given names added from a supplemental report.

_____ 19____

Ethel Peterson Registrar

Filed 11/3 1923 Ethel Peterson Registrar

S-Y-CO 38071

818-130-030-796

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED DEC 1 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

117091

County of Lemhi

City of Leadore

Registration District No. 42

File No.

No. St.

Primary Registration District No. 2153

Registered No. 21

Hospital

FULL NAME OF CHILD William Herbert Hays

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 30 1923

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Albert Hays	Rose Ella Broulx
RESIDENCE	Leadore	Leadore, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Junction, Ida.	Junction, Ida.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 7 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Irving B. Keller

Physician
(Physician or midwife)

Address Leadore, Ida.

Filed 11/3 1923 Ethel Peterson
Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-223-030-519

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 1 192 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Leadore

No. ..... Registration District No. 42 State File No. 117092

Hospital ..... Primary Registration District No. 2153 Local Registrar's No. 22

FULL NAME OF CHILD Elizabeth Barnes.
(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth May 23 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John O. Barnes	FULL MAIDEN NAME	Luella Vail
RESIDENCE	Leadore	RESIDENCE	Leadore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Anaconda, Mont.	BIRTHPLACE	Wyoming
OCCUPATION	Labour	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Irvin B. Keller
Physician
(Physician or midwife)

Address Leadore, Ida.

....., 192

Ethel Peterson
Registrar.

Filed 11/3 1923 Ethel Peterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-218.070-493

PLACE OF BIRTH

RECEIVED
NOV 1 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 117093

County of Lemhi

City of Leadore

No. ..... St. Registration District No. 42 State File No.

Hospital ..... Primary Registration District No. 2153 Local Registrar's No. 23

FULL NAME OF CHILD ~~Ella~~ Lena (Minnie Irene)
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 18 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Samuel Sims	FULL MAIDEN NAME	Minnie Michaelis
RESIDENCE	Lemhi, Ida.	RESIDENCE	Lemhi, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) Irvin B. Keller
Physician
(Physician or midwife)

Address Leadore Idaho

Filed 11/3 1923 Ethel Peterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
695-206-030-685
County of Lemhi
City of Leadore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 117098

No. ..... St. Registration District No. 42 State File No. .....

Hospital ..... Primary Registration District No. 2153 Local Registrar's No. 28

FULL NAME OF CHILD Myrtle Rachel Free
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
female	(To be answered only in event of plural births)		yes	June 6 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wenlock Amon Free	FULL MAIDEN NAME	Rachel Wheeler
RESIDENCE	Leadore, Idaho	RESIDENCE	Leadore, Idaho
COLOR	White	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Salt Lake City, Utah	COLOR	White
OCCUPATION	Miner	AGE AT LAST BIRTHDAY	36 (Years)
		BIRTHPLACE	Beaver, Utah
		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Irwin B. Heller
Physician
(Physician or midwife)

Address Leadore, Ida.

Filed 11/15 1923 Ethel Peterson
Registrar.

OCT 19 1956

JAN 26 1913

243-104-041-867

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 117228

RECEIVED
DEC 3 1923
BUREAU OF VITAL STATISTICS

County of Teton
City of Driggs
No. ..... St. ..... Registration District No. 77 State File No. .....
Hospital ..... Primary Registration District No. 2176 Local Registrar's No. 86

FULL NAME OF CHILD Dale H. Butler
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 4 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ariel Vincent Butler	FULL MAIDEN NAME	Elvira Hopkins
RESIDENCE	Driggs, Idaho	RESIDENCE	Driggs Idaho
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Glendale, Idaho
OCCUPATION	Construction work	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) [signature]
(Physician or midwife)
Address Driggs Ida

Filed 11-30-1923 Martha Marker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519-131-007-235

PLACE OF BIRTH

County of Blaine

City of Muldoon

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 1 [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 117554

Primary Registration District No. 2022 Registered No. 81

FULL NAME OF CHILD Donald Leroy Marty
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	March 31, 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth. Third Number of child of this mother now living, including present birth. Third

FATHER		MOTHER	
FULL NAME	Leo Marty	FULL MAIDEN NAME	Dorothy Augusta Stewardson
RESIDENCE	Muldoon, Idaho	RESIDENCE	Muldoon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Longford, Kansas	BIRTHPLACE	Colby, Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 7.30 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo Marty
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Jan 2 1924 Robert H. Wright
Registrar.

DEPARTM

815-103.021-693 year of birth

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

amend

RECEIVED DEC 2084 BUREAU OF VITAL STATISTICS

County of Franklin

City of Minkcreek

CERTIFICATE OF BIRTH

117875

No. ..... St. Registration District No. 27 State File No. .....

Hospital ..... Primary Registration District No. 219 Local Registrar's No. 234

FULL NAME OF CHILD Wilford Hugh Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 3, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Niels Wilford Hansen	FULL MAIDEN NAME	Iora Virgia Wilde
RESIDENCE	Mink Creek, Ida	RESIDENCE	Mink Creek Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mink Creek Ida	BIRTHPLACE	Mink Creek Ida
OCCUPATION	Expert Farmer	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn.} at 9:30 P.M. on the date above stated.

(Signature) Leannah Keller

(Physician or midwife)

Address Mink creek

Filed Dec 5 1923 Mrs. H. Tippets Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-3-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 16 9 07 AM '84
BUREAU OF VITAL STATISTICS

State of Idaho
County of Franklin } ss.

Certificate No. 117875
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Wilford Hugh Hansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 3, 1923 (Date of Event)

in Mink Creek (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
birth year	1923	1922

Subscribed and sworn to before me this 15th day of October, 1984.

Notary Public, Pat J West
Residing at Preston, Idaho
My commission expires November 13, 1985
(Seal)

Wilford Hugh Hansen
Signature of Applicant
Route #2 Preston Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Blessing Certificate notarized from LDS Church lists Wilford Hugh Hansen born Dec 3, 1922 to Neils Wilford Hansen and Vergia T. Wilde was blessed and entered on record Jan 7, 1923. Viewed by V.S.

Honorable Discharge from U.S. Marine Corp lists Wilford Hugh Hansen born Dec 3, 1922 in Mink Creek, Idaho was discharged April 22, 1946. Viewed by V.S.

265-113-022-612

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 117954

Primary Registration District No. 2177 Registered No. 191

FULL NAME OF CHILD Mary Isuneo Kaneko
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	5 (To be answered only in event of plural births)	Yes	Nov 13 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Roy Kaneko	FULL MAIDEN NAME	Tomi Nadamatsu
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. West

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed 12/23 1923 W. W. Hansen
Registrar.

...AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
...case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-230- Amended Feb. 2, 1953

PLACE OF BIRTH

27667

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 118088

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD CHARLOTTE MARIE BRUCKNER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.				yes	Jan. 30 192 2

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	George Frank Bruckner	FULL MAIDEN NAME	Edith Fox
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Pa.	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper, M.D.

(Physician or midwife)

Address Jerome, Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Dec. 18 1923 E.D.Piper, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Santa Clara } ss.

Certificate No. 118088

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charlotte Marie Bruckner (Name on Original Certificate) who (Was Born ~~or Died~~) on January 30-1922 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Affidavit of Birth (Bible Record, Insurance Policy, Etc.) prepared on June 1st, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	January 27, 1922	January 30, 1922
Mothers Maiden Name	Ada Fox	Edith Fox

Subscribed and sworn to before me this 19 day of January 1943

Notary Public, residing at Santa Clara Calif
My commission expires Feb 16, 1943
(Seal)

Signed Edith Fox Bruckner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

550 So 4th San Jose, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Santa Clara } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of January 1943

Notary Public, residing at Santa Clara Calif
My commission expires February 16, 1943
(Seal)

Signed W. H. Smith
(Signature of Any Credible Person)

1685 Emory St. San Jose, Calif.
(Street Address, City, State)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JAN 8 1924 VITAL

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jerome

City of Jerome Registration District No. 23 File No. 118088

No. ____ St. Primary Registration District No. 1017 2017 Registered No. ____

Hospital ____

FULL NAME OF CHILD Charlotte Marie Buckner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	____	and	____	Yes	Jan 27 1922

FATHER		MOTHER	
FULL NAME	George Frank Buckner	FULL MAIDEN NAME	Ada Fox
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Pa.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 p. M. on the date above stated.

(Signature) E. D. Fuller M.D.

(Physician or midwife)

Address Jerome Idaho

Filed Dec 18 1923 E. D. Fuller M.D.

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

DEC 10 1952

FEB 2 1953

685-107-042-369

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St. Registration District No. 37. State File No. 118494

Hospital Co General Primary Registration District No. 1085. Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Tomy Corbin Wheelwright

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male				Yes	Dec 3 1922

What bactericidal solution was used in eyes? —

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 0

FATHER		MOTHER	
FULL NAME	Roy Wheelwright	FULL MAIDEN NAME	Virginia Corbin
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Kentucky
OCCUPATION	with Goodrich Tire Co.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born alive~~ / Stillborn at 9 am. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) John F. Coughlin

Physician.

(Physician or midwife)

Address Twin Falls, Ida.

Filed Dec. 31- 1923 John F. Coughlin

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Falls

464-220005-262

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 118632

County of Benewah

City of Wemet

No. ..... St.

Registration District No. 31 State File No. 2

Hospital ..... Primary Registration District No. ..... Local Registrar's No. 69

FULL NAME OF CHILD Betty Jane Doupe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	Dec 29, 192.2

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Charles Doupe	FULL MAIDEN NAME	Anne Moser
RESIDENCE	Wemet	RESIDENCE	Wemet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 7 P. M. on the date above stated.

(Signature) Charles Doupe

(Physician or midwife)

Address Wemet Ida

Filed Jan 31 1927 Y. Le Bihan
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1943

JUL 13 1971

APR 3 1964

FEB 14 1972

819-214 022-391

PLACE OF BIRTH

Amended 3/8/77

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

RECEIVED FEB 8 1924

CERTIFICATE OF BIRTH

118813

County of Fremont

City of Stanthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No. 2021

Hospital

FULL NAME OF CHILD Margaret Haiman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	Nov	14	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hermon Rolf Haiman	Susan Crane
RESIDENCE	Stanthony	Stanthony Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Penn.	Ia.
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) J Frank Watkins M D.

(Physician or midwife)

Address St Anthony Ida

Filed 2/6 1924 W M Hansen

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Kindl y fill this out and return to me.

Resp't.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 118813

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Haiman (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 14, 1922 (Date of Event) in St. Anthony, ID (fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Affidavid/Baptism (Bible Record, Insurance Policy, Etc.) prepared on 10/24/70 & 11/4/70 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Margaret Haiman

Subscribed and sworn to before me this 11th day of February, 1977

Oscar E. Knauff

Notary Public, residing at 13036 E. Philip St. Wh. Cal.

My commission expires 1-31-78

(Seal)

OFFICIAL SEAL
OSCAR E. KNAUFF
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Jan. 31, 1978

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 1977

Paul S. Barmore

Notary Public, residing at

My commission expires

(Seal)

OFFICIAL SEAL
PAUL S. BARMORE
Notary Public - California
PRINCIPAL OFFICE IN
County of Los Angeles
My Commission Expires February 13, 1977

Signed C. O. Russell

(Signature of Any Credible Person)

7935 Bacon Rd

(Street Address, City, State)

Whittier Calif 90602

FORM DH 60-155

12228 RUSH

Certificate of birth from the LDS Church gives nameas Margaret Haiman born Nov 14,1923 at St. Anthony, ~~Idho~~ Idaho. father's name as Herman P. Haiman and mother's name as Hanna Crane. ~~dx~~ enterd on record Aug 31, 1930. MAR 1977 viewed by V. S.

Application to the Capitol Life Insurance Co gives name as Anna Haiman, 45 yrs old lists Margaret Haiman as beneficiary. dated Oct 8, 1929. viewed by V. X.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 1924 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. 471-228 033129 St. Registration District No. 100 State File No. 118942
Hospital ..... Primary Registration District No. 2178 Local Registrar's No. 661
FULL NAME OF CHILD Yoshiko Ugaki
(Certificate of no value without full name of child)

Sex of Child: Female
Twin, Triplet or other? and Number in order of birth: 2
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth: 2/28 1923 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: G. Ugaki	FULL MAIDEN NAME: H. Akiyama
RESIDENCE: Rexburg	RESIDENCE:
COLOR: Japan	COLOR: Japan
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

Three Certified Copies Issued.
Registrar.

(Signature) Amanda [illegible]

(Physician or midwife)

Address .....

Filed 1/31 1924

[illegible]
Registrar.

Certified Copy issued Dec. [illegible], 1940. [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Sikeko Ugaki (Name on original certificate) who born (Was born or died) on Feb. 28, 1922 (Date of event)
in Rexburg (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Indian Census Registration (Bible record, insurance policy, etc.) prepared on Feb 28 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Birth date	March 19, 1920	Feb. 28, 1922
Sex	male	Female
No. of children	One	Two

Subscribed and sworn to before me this 9th day of July, 1942

Notary Public, residing at Rexburg Idaho

My commission expires 11/24/42

[SEAL]

Signed Amanda Freeman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Route #1 Rexburg, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Madison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1942

Notary Public, residing at Rexburg Idaho

My commission expires 11/24/42

[SEAL]

Signed Stanley L Anderson
(Signature of any credible person other than the previous affiant)

Rexburg, Idaho
(Street Address, City, State)

Received for filing on ..... by .....

7-17-41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 1 1924 BUREAU OF VITAL STATISTICS

STA[redacted]O
DEPARTMENT[redacted] WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Sugar

CERTIFICATE OF BIRTH 118979

No. 212 215 033 429 St. Registration District No. 100 State File No.

Hospital Primary Registration District No. 3178 Local Registrar's No. 658

FULL NAME OF CHILD LICHIYE SAKOTA
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3		Aug. 15/1922 192

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	K. SAKOTA	FULL MAIDEN NAME	KURA UKINAGA
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs J. Yoshida

(Physician or midwife)

Address

, 192

Registrar.

Filed 1/26 1924

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. R. F. D. #2 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

FULL NAME OF CHILD. Mickinze, Sakota

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	August 15, 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? ____

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead no Stillborn no

FATHER

FULL NAME Kisaburo, Sakota

Residence (Usual place of abode) ____

If non-resident, give place and State Hiroshima

Color or race Japanese Age at last birthday 40 (Years)

Birthplace Japan (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Kura, Yokinaga

Residence (Usual place of abode) ____

If non-resident, give place and State Hiroshima

Color or race Japanese Age at last birthday 27 (Years)

Birthplace Japan (City and State or County)

Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ____ M. on the date above stated.

(Signature) Kimi Yokoyama

(Physician or midwife)

Address Rexburg, Idaho

Filed ____ 19____ ____ Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Amended March 10, 1955

County of Madison

City of Rexburg

No. 815 728033 212 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 118980

Primary Registration District No. 2178 Registered No. 659

FULL NAME OF CHILD YUTAKA HANAMI
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 28, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	S. Hanami	FULL MAIDEN NAME	Asa Sase
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Mrs. A. Ryujin

(Physician or midwife)

Address

Filed 1/28 1924 J. R. Young Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO, } ss.
County of Madison. }

Certificate No. 118980

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Utaka Hanami (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28, 1922 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Honorable Discharge from Service Military Intelligence Cert. August 18, 1945. Jun. 22, 1947 (Give Date), are:
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Utaka Hanami	Yutaka Hanami

Subscribed and sworn to before me this 8th day of March, 19 55

Notary Public, residing at Rexburg, Idaho
My commission expires June 26, 1955
(Seal)

Signed Yoshimi Hanami
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 19[illegible], Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of March, 19 55

Notary Public, residing at Rexburg, Idaho
My commission expires June 26, 1955
(Seal)

Signed Mary Smith
(Signature of Any Credible Person)

Rexburg, Idaho
(Street Address, City, State)

DPH 52. '55

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 1 - 19 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

118980

County of Madison

City of Rexburg

No. ..... St. Registration District No. 100 State File No. .....

Hospital ..... Primary Registration District No. 2178 Local Registrar's No. 659

FULL NAME OF CHILD UTAKA HANAMI
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male			4		Jan. 28/1922 192 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	S. HANAMI	FULL MAIDEN NAME	ASA SASE
RESIDENCE	Rexburg,	RESIDENCE	Rexburg
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. Ryujin
(Physician or midwife)

Give names added from a supplemental report.
1 Photostat copy 12/11/41, 192

Address .....

Filed 1/28 1924 J. Ryujin
Registrar.

Registrar.

K

DEC 1 1941

FEB 1955

MAR 1 1955

623.111 038-238

PLACE OF BIRTH

AMENDED - AUGUST 24, 1948

County of Payette

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 119048

Primary Registration District No. 1008 Registered No. 82

FULL NAME OF CHILD Donald Kenneth Oster
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 11 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	W. E. Oster	FULL MAIDEN NAME	Esther Schock
RESIDENCE	Near Payette, Idaho	RESIDENCE	Near Payette, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	North Dakota
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician
(Physician or midwife)

Address Payette, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Jan. 5 1924 J. C. Woodward Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Payette } ss.

Certificate No. 119048

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald K. Oster (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11 - 1922 (Date of Event)
in 5 mi. North Payette, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cradle Roll Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 18 - 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Nov. 11, 1923	Nov. 11, 1922

Subscribed and sworn to before me this 20th day of August, 1948

Notary Public, residing at Payette Idaho
My commission expires Nov. 22 - 48
(Seal)

Signed Mrs. W. E. Oster
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #2 Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Payette } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August, 1948

Notary Public, residing at Payette Idaho
My commission expires Nov. 22 - 48
(Seal)

Signed W. E. Oster
(Signature of Any Credible Person)

Rt 2 Payette Ida
(Street Address, City, State)

AUG 24 1948

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

119048

County of Payette

City of

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1008 Registered No. 82

Hospital

FULL NAME OF CHILD Donald Kenneth Oster

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Nov	11	1923

FATHER		MOTHER	
FULL NAME	W. E. Oster	FULL MAIDEN NAME	Esther Schock
RESIDENCE	Near Payette Ida	RESIDENCE	Near Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	2 (Years)	AGE AT LAST BIRTHDAY	9 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	N Dak
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:00 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

(Signature) C. H. [illegible]
Physician
(Physician or midwife)

Address Payette Ida

Filed Jan. 5 1924 J. C. Woodward
Registrar

...LY WITH UNFADING INK—THIS IS A PERMANENT RECORD
of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

236 105 010 415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 15 1924 BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 11947

No. ____ St. ____

Primary Registration District No. 216 Registered No. 14

Hospital ____

FULL NAME OF CHILD Dean Davis Bloxam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 5 1922

FATHER		MOTHER	
FULL NAME	John C Bloxam	FULL MAIDEN NAME	Elizabeth Davis
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Downey Idaho	BIRTHPLACE	Treasureton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Mrs R W Denning

(Physician or midwife)

Address Iona Idaho

Filed 1/12 1924

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAR 7 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 119814

County of Madison

City of Rexburg

No 814-116-033-495 St. Registration District No. 100 State File No.

Hospital Primary Registration District No. 2178 Local Registrar's No. 697

FULL NAME OF CHILD HARUO YAMAGATA
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and	X	Yes	May 16/1922 192

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	S.YAMAGATA	FULL MAIDEN NAME	CHIYO MINOWA
RESIDENCE	Rexburg,	RESIDENCE	Rexburg
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

2 Certified copies 10/29/40

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at M. on the date above stated. 1 Photostat copy 12/31/41

(Signature) Mrs Shio Sasaki

(Physician or midwife)

Address

Filed 3/1 192 4 J R Young Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of Teton

City of Driggs

No. 619-1204-113 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 State File No. 119925

Hospital

Primary Registration District No. 2176 Local Registrar's No. 13

FULL NAME OF CHILD Joy Elmer Farnes

(Certificate of no value without full name of child)

Sex of Child Male | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 12 1923 (Month) (Day) (Year)

What bacterecidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Russell Farnes	FULL MAIDEN NAME	Ila Rosabria Jackson
RESIDENCE	Swan Valley, Ida	RESIDENCE	Swan Valley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Chas J Martin

Physician

(Physician or midwife)

Address Driggs Ida

Filed 9-28 1924 Martha Marker

Registrar.

168 222006-214 amend 9-23-82

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

RECEIVED APR 7 1924 BUREAU OF VITAL STATISTICS

Registration District No. 121 File No. 120159

No. ..... St.

Primary Registration District No. 2194 Registered No. 60

Hospital .....

FULL NAME OF CHILD Ethel Johnson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Frank Johnson	FULL MAIDEN NAME	Ada Saunders
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Johnson Father

Pingree Idaho
(~~Physician~~ or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed April 3 1924 Mrs Walter E. Fitner
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-9-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 22 9 52 AM '82

State of _____ } ss.
County of _____ }

Certificate No. 120159
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Ethel Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 22, 1923 (Date of Event)
in Pingree (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs date of birth	11-22-23	4-22-22

Subscribed and sworn to before me this 20 day of
Sept, 1982
Notary Public, Richard C Cook
Residing at Pendleton ORE 97801
My commission expires My Commission Expires Oct. 31, 1983
(Seal)

X Ethel English
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of Umatilla }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc Pd

Notarized statement from U.S. Department of Commerce gives Census of 1930 taken as of April 1, 1930 gives Ethel Johnson daughter of Frank and Ada Johnson was 7 years old as of that date. Viewed by V.S.

Notarized copy of School census Marshals Report from School Distric No 40 in Bingham County gives Ethel Johnson date of birth April 22, 1922 as daughter of Frank and Ada Johnson. School census report for Sept 20, 1929. Viewed by V.S.

Family Bible gives Ethel Johnson born 4-22-22 in Idaho to Frank and Ada Johnson. Obviously old record. Viewed by V.S.

Family Bible also gives a sister born to these parents on Oct. 22, 1923. Viewed by V.S.

866-209-018-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 121126

County of Clearwater

City of Dent

No. ..... St. Registration District No. 90 State File No. .....

Hospital ..... Primary Registration District No. 2168 Local Registrar's No. 25

FULL NAME OF CHILD Eva Mary Howard

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Jan. 9, 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Tom Howard	Alice Clark
RESIDENCE	Dent	Dent
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	21
BIRTHPLACE	Kans.	Wash.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 5:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) J. M. Family

Physician

(Physician or midwife)

Address .....

Filed Feb 1 1924 J. M. Family
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

14
24

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PL[redacted]TH

736-[redacted]-177

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

RECEIVED
MAY 1
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 121310

Registration District No. 23 File No. .....

Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD LAURENE MARIE Marie PLOSS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	2		3	yes	Feb 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Adolph PLOSS	FULL MAIDEN NAME	Jennie AFGAR
RESIDENCE	Jerome, Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller
M. D.
(Physician or midwife)

Address Jerome Idaho

Filed Apr 22 1924 E. D. Pfer M.D.
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Jerome } ss.

Certificate No. 121310

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lorene Marie Phloss (Name on Original Certificate) who was born (Was Born or Died) on Feb. 5,1922 (Date of Event)
in Jerome,Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cradle Roll Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 25,1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lorene Marie Phloss	Laurene Marie Ploss
name of father	Adolph Phloss	Adolph Ploss
mother's name	Jennie Afgar	Jennie Apgar

Subscribed and sworn to before me this 21st
day of March 19 42
Estella H. Pierce
Notary Public, residing at Jerome,Idaho
My commission expires April 23rd,1942
(Seal)

Signed Jennie Ploss
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of March 19 42
Estella H. Pierce
Notary Public, residing at Jerome,Idaho
My commission expires April 23rd,1942
(Seal)

Signed Pearl Overfield
(Signature of Any Credible Person Other Than Previous Year)
Jerome,Idaho
(Street Address, City, State)

386-106-032-921

PLACE OF BIRTH

RECEIVED MAY 12 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

121454

County of Lincoln

City of Shoshone

No. ..... St. Registration District No. 1016 State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. 8

FULL NAME OF CHILD Chad Edward Thomason

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	—	—	—	Yes	Sep	6	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No 3 - 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm Courtney Thomason	FULL MAIDEN NAME	Ida Bell Isaacs
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kalamazoo	BIRTHPLACE	Colorado
OCCUPATION	Labor	OCCUPATION	wife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MW

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address .....

Filed May 6 1924 J L Sivey

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 5 1942

DECEASED

359-222-032-443

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 11 1924
BUREAU OF VITAL STATISTICS

County of Lincoln

City of Shoshone

No. ..... St. Registration District No. 16 State File No. 122117

Hospital ..... Primary Registration District No. 1016 Local Registrar's No. 13

FULL NAME OF CHILD Virgil Delano Terry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Nov 22, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clement Eliot Terry	FULL MAIDEN NAME	Delano Mullner
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD
(Physician or midwife)

Give names added from a supplemental report.

Address .....

....., 192....

Registrar.

Filed June 6 1924 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1945

497114 020891

PLACE OF BIRTH

RECEIVED
JUN 1924
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 122873

No. ..... St.

Primary Registration District No. 2020 Registered No. 13

Hospital .....

FULL NAME OF CHILD Antonio Urquide

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jose Urquide	FULL MAIDEN NAME	Victoria Yrastorza
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Camp Tender	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans MD

Mtn Home Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address M

Filed June 10 1924

Registrar

A F Anderson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Victor

No. 218 103 041 415 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 5 1924 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 123447

Registration District No. 77 State File No.

Primary Registration District No. 2176 Local Registrar's No. 44

FULL NAME OF CHILD Vernon Wisley Kay.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	May 3, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James O Kay.	FULL MAIDEN NAME	Hazel Daniels
RESIDENCE	Victor Idaho.	RESIDENCE	Victor Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Denver, Colorado.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin
Physician
(Physician or midwife)

Address Driggs, Ida.

Filed 6-30- 1924 Martha Marker.
Registrar.

Give names added from a supplemental report.

, 192

Registrar.

APR 5 1948

JAN 2 6 1968

DEC 2 1968 .

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Clayton

No. 419-121-019-000 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 5 - 1924
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 108 State File No. 123740

Primary Registration District No. 2186 Local Registrar's No. 20

FULL NAME OF CHILD Louis Mario Maraffio

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Oct 21, 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andrew Maraffio	FULL MAIDEN NAME	
RESIDENCE	Clayton Ida	RESIDENCE	Clayton Ida
COLOR	wh AGE AT LAST BIRTHDAY (Years)	COLOR	wh AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley MD

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address

Filed Aug 1 1924 Hazel Jones

Registrar.

SEP 19 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Minidoka

No. 268 110 007 239 St.

Hospital

RECEIVED AUG 30 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

124198

Registration District No. 28 State File No.

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Paul Geo. Kohler
(Certificate of no value without full name of child)

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of birth march 10th 1924 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	George Kohler	FULL MAIDEN NAME	Christine Stickel
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farming	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Theresia Schulmeister
(Physician or midwife)

Address

Filed Aug. 30 1924 F. W. Almond, M.D.
Registrar.

5 1342

595-202-006-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

126385

CERTIFICATE OF BIRTH

County of Bingham

City of Kimball

No. ..... St. Registration District No. 50 State File No. 126385

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Erma L. Nielsen.
(Certificate of no value without full name of child)

Sex of Child girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Dec. 2th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol, Boracid

Number of child of this mother, including present birth 2th Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leslie M Nielsen	FULL MAIDEN NAME	Carrie Louise Landon
RESIDENCE	Kimball	RESIDENCE	Kimball
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kimball	BIRTHPLACE	Samaria Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at Alive Kimball M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192

Registrar.

(Signature) Rasa Jorgensen

Nurse
~~(Physician or midwife)~~

Address Firth, Idaho R.F.D. #1

Filed Nov 24 1924 F. W. Almond M.D.
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-212-017-437

RECEIVED
DEC 11 1924
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clark

City of Kilgore Registration District No. 125 File No. 126831

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harriet Lucille Frederiksen

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Mar (Month) 17 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Hance E Frederiksen	FULL MAIDEN NAME: Leah Virginia McGovern
RESIDENCE: Kilgore Idaho	RESIDENCE: Kilgore Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Wash.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) .....

(Physician or midwife)

Address .....

Filed Nov 28 19 24 C E Jones MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 3 1 1944

SEP 2 2 1947

236-212-021-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 126865

County of Fremont

City of Teton

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ruth Ann Stout
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 7-12-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% mercuro-chrome

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Loren Lowell Stout	FULL MAIDEN NAME	Ruth Berry
RESIDENCE	Teton City, Idaho	RESIDENCE	Teton City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Burlingame, Kansas	BIRTHPLACE	Topeka, Kansas
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Lorin F. Rich
MD
(Physician ~~or midwife~~)

Address Rexburg Idaho.

Filed ..... 1925 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1953
SEP 24 1973

JUN 22 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 1925 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. 217109019253 St. Registration District No. 108 State File No. 127878

Hospital, Primary Registration District No. 216 Local Registrar's No. 30

FULL NAME OF CHILD Lawrence Walter Barker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept 9, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Arthur Barker	FULL MAIDEN NAME	Miriam Ada Kelly
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	Wh	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	COLOR	Wh
OCCUPATION	Ranches	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) C. E. Kirtley

(Physician or Midwife)

Address C. E. Kirtley

Filed Dec 14 1924 Hazel Jones
Registrar.

DEC 17 1941

DECEASED

866 220 024 532

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 15 1925
BUREAU OF VITAL

CERTIFICATE OF BIRTH

127979

County of Gooding

City of Hagerman

Registration District No. 21

File No.

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Eva Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
				Yes	Feb	20	1922

	FATHER	MOTHER
FULL NAME	Sh. Howard	FULL MAIDEN NAME Lillie F Slaton
RESIDENCE	Tuttle	RESIDENCE Tuttle
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Texas	BIRTHPLACE Kansas
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5-30 a.m. p.m. on the date above stated.
(Born alive or stillborn)

(Signature) Dr Lamb

Physician

(Physician or midwife)

Address Gooding

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 .....

Filed Sept 20 1924

Registrar

R H Greene

Registrar

this Child was delivered by Dr Lamb but was not registered

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1961

253/03 035 -235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 10 1925
BUREAU OF VITAL STATISTICS

County of Nez Perce
City of Lewiston
No. ____ St.
Hospital White Hosp
Registration District No. 96
Primary Registration District No. 1009
File No. 128394
Registered No. ____

FULL NAME OF CHILD George Elmer Beckman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	9/3/1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Edgar Beckman	FULL MAIDEN NAME	Katheryn Slemker
RESIDENCE	323 - 3rd Ave Lewiston	RESIDENCE	323 3rd Ave Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wahoo Nebraska	BIRTHPLACE	Pomeroy Wn
OCCUPATION	Wholesale-retail Meats	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White
(Physician or midwife)
Address Lewiston Ida

Give names added from a supplemental report.
This is 3 years old, 1922
I have filed it now
Registrar.

Filed Jan 7 1925 Susan E Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 1942

AUG 27 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshoshone

266-223 040-769

City of Kellogg

No. 138 W. Cameron St.

Hospital

RECEIVED JAN 5 1925 BUREAU OF VITAL STATISTICS

Registration District No. 123

Primary Registration District No. 2201

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

128477

File No.

Registered No. 51

Full Name of Child Margaret Jessie Bowen

SEX OF CHILD Female	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Jan (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME ~~William~~ Robert Lee Bowen		FULL MAIDEN NAME Jessie Agnes Gordon	
RESIDENCE 138 W. Cameron		RESIDENCE 138 W Cameron	
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)	COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Texas		BIRTHPLACE Washington	
OCCUPATION Miner		OCCUPATION House wife	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo H Kennett

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Kellogg, Idaho

Filed Dec. 7 1924 Mrs. Helen McBride Registrar

Registrar

NOV 5 19

PLACE OF [redacted] IDAHO
[redacted] UBLIC WELFA[redacted] 28628
[redacted] AL STATISTICS
[redacted] E OF BIRTH

County of Was[redacted]

City of Cambridge, Idaho.

No. 235 103 044 393 St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charles Herbert Stenberg.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12 — 3 — 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth six Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Charles Godfrey Stenberg.	FULL MAIDEN NAME	Ida Gimple Titus.
RESIDENCE	Cambridge Idaho.	RESIDENCE	Cambridge Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sweden.	BIRTHPLACE	Kansas.
OCCUPATION	Farming.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:AM M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

Address Cambridge Idaho

..... 192....

Filed 1-1 1925 [signature]

Registrar. Registrar.

H

[redacted]

[redacted]

JUL 1 1960

, in order of birth

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 9 1925
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 128832

County of Franklin
City of Clifton
No 719 10502 1/54 St.
Registration District No. 27 State File No.
Hospital
Primary Registration District No. 2119 Local Registrar's No. 2

FULL NAME OF CHILD Willard A. Bailey
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 5, 1925

What bactericidal solution was used in eyes? Boric Acid.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vaughn B. Bailey	FULL MAIDEN NAME	Gladys Christene Anderson
RESIDENCE	Clifton, Idaho	RESIDENCE	Clifton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Marshvalley Idaho	BIRTHPLACE	Sandy, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 2.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

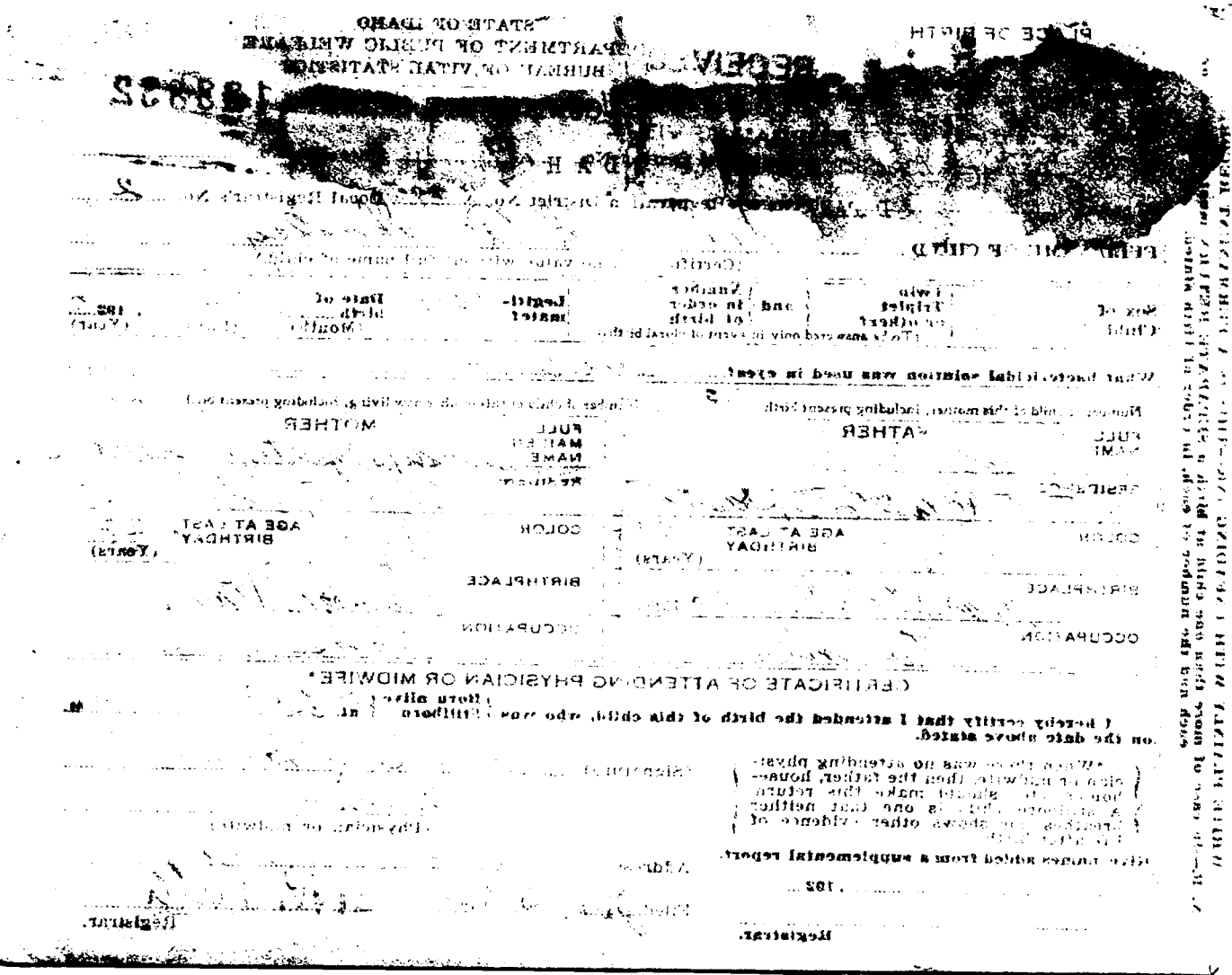
Give names added from a supplemental report.

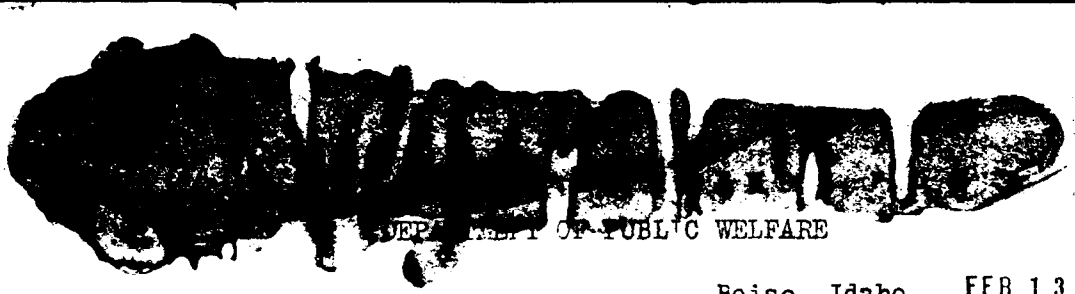
....., 192.....

.....
Registrar.

(Signature) Esther E. L. Davis.
Midwife
(Physician or midwife)
Address Clifton, Idaho.

Filed Feb. 3 1925 J. R. Cutler
Registrar.





DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho FEB 13 1925

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. ~~Kindly fill~~ in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * *

Place of Birth

CITY Clifton FILE NO. 128832

ST. _____ DATE OF BIRTH Jan. 5 1925

COUNTY Franklin SEX OF CHILD Male

FATHER Vaughn B. MOTHER Gladys C. Anderson (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Willard A. Gailey

Gladys Gailey

Signature of Father or Mother.

CEIVED
1 1925
OF VITAL
ISTICS

763-122-003-619

PLACE OF BIRTH

RECEIVED
MAR 4 - 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

129179

County of Bannock Registration District No. 84 File No.

City of Lava Hot Springs No. St.

Hospital Primary Registration District No. 2461 Registered No. 123

FULL NAME OF CHILD Stanley Arthur Potter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 - 22 - 1924

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Francis Potter	FULL MAIDEN NAME	Florence Grace Warner
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Dempsey Ida	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Thurston M. D.
(Physician or midwife)

Address Lava Hot Springs Ida

Filed Mch 1 1925 Mrs. G. G. Fitz
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 7 1971

643-205-022-993

PLACE OF BIRTH

STATE OF IDAHO
[redacted]RTMENT OF PUBLIC WELFARE
[redacted]REAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St. Registration District No. ..... State File No. 130066

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mary Phyllis Fullmer
(Certificate of no value without full name of child)

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Nov. 5 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? bor

Number of child of this mother, including present birth first Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Fremont Fullmer	FULL MAIDEN NAME	Goldia M. Richman
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Moreland, Idaho	BIRTHPLACE	Teton
OCCUPATION	Common laboror	OCCUPATION	Home maker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fremont Fullmer
(Father)
(Physician or midwife)

Give names added from a supplemental report.

..... , 192...

Registrar.

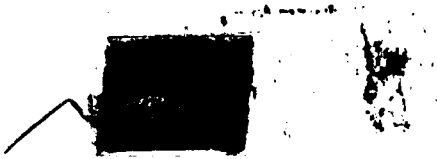
Address .....

Filed March 28 1925 F. W. Almond, M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1945



958-129-041-249

PLACE OF BIRTH

RECEIVED
APR 3 - 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

130218

County of Teton

City of Chapin

No. ..... St. Registration District No. 77 State File No. .....

Hospital ..... Primary Registration District No. 2176 Local Registrar's No. 14

FULL NAME OF CHILD Clark Bert Reynolds
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Oct. Sun. 29 1922

What bactericidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Boyd Levi Reynolds	FULL MAIDEN NAME	Allie Delilah Smith
RESIDENCE	Chapin Idaho	RESIDENCE	Chapin
COLOR	AGE AT LAST BIRTHDAY 38 (Years)	COLOR	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Mt Pleasant Utah	BIRTHPLACE	Auburn Wyoming
OCCUPATION	Farmer	OCCUPATION	~~Farmer~~ Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at 7 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192..

Registrar.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Address Dregg, Idaho

Filed 3-25- 1925 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 19

693-216 [redacted]
002-213

PLAC[redacted]

RECEIVED
MAY 5 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Adams.

City of Council.

No. ..... St.

Hospital .....

Registration District No. .....

File No. 130926

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Dora Belle Wilson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	Yes	Aug. 16 - 22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Jesse Wilson	FULL MAIDEN NAME	Virda Vera-Bates.
RESIDENCE	Council-Idaho.	RESIDENCE	Council-Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40.	AGE AT LAST BIRTHDAY (Years)	38.
BIRTHPLACE	Iowa.	BIRTHPLACE	Colorado.
OCCUPATION	Rancher.	OCCUPATION	H-wife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 2:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R W Hiteman M

(Physician or midwife)

Address Cambridge Idaho

Filed 4/23/25 R W Hiteman

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State Of Idaho

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 1925

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

Place of Birth

CITY Council FILE NO. 130926

~~ST~~ Hornet Creek DATE OF BIRTH August 16 1922

COUNTY Adams SEX OF CHILD Female

FATHER Wm Jesse Wilson MOTHER Virda Vera Bates.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Dora Belle Wilson

RECEIVED MAY 15 1925

Mrs. Wm J. Wilson
Signature of Father or Mother.

JUL 19 1967

DEC 2 7 1941

285-202-092-449

PLACE OF BIRTH

RECEIVED
MAY 5 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Adams.

City of Indian Valley

Registration District No. 88. File No. 130927

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Doris Louise Byers.

Sex of Child: Female	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth: July (Month) 2 (Day) 22 (Year)	

FATHER		MOTHER	
FULL NAME	Earl Everett Byers	FULL MAIDEN NAME	Nellie Murphy.
RESIDENCE	Indian Valley-Idaho.	RESIDENCE	Indian Valley-Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33.	AGE AT LAST BIRTHDAY (Years)	22.
BIRTHPLACE	Ohio.	BIRTHPLACE	Indian Valley-Idaho.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Thomas

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho.

Filed 4/23/25 19.....

..... Registrar

W W Thomas Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-111-033-815

PLACE OF BIRTH

County of Madison [redacted] 30964

City of Sugar

BUREAU OF VITAL STATISTICS

No. ..... St. Registration District No. 100 State File No. 130964

Hospital ..... Primary Registration District No. 2178 Local Registrar's No. 1013

FULL NAME OF CHILD Teruki Hanami

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7/11 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Kiuchi Hanami	FULL MAIDEN NAME	Kato. Hanami
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 1/20/42

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) T A Ellison MD

(Physician or midwife)

Address Box 424 St. Anthony Ida

Filed 5/6 1925 J Ryan Jr

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1942

[redacted]

APR 16 1957

155-119-010-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 10 1925
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St. Registration District No. 73 State File No. 131281

Hospital ..... Primary Registration District No. 2 No. Local Registrar's No. 170

FULL NAME OF CHILD Berne Kimbell Jensen
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mch. 19 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth I Number of child of this mother now living, including present birth I

FATHER		MOTHER	
FULL NAME	Grover W. Jensen	FULL MAIDEN NAME	Clara Jensen
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Lindsey, Nbr.
OCCUPATION	School instructor	OCCUPATION	House keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192

..... Registrar.

(Signature) G. A. Aupperle D. O.

(Physician ~~or midwife~~)

Address Idaho Falls, Idaho

Filed May 2 1925 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 18 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Leadore

No. 593117030-793 St.

RECEIVED JUN 25 1925 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 42 State File No. 132846

Hospital ..... Primary Registration District No. 2153 Local Registrar's No. 43

FULL NAME OF CHILD James Carroll Nichols

(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 17 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Albert R. Nichols	FULL MAIDEN NAME	Myrtle Pilert
RESIDENCE	Leadore, Idaho.	RESIDENCE	Leadore, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Baltimore, Maryland
OCCUPATION	Mechanic	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Irvin B. Keller
Physician
(Physician or midwife)

Address Leadore, Ida.

Filed June 11 1925 Ethel Peterson
Registrar.

NOV 3 1941

MAY 5 1967

DEC 3 1970

498-119-84-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 5 1925
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 134985

County of Teton

City of Victor

No. ..... St. Registration District No. 77 State File No. .....

Hospital ..... Primary Registration District No. 2176 Local Registrar's No. 18

FULL NAME OF CHILD EUGENE LOVEL Mikesell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 1st, 1925

What bactericidal solution was used in eyes? 20% argonal

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Franklin Alvin Mikesell	Juliett Allen
RESIDENCE	Victor	Victor
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} on the date above stated. at 8 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Chas J Marks

Physician

(Physician or midwife)

Address Driggs, Ida.

Filed 2/28/1926 Martha Markes Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss.

Certificate No. 134985

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Wayne	Eugene Lovel Mikesell

Subscribed and sworn to before me this 24th day of August, 1942

Notary Public, residing at Victor

My commission expires Feb. 7, 1945
(Seal)

Signed Juliett Mikesell (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Victor, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of August 1942

Notary Public, residing at Victor,

My commission expires Feb. 7, 1942.
(Seal)

Signed Daniel Ernest Allen
(Signature of Any Credible Person Other Than Previous Year)

Victor Idaho
(Street Address, City, State)

AUG 26 1942

AUG 27 1942

23/723-044-239

PLACE OF BIRTH

RECEIVED
OCT 29 1925
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Heath

Registration District No. _____ File No. 135941

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Rachel Madeline Blank

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	May (Month) 23 (Day) 1925 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allen Elmer Blank	Mildred Mae Strong
RESIDENCE	Heath Ida	Heath Ida
COLOR / AGE AT LAST BIRTHDAY	White / 36 (Years)	White / 26 (Years)
BIRTHPLACE	North Powder Ore	Monona Co. Iowa
OCCUPATION	Dairying	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at _____ M. on the date above stated.

(Signature) Mrs Belle Strong

(Physician or midwife)

Address Heath Ida

Filed 10-28-25 19 _____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19 _____

_____ Registrar

S-Y-CO. 38071

... one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

465-122-014 465

County of Canyon

City of Nampa

No. ..... St.

Hospital at Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 5 1926

CERTIFICATE OF BIRTH 138148

Registration District No. 7 State File No. .....

Primary Registration District No. 1006 Local Registrar's No. 10

FULL NAME OF CHILD Timothy Edward Monte
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 21, 1922

What bactericidal solution was used in eyes? ~~None~~ Boric Acid

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Manuel Monte	FULL MAIDEN NAME	Laudiana Jayo Monte
RESIDENCE	Silver City, Idaho.	RESIDENCE	Silver City, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs John Orbea

(Physician or midwife)

Address 1109 10 Ave ~~South~~

Filed ~~Aug 22, 1922~~ Oct 2-26 Mae Kerby
Registrar.

....., 192...

Registrar.

K

JUN 29 1962

c.c. 6/11/41. w.h.

DELAYED

DECLASSIFIED

113-226036-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 27 1926
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 138402

County of Oneida

City of Cedarhill

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ruby Erma Jacobson

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb. 26 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Alma Gustave Jacobson	FULL MAIDEN NAME	Alice Volborg Erickson
RESIDENCE	Cedarhill Ida.	RESIDENCE	Cedarhill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3:30 o'clock A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) .....

(Physician or midwife)

Address Malad, Ida.

Filed JAN 27 1926 192.... David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1974

DELAYED

312-121-043-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 23 1926
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 140254

County of Valley

City of Norwood

No. ..... St. Registration District No. 15 State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Clarence Victor Casey
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	April 21 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: Earl Clyde Casey

RESIDENCE: Norwood Idaho

COLOR: W. White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Bonestial S. D.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Jennie Pauline Kangas

RESIDENCE: Norwood Idaho

COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Finland

OCCUPATION: Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at alive 11.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Lizzie Kangas
(Physician or midwife)

Address .....

Filed Mar 1923 Stella Cain Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

140694

County of Gem
City of Terreton
No. R2102036613 St.
Hospital

Registration District No. 98
Primary Registration District No. 2176

File No.
Registered No. 53

FULL NAME OF CHILD Newman W Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	4 22 1922

What bactericidal solution was used in eyes? Sac Cride

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Cole Francis Johnson	FULL MAIDEN NAME	Pearl Jane Walker
RESIDENCE	Terreton	RESIDENCE	Terreton
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Jones
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Roberts

Filed Apr 10 1926 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DELAYED

319 219 026 962

PLACE OF BIRTH

RECEIVED
APR 17 1926
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

140695

County of Jefferson

City of Rexburg

No. ..... St.

Registration District No. 98 File No. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 54

FULL NAME OF CHILD Anna Beatrice Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	8 19 1926

What bactericidal solution was used in eyes? Sol Crede

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles G. Carlson	FULL MAIDEN NAME	Lucinda Robbins
RESIDENCE	Humphrey	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Sweden	BIRTHPLACE	Firth Ida
OCCUPATION	Rancher	OCCUPATION	H Sw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive, at 8 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Jones

(Physician or midwife)

Address Roberts Ida

Filed Apr 10. 1926 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 2 1973

665 720 025 768

PLACE OF BIRTH

RECEIVED
APR 17
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital Emergency

Registration District No. 98 File No. 140696

Primary Registration District No. 2176 Registered No. 56

FULL NAME OF CHILD Milton Lloyd Owens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2 20 1922

What bactericidal solution was used in eyes? Cred. Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leland Owens	FULL MAIDEN NAME	Alice Afton Johnson
RESIDENCE	Mor Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4.40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Jones
(Physician or midwife)

Address Roberts

Filed Apr 10 1926 Ray H. Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1942

567-121-028-567

PLACE OF BIRTH

RECEIVED
APR 19
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake Ida

No. ..... St. Registration District No. 45 State File No. 140749

Hospital ..... Primary Registration District No. ..... Local Registrar's No. 8

FULL NAME OF CHILD Arthur Calis Vogrig
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	March 21 1922

What bactericidal solution was used in eyes? Silver nitrate 1%, Boric acid

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Vogrig	FULL MAIDEN NAME	Angila Vogrig (Name same before marriage)
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Griemcco Italy	BIRTHPLACE	Griemcco Italy
OCCUPATION	Planer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 12 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) R J Gerlough MD.

..... (Physician or midwife)

Address Spirit Lake Ida

Filed Mar 22 1926 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

289-127-026-642

PLACE OF BIRTH

RECEIVED
MAY 24 1926
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

140931

County of Jefferson

City of Rigby

No. ..... St. Registration District No. ..... State File No. 140931

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD GORO SHIOZAWA
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Aug. 27 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Haiji Shiozawa	FULL MAIDEN NAME	Kane Fukura
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) H. A. Anderson M.D.

(Physician or midwife)

Address Rigby Idaho

Filed MAY 24 1926 192

David Currell
State Registrar.

....., 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 Certified Copies issued Jan. 17, 1941. E.W.

294·129 022-294

RECEIVED JUN 3 - 1926

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

141515

County of Fremont

City of Ashton

No. ..... St.

Registration District No. 102 File No. 1

Hospital ..... Primary Registration District No. 6 Registered No. .....

FULL NAME OF CHILD Mahlon Lee Kidd
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 29 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry M. Kidd	FULL MAIDEN NAME	Veda Hendricks Kidd
RESIDENCE	Drummond, Ida	RESIDENCE	Mary Drummond Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Tenn	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. L. Hargis
Phys. (Per C. M. Meacham)
(Physician or midwife)

Address Ashton, Idaho.

Filed 5-17 1926 C. M. Meacham
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No 142387

No 193-212024-533

Primary Registration District No. 2015

Registered No.

Hospital

Full Name of Child Ivadeen Williams

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F	—	7th	Yes	Aug 12 1922

FATHER	MOTHER
FULL NAME Adolph F Williams	FULL MAIDEN NAME Emma Elliot
RESIDENCE Wendell Ida	RESIDENCE Wendell Ida
COLOR White AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Idaho
OCCUPATION Baker	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 50 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Symonton

Physician

(Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 10 19 26 E W Symonton

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-205 024 414

PLACE OF BIRTH

RECEIVED JULY 1926

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

142388

County of Gooding

City of Wendell

Registration District No. 22

File No.

No. St.

Primary Registration District No. 2018

Registered No.

Hospital

Full Name of Child Iris Mary Stanhope

SEX OF CHILD Female | Twin Triplet or other? no | and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? Yes | DATE OF BIRTH Apr 5 22 (Month) (Day) (Year)

FATHER

FULL NAME John Cecil Stanhope

RESIDENCE Wendell, Ida.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Arkansas

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Mary Daugherty

RESIDENCE Wendell

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 30 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton

Physician

(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Filed Apr 12 1922 E L Simonton

Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 9 1942

168 223 024 667

RECEIVED
JULY 1926

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

County of Gooding

City of Wendell

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22

File No. 142389

Primary Registration District No. 2018-

Registered No. _____

Full Name of Child Tevila La Verle Johnson

SEX OF CHILD: Female	Twin Triplet or other? no and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Mar (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Alton Johnson	FULL MAIDEN NAME	Lucy La Verle Fox
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18-
BIRTHPLACE	Utah	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Wendell Ida

Filed May 6 1922 E L Simonton

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-205 024 75

PLACE OF BIRTH

RECEIVED
JULY 1926

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

File No. 142390

County of Gooding

City of Wendell

No. _____ St

Registration District No. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Lucile Bernice Chriswell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	—	1st	Yes	May 5 1922

FATHER		MOTHER	
FULL NAME	Presley Walter Chriswell	FULL MAIDEN NAME	Helena Pederson
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed May 10 1922 E. L. Simonton

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 1 0 19

513-206 024 653

RECEIVED
JULY 1926

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No. 142391

No. _____ St.

Primary Registration District No. 2018

Registered No. _____

Hospital _____

Full Name of Child Adelaide Charmion Eaton

SEX OF CHILD	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Mar 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Wallace Eaton	FULL MAIDEN NAME	Faith Amerette Veith
RESIDENCE	Wendell Idaho	RESIDENCE	Wendell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rural Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Wendell Idaho

Filed May 11 1922 E L Simonton
Registrar

Registrar

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55 1115 024 795

PLACE OF BIRTH

RECEIVED JULY 1926

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22-

File No. 142392

No. _____ St.

Primary Registration District No. 2018-

Registered No. _____

Hospital _____

Full Name of Child Jack William Evans

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births): —	and Number in order of birth: 3d	Legitimate? Yes	DATE OF BIRTH: July 15 (Month) (Day) 1922 (Year)	

FATHER

FULL NAME: John William Evans

RESIDENCE: Wendell Ida

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: South Dakota

OCCUPATION: Lumber Merchant

MOTHER

FULL MAIDEN NAME: Gwendolyn E. Pierce

RESIDENCE: Wendell Ida

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simonton

Physician (Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 1 1922 E D Simonton Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Gooding
City of Wendell
No. 195.203.024.239 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 142404

Registration District No. 22 State File No.
Hospital Primary Registration District No. 2018 Local Registrar's No.

FULL NAME OF CHILD Mildred Green
(Certificate of no value without full name of child)

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth 3d | Legitimate? Yes | Date of birth Dec 3 (Month) (Day) 1922 (Year)
(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Bart Green	FULL MAIDEN NAME	Florence Striker
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) E. L. Simonton
Physician
(Physician or midwife)

Address Wendell Idaho

Filed June 10 1926 - E. L. Simonton
Registrar.

FEB 7 1963

DELAYED

39-129-024962

PLACE OF BIRTH

RECEIVED
JULY 6 1926

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

143405

County of Gooding

City of Wendell

No. _____ St.

Hospital _____

Registration District No. 22 File No. _____

Primary Registration District No. 2016 Registered No. _____

Full Name of Child Francis Edward Barrett

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	no	7th	Yes	Oct 29 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Spencer Barrett	Mary Roberts
RESIDENCE	Wendell Ida	Wendell Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 37	White 36
BIRTHPLACE	Kansas.	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P- M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Simonton

Physician
(Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 10 1922 C. L. Simonton

Registrar

WHILE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1942

RECEIVED AUG 7 1926

PLACE OF BIRTH

County of Gooding

City of Wendell

No. 469 205 0/4 317 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 20

File No. 143267

Primary Registration District No. 2018

Registered No.

Full Name of Child Wilma Frances Dorman

SEX OF CHILD Female | Twin, Triplet or other? — | and Number in order of birth 6th | Legitimate? Yes | DATE OF BIRTH May 5 (Month) (Day) 1926 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Francis Lynn Dorman	FULL MAIDEN NAME Mabel Teague
RESIDENCE Wendell Idaho	RESIDENCE Wendell Idaho
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE New York	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 35 (Years)
	BIRTHPLACE Kansas
	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simonton

Physician (Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report

....19....

Registrar

Filed 2-20 1924 E. D. Simonton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 7 1926

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 143273

County of Gooding

City of Wendell

No. 659 205 24 5th St. Registration District No. 22 State File No.

Hospital Primary Registration District No. 218 Local Registrar's No.

FULL NAME OF CHILD Dorothy Weinberg
(Certificate of no value without full name of child)

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth: 1st | Legitimate? Yes | Date of birth: Dec 5 (Month) (Day) 1926 (Year)
(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes - Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Merl M. Weinberg	FULL MAIDEN NAME	Margarite Eastman
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) E. C. Simonton
Physician
(Physician or midwife)

Address Wendell Ida

Filed 6-10 1926 E. C. Simonton
Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]RTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

143583

CERTIFICATE OF BIRTH

County of [redacted]

City of Nampa

No. 819 104 014 819 St. Registration District No. 7 State File No. 143583

Hospital Mercy Primary Registration District No. 1006 Local Registrar's No.

FULL NAME OF CHILD Harry Harada
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 2 (Month) 4 (Day) 1922 (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry Makajawa before Marriage Harry Harada, after Marriage	FULL MAIDEN NAME	Yukurre Harada
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	Yellow Bronze	COLOR	Yellow Bronze
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Leo W. Chilton M.D.

(Physician or ~~midwife~~)

Address Nampa, Idaho

Filed 6/11 1926 Doc Burrell State Registrar.

962-106-026-299

PLACE OF [illegible] RECEIVED AUG 25 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lidgley Ucon

No. ..... St. Registration District No. 73 State File No. 143932

Hospital Home Primary Registration District No. 21 V D Local Registrar's No. 2 F 7

FULL NAME OF CHILD Bryan McKie Robinson
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 6 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Samuel Taylor Robinson	FULL MAIDEN NAME	Mary Ann Birchall
RESIDENCE	Ucon, Idaho	RESIDENCE	Ucon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Wigan, Lancashire Engla
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 1.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) W. L. West M.D.

(Physician or Midwife)

Address Lidgley Idaho.

Filed 7/12 192 6 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dr B. W. Fouch
Special agent
Bureau of the Census
Boise
Idaho

Idaho Falls
Idaho
R F D 2 Box 108

Dear Sir

Feb 9th 1928

I am returning birth
certificate of my boy born July 6th 1922
the name is wrong it should ~~be~~
read Brian Mc Kie Robinson
not Byron Kindly correct & return
we also had a boy born April 17th 1922
at Ucon, Idaho, his name
is George Milford Robinson
Fathers name Samuel Taylor Robinson
mothers maiden name Mary Ann Birchall
and as we have not received his
birth certificate we would like
to have it also the corrected one
of Brians 10.0942
Thanking you in anticipation

yours [redacted]ully
Mrs S[redacted] T. Robinson
Ucon, Idaho

343-213-
003-213

PLACE OF BIRTH RECEIVED OCT 15 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock
~~City of~~ village Tyhee

144459

CERTIFICATE OF BIRTH 144459

No. ——— St. Registration District No. 28 State File No.

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Yvonne Cutler
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb 13 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silversol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Cutler	FULL MAIDEN NAME	Rosella Ball
RESIDENCE	Ft. Hall Reservation	RESIDENCE	Ft. Hall Reservation
COLOR	Ind 1/4	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Stone Kentucky
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 5 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Henry R. Wheeler
Physician
(Physician or midwife)

Address Ft. Hall Idaho

Filed OCT 15 1926 192

Dan Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

T

DELAYED

235-104 Oct-243

PLACE OF BIRTH

RECEIVED OCT 6 1926 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. RD St. Registration District No. 8 State File No. 144516

Hospital Primary Registration District No. 2008 Local Registrar's No. 56

FULL NAME OF CHILD Richard Newell Steele
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	10 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20 of argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry Steele	FULL MAIDEN NAME	Dorothy Butler
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colo	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) M. Callaway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

Filed Sept 8 1926 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1972

OCT 2 1951

BOTH DELAYED

dlcP 66.1922-146.91.1

294-227-001-284

PLACE OF BIRTH

RECEIVED
OCT 15 1926
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1114 ~~Idaho~~ St.

Registration District No. 2 State File No. 144555

Hospital

Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Marjorie Ann Brunger
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F	-		—	yes	3	27	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Walter J Brunger	FULL MAIDEN NAME	Emma Shuey
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Mgr. American Laundry	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) M. Callaway-Japlin
Physician
(Physician or midwife)

Address Boise Idaho-1

Filed 10-14 1926 Robt. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

866-225-235-238

PLACE OF RECEIVED SEP 23 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

145498

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Nez perce

City of near Leland Ida

No. ..... St. Registration District No. ..... State File No. 145498

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Denabell Hoffman
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)	(Day)	(Year)
Girl				Apr.	25	1926

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER

FULL NAME Charles Hoffman

RESIDENCE Leland Ida

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Leland Ida nez perce Co

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Lucile Thornton

RESIDENCE Leland Ida

COLOR white AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Dr W. T Seeley

(Physician or midwife)

Address Lendrick Ida

Filed 9/23 1926 Daisy Burrell State Registrar.

JAN 4 1957

168-12-037-459

PLACE OF RECEIVED SEP 25 1926 RECEIVED OCT 9 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

145523

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Owyhee

City of ~~City~~ Diamondda

No. ..... St. Registration District No. ..... State File No. 145523

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wilfred Niale Joyal
(Certificate of no value without full name of child)

Sex of Child: Male | Twin, Triplet or other? ... and Number in order of birth ... (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 21 (Month) (Day) 1926 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER

FULL NAME: Frank Fabien Joyal

RESIDENCE: Jarbidge, Nevada

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Franklin, Massachusetts

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Florence Dessie Dietrick

RESIDENCE: Jarbidge, Nevada

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Barron County, Wisconsin

OCCUPATION: Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) (Mrs.) Emma T. Dietrick (G. A.) M.D.
Caldwell, Ida.
(Physician or midwife)

Address .....

Filed Oct 11 1926

Roe Burrell
State Registrar.

FEB 10 1942

5/21/41 L. D.

381-414.001-741

PLACE OF BIRTH

name and sex amend 1-17-[illegible]

RECEIVED NOV 3 1926 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R.D. St. Registration District No. 8 State File No. 145797

Hospital ..... Primary Registration District No. 2008 Local Registrar's No. 81

FULL NAME OF CHILD ~~No name~~ Myrl Dean Chaffins

(Certificate of no value without full name of child)

Sex of Child ~~F~~ Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 2 (Month) – 14 (Day) 1922 (Year)

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Myron W Chaffins	FULL MAIDEN NAME	Myrtle Guay
RESIDENCE	Boise R 5	RESIDENCE	Boise R. 5
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	S. D.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at 6 – P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) M Calloway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

Filed Oct 19 1926 R H Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

1-17-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 145797
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Chaffins (Name on Original Certificate) who was born, (Was Born, Died, etc.) on Feb 14, 1922 (Date of Event)

in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Myrl Dean Chaffins
sex of child	Female	Male

Subscribed and sworn to before me this 17th day of January, 1984.

Notary Public, Dorothy Leavitt
Residing at Boise Ada Idaho
My commission expires Jan 14, 1987
(Seal)

x Myrl D. Chaffins
Signature of Applicant

x 425 W. Jefferson Boise, Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

School Graduation Certificate from U.S. Civil Aeronautics Admin lists Myrl Dean Chaffins,male, graduated on 8-4-49. Viewed by V.S.

JAN 17 1984

Marriage Certificate lists Myrl Dean Chaffins groom and Vicenta Anita Kiminez female were married May 17, 1944 in Hawaii. Viewed by V.S.

319-123-09-464

PLACE OF BIRTH

RECEIVED NOV 3 1926 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. Registration District No. 2 State File No. 145822

Hospital ..... Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Donald Gordon Carter

(Certificate of no value without full name of child)

Sex of Child M | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of birth 1 (Month) — 23 (Day) — 1922 (Year)

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Raymond Carter	FULL MAIDEN NAME	Hazel Manson
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Fireman	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 10 a.m. ~~M.~~ on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Calloway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

Filed Oct. 19 1926 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 192...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FATHER

MOTHER

PULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

355-225003-285

PLACE OF BIRTH

RECEIVED NOV 17 1926

STATE OF
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

145954

County of Bannock

City of Pocatello

No. 235, W. Fremont St. Registration District No. 28 State File No.

Hospital Primary Registration District No. 2161 Local Registrar's No. 7864

FULL NAME OF CHILD Orpha G. Lee

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct. 25th 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Lee Kim Sim	FULL MAIDEN NAME	Leong Shee
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	State of Washington	BIRTHPLACE	China
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 10; a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Lee Kim Sim

Husband

(Physician or midwife)

Address Pocatello, Idaho

(OVER)

, 192

Registrar.

Filed 11/1 1926 J. R. Young

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First Certified copy issued June 11, 1934

APR 10 1952

PLACE OF BIRTH

RECEIVED NOV 13 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Custer

City of Clayton

CERTIFICATE OF BIRTH

No 813127 19453 St. Registration District No. 108 State File No. 14227

Hospital ..... Primary Registration District No. 2186 Local Registrar's No. 104

FULL NAME OF CHILD Cleta Yacconella

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male				Yes.	April	27	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 2 % Protargol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Antone Yacconella	FULL MAIDEN NAME	Domenica Del Re
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) C. L. Whitney M.D.

(Physician or midwife)

Address Challis Idaho

Filed Oct 23 1926 Edna McKenney Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

259-101 028-866

PLACE OF BIRTH

RECEIVED OCT 30 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St. Registration District No. ..... File No. 146323

Hospital Lakeview Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Melvin Earl Bernhart

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12-1-26

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Earl H Bernhart	FULL MAIDEN NAME Esther Hoffman
RESIDENCE	Harrison Ida	RESIDENCE Harrison Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years) 26
BIRTHPLACE	Ida	BIRTHPLACE Ida
OCCUPATION	Logger	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kinney M D

(Physician or midwife)

Address Harrison Ida

Give names added from a supplemental report.

....., 192.....

Filed Oct. 30 1926 David Burrell State Registrar.

..... Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 5 1947

AUG 14 1942

319-107040-261

RECEIVED OCT 25 1926

Form V. S. No. 11—25m-1-1-1.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

146624

County of Shoshone

City of Mullan Ida

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 129

Hospital

FULL NAME OF CHILD Charles Bennett Carlson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	X		X	yes	Mar 7 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor Carlson	FULL MAIDEN NAME	Ester Evelyna Swanberg
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Troy Ida
OCCUPATION	Quartz Millman	OCCUPATION	House Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) F W Rolfs MD

(Physician or midwife)

Address Mullan Ida

Filed 10/22 1926 F L Tinsley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC issued Jan. 29, 1941 Z.J.

DELAYED

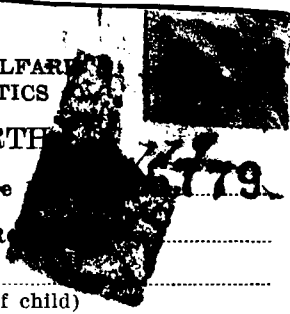
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [illegible] RECEIVED DEC 1 - 1926

693-112-001-233

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH



1479

County of Ada

City of Boise

No. 400 O'Farrell St. Registration District No. 8 State File

Hospital Primary Registration District No. 1004 Local R

FULL NAME OF CHILD ARCHIE SAMUEL WILLSON
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	YES	January 12 1926

What bactericidal solution was used in eyes? Credes Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl W. Willson	FULL MAIDEN NAME	Eva Augusta Mc Coy
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Hailey, Ida	BIRTHPLACE	Watsonville California
OCCUPATION	Miner	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) John Bouck

(Physician ~~or midwife~~)

Address Boise Idaho

....., 192....

Registrar.

Filed DEC 2 1926

Registrar.

MAY 24 1943

NOV 20 1963

MAR 1 1966

SEP 24 1946

JUN 24 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

685 731 081 693

County of Ada

City of Boise

No. [illegible] St.

RECEIVED NOV 26 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 State File No. 146833

Hospital

Primary Registration District No. 2008 Local Registrar's No. 133-

FULL NAME OF CHILD Jack Williams Wheeler
(Certificate of no value without full name of child)

Sex of Child Male

Twin / Triplet / or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of birth 1 (Month) 31 (Day) 1922 (Year)

What bactericidal solution was used in eyes? 20 o/o Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. Raymond Wheeler	FULL MAIDEN NAME	Vivian Williams
RESIDENCE	Boise RD	RESIDENCE	Boise, RD
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Salesman	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) M. Callaway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

..... , 192

Registrar.

Filed Nov 12 1926 R. H. Pratt
Registrar.

JUL 31 1975

OCT 17 1942

DELAYED

386-218 001-459

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 26
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Mar Whitney St. Registration District No. 8 State File No. 146840

Hospital RD#2 Primary Registration District No. 2008 Local Registrar's No. 119

FULL NAME OF CHILD Maxine Lois Thomas
(Certificate of no value without full name of child)

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Nov. 18 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rex A. Thomas	FULL MAIDEN NAME	Genevieve Merritt
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at ——— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Callaway Japlin
Physician
(Physician or midwife)

Address Boise, Idaho

Filed 11-8 1926 R H Pratt
Registrar.

Give names added from a supplemental report.

....., 192...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

755 731 001 635

County of Ada

City of Boise

No. ..... St. Registration District No. 2 State File No. 146908

Hospital St Lukes Primary Registration District No. 1004 Local Registrar's No. Filed

RECEIVED NOV 26 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Glen Penrod

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		No	12 - 31 1922

What bactericidal solution was used in eyes? 20 o/o argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Gladys Fletcher
RESIDENCE		RESIDENCE	Boise
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE		BIRTHPLACE	Montana
OCCUPATION		OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192..

Registrar.

(Signature) M. Calleway

Physician

(Physician or midwife)

Address Boise, Idaho

Filed 11-12- 1926 R. H. Pratt

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. 819 215 007 314 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 147057

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jean Edna Harrison
(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes, | Date of birth July 15 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Harrison	FULL MAIDEN NAME	Isabel Edna Campbell
RESIDENCE	Bellevue Idaho	RESIDENCE	Bellevue Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	England	BIRTHPLACE	Nova Scotia
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Isabel E. Harrison

~~(Physician or midwife)~~ mother

Address 216 N 13th Boise Ida.

Filed Dec 1 1926 David Burrell State Registrar.

APR 0 8

165-112026-445 RECEIV[redacted] 1926

PLACE OF BIRTH

STATE OF IDAHO
[redacted]PARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 147306

County of Jefferson.
City of P. O. Leuel
No. ..... St.
Hospital .....

Registration District No. 98 File No. .....
Primary Registration District No. 2176 Registered No. 204

FULL NAME OF CHILD Kenneth P. Jones.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.	one			Yes	July 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Crede

Number of child of this mother, including present birth Two Number of child of this mother now living, including present birth Two

FATHER		MOTHER	
FULL NAME	Frank Earl Jones.	FULL MAIDEN NAME	Elizabeth Vada Nuncey
RESIDENCE	Leuel Idaho.	RESIDENCE	Leuel Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Spokane Wash.	BIRTHPLACE	Garfield Wash.
OCCUPATION	Mail Carrier	OCCUPATION	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Jones
(Physician or midwife)

Give names added from a supplemental report.

Address Roberts

....., 19.....

Filed 12/10 1926 Ray H Fisher
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 16 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 147588

County of Franklin

City of Fairview

No. 413 217 021 121 St. Registration District No. ..... State File No. 147588

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mitsuko Matsumoto
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 17 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Neo Silvol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Masashro Matsumoto	FULL MAIDEN NAME	Kikuno Akasaka
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) W. B. Parkinson
Physician
(Physician or midwife)

Address Lewiston Utah

Filed DEC 16 1926 Dan Burrell
State Registrar.

DELAYED

PLACE OF BIRTH

RECEIVED DEC 9 [redacted]

RECEIVED DEC 14 1926

[redacted]

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

147589

County of Oneida

City of Malad

No. 313-110 036 249 St. Registration District No. 26 State File No. 147589

Hospital ..... Primary Registration District No. 2069 Local Registrar's No. 166

FULL NAME OF CHILD Junior E. Call

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7-10 1922

What bactericidal solution was used in eyes? Agnos

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Orvis A. Call	FULL MAIDEN NAME	Zetta Smith
RESIDENCE	Ogden Utah	RESIDENCE	Ogden Ut.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Woodruff Ut.	BIRTHPLACE	Morgan Ut.
OCCUPATION	Student Sadw	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at 8:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) J. M. Kerns, M.D.

(Physician or midwife)

Address Malad Ida

Filed 12-11 1926 J. M. Kerns

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

319 218 022-238

PLACE OF BIRTH

RECEIVED JAN 8 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Fremont

City of Ashton

CERTIFICATE OF BIRTH 147967

No. Cheray — St. Registration District No. 102 State File No. 1

Hospital ..... Primary Registration District No. 6 Local Registrar's No. .....

FULL NAME OF CHILD Gertrude, Jessa, Card
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	*		*	Yes	June 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Henry Card	FULL MAIDEN NAME	Lena Emma Schafer Park
RESIDENCE	Ashton Idaho	RESIDENCE	Ashton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Beloit Wis	BIRTHPLACE	Emmerson Nebr
OCCUPATION	Machinist	OCCUPATION	Home Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at Five o'clock P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) E. P. Stanger

(Physician or midwife)

Address Ashton Idaho

Filed 12/11 1926 [signature]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1968

364-208
014-813

PLACE OF BIRTH (Lloyd)

County of Canyon

City of Nampa

No. ..... St. Registration District No. ..... State File No. 148574

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Gloria Dee Countryman
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	7 – 8 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Lloyd Arlo Countryman	FULL MAIDEN NAME	Opal Hall
RESIDENCE	Proberta, Calif.	RESIDENCE	Proberta, Calif.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utica, Kansas	BIRTHPLACE	Monument, Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Thos E. Mangum
Physician
(Physician or midwife)

Address Nampa, Idaho

Filed 1 – 13 1927 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 5 1974

MAR 2 0 1975

533-1[illegible]-075-251

PLACE OF BIRTH RECEIVED FEB 14 19[illegible]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

149002

County of Nez Perce

City of Lewiston

Registration District No. 96

File No.

No. 1618 Carson Ave

Primary Registration District No. 1009

Registered No.

Hospital

FULL NAME OF CHILD Clarence Edward Ellis Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence E. Ellis Sr.	FULL MAIDEN NAME	Prusia F. Knapp
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Klickatat Co. Wash.	BIRTHPLACE	in Idaho
OCCUPATION	Truck driver	OCCUPATION	housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12.40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary M. Knapp
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Filed Feb 10 1927 Susan E. Bruce
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

POLICE OF... RECEIVED MAR 7 1927 STATE OF IDAHO 14473m
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonneville
City of Iona
No. ... St. Registration District No. 73 State File No. 14917
Hospital ... Primary Registration District No. 217 Local Registrar's No. 71

CERTIFICATE OF BIRTH

FULL NAME OF CHILD HIDESHIRO HASEGAWA
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	Aug.	8	1926

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME TOYOZO HASEGAWA
RESIDENCE Iona, Idaho.
COLOR Brown AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Japan
OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME CHIKA SHITO
RESIDENCE Iona, Idaho.
COLOR Brown AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Japan
OCCUPATION Housewife,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..., 192...

... Registrar.

(Signature) Mrs R W Denning
Midwife
(Physician or midwife)
Address Twin Falls Ida Rt 1

Filed Mar 7 1927 ... Registrar.

SEP 7 1972

291-115-184

RECEIVED APR 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 150243

County of [redacted]

City of Cla[redacted]

No. [redacted] St. Registration District No. 108 State File No.

Hospital Primary Registration District No. 2186 Local Registrar's No. 122

FULL NAME OF CHILD Kenneth Bradshaw

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 15 1927

What bactericidal solution was used in eyes? Boric Acid Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy A. Bradshaw	FULL MAIDEN NAME	Carrie Lenzinger
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) Mrs. F. Lenzinger
midwife
(Physician or midwife)

Address Clayton, Idaho

Filed May 29 1927 Edna M. Kenney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 19 1962

693-208'022-219

PLACE OF BIRTH

RECEIVED APR 13 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton,

No. ..... St.

Registration District No. 107 File No. 150315

Hospital .....

Primary Registration District No. 6 Registered No. .....

FULL NAME OF CHILD Mary Mildred Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Oct-8-1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joe J. Williams	FULL MAIDEN NAME	Effie Cambridge Williams
RESIDENCE	Ashton, Ida.	RESIDENCE	Ashton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho.
OCCUPATION	Truck Driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hargiger - A. C. Meacham
Phys.
(Physician or midwife)

Address Ashton, Idaho.

Filed 3/18 1927. A. C. Meacham
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR

NOV 7 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 150594

County of Nez Perce

City of Lapwai

No. 235-227-035-245 St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dorothy June Stevens
(Certificate of no value without full name of child)

Sex of Child: girl

Twin / Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of birth: August 27 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Floyd Willis Stevens	FULL MAIDEN NAME	Mary Lenore Bunger
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Melrose Idaho	BIRTHPLACE	Devils Lake Michigan
OCCUPATION	miner	OCCUPATION	housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 11:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mary Lenore Stevens (mother)

(Physician or midwife)

Address Kellogg Idaho

Filed Nov 7 1922 David Durrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
231-224 042-815

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls RECEIVED APR 9

City of Hansen

CERTIFICATE OF BIRTH 150734

No. ..... St. Registration District No. 36 State File No. .....

Hospital home Primary Registration District No. ..... Local Registrar's No. 12

FULL NAME OF CHILD Vlasta Stastny
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 24, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Joseph Stastny	FULL MAIDEN NAME: Sophia Havlek
RESIDENCE: Hansen, Idaho.	RESIDENCE: Hansen, Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Checcho Slovakia	BIRTHPLACE: ChecCho Slovakia
OCCUPATION: Farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4: A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Joe Stastny

..... (Physician or midwife)

Address Hansen Idaho

Filed March 10, 1927 J. M. Davis Registrar.

JUN 1 6 1966

569-131 028 997

PLACE OF BIRTH

RECEIVED JUN 13 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St. Registration District No. 30 State File No. 152097

Hospital Coeur d'Alene Primary Registration District No. 10 5 1 Local Registrar's No. .....

FULL NAME OF CHILD Melvin Jay Noreen
(Certificate of no value without full name of child)

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth: October 31 (Month) (Day) 192 7 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Oscar Jay Noreen	FULL MAIDEN NAME	Leota Elva Ripley
RESIDENCE	Coeur d'Alene, Idaho.	RESIDENCE	Coeur d'Alene, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Lincoln, Neb.	BIRTHPLACE	Colfax, Washington
OCCUPATION	Book-keeper	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) John O Wood

(Physician or [illegible])

Address Coeur d'Alene Ida

Filed May 25 192 7 D. A. Brennan M. E. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 13 1927

CERTIFICATE OF BIRTH

of Nez Perce
Leland

No. 414 214035 785 St. Registration District No. 63 File No. 152282

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Phylis Pauline Daugherty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	April 14 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Philip Burton Daugherty	FULL MAIDEN NAME	Ada Pauline Gherre
RESIDENCE	Leland, Ida.	RESIDENCE	Leland Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Seeley MD
(Physician or midwife)

Address Leland Idaho

Filed May 12 1927 B. F. Nesbit
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

[redacted]

JUN 18 1975

625-217.023-625

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 153296

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Helen Lucile Oberst
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 17 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 7 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Edward C. Oberst	FULL MAIDEN NAME	Delilah Oberst
Residence (Usual place of abode)	Emmett	Residence (Usual place of abode)	Emmett
If nonresident, give place and State	Idaho	If nonresident, give place and State	Idaho
Color or race	White Age at last Birthday 45 (Years)	Color or race	White Age at last Birthday 28 (Years)
Birthplace	Jasper Ind. (City and State or Country)	Birthplace	Lebnin Mo. (City and State or Country)
Occupation	Farming	Occupation	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Delilah Oberst
Emmett, Idaho
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address ~~E. C. Oberst deceased~~

Filed July 11 1927 Gave Burrell State Registrar.

...TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 29 1944

County of Bannock RECEIVED JUL [illegible]

City of Pocatello

Registration District No. 28 File No. [illegible]429

No. 336-121-003336 St.

Primary Registration District No. 2161 Registered No. 8240

Hospital General

FULL NAME OF CHILD Jean Samuel Clothier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 21 1927 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Clothier	FULL MAIDEN NAME	Selma Elaine Clothier
RESIDENCE	1005 N.	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Philadelphia Penna	BIRTHPLACE	Binghamton New York
OCCUPATION	Physician	OCCUPATION	Hwfr.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Pocatello (Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Ida

Registrar

Filed 7/1 1927 J. H. Young Registrar

[illegible] must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 28 1942

964-126-001-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 154121

County of Ada

City of Boise

No. ..... St. Registration District No. 2 State File No. 154121

Hospital St. Alphonsus Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Robert Thomas Roduner

(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 26, 192 2 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Ag. No.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. G. Roduner,	FULL MAIDEN NAME	Eleanor Murphy
RESIDENCE	Boise, Idaho.	RESIDENCE	Boise, Ida o.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Calif.	BIRTHPLACE	Wash.
OCCUPATION	Saleman,	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 5:A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

Sept. 2, 1927. , 192

Registrar.

(Signature) L. P. McCalla M.D.
W Koelsch
(Physician or midwife)

Address Boise, Idaho.

Filed 9/2, 27 192 Paula M Donald
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1942

JUN 21 1973

Date verified by St. Alphonsus Hospital.

L.B. 4/1/40

437107 040652

RECEIVED NOV 14 1927

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 70

File No. 156314

No. ..... St.

Primary Registration District No. 1011

Registered No. 109

Hospital

FULL NAME OF CHILD Daniel Jr. McGinnis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	Yes	1st.	Yes	Nov (Month) 7 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel Garden McGinnis	FULL MAIDEN NAME	Bessie Webber
RESIDENCE	Mullan, Ida	RESIDENCE	Mullan, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill.	BIRTHPLACE	Kentucky
OCCUPATION	Quartz Mining	OCCUPATION	Hoofe

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return: A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mullan, Ida.

Filed Oct 26 1927 F. L. Quigley Registrar

Registrar

R-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-207 040 652

PLACE OF BIRTH

RECEIVED NOV 14 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 156315

County of Shoshone

City of Mullan

No. ..... St. Registration District No. 70 State File No. .....

Hospital ..... Primary Registration District No. 1011 Local Registrar's No. 110

FULL NAME OF CHILD Dorothy McGinnis

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Yes (To be answered only in event of plural births)	2nd	Yes	Nov. 7 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Daniel Gordon McGinnis	FULL MAIDEN NAME	Bessie Tubbs
RESIDENCE	Mullan, Ida.	RESIDENCE	Mullan, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill.	BIRTHPLACE	Kentucky
OCCUPATION	Quartz Mining	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) F W Ralph MD

(Physician or midwife)

Address Mullan Ida

Filed Oct 26 1927 H L Quigley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 12 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls RFD 3

No. 859 204010449 St. Registration District No. 73 State File No. 156689

Hospital ..... Primary Registration District No. 2140 Local Registrar's No. 436

FULL NAME OF CHILD Hernandez

(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 10 (Month) 4 (Day) 1922 (Year)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Bernardo Hernandez	FULL MAIDEN NAME	Merced Duran
RESIDENCE	Idaho Falls RFD 1	RESIDENCE	Idaho Falls RFD
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born alive~~ ~~Stillborn~~ at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Mrs R W Denning

(~~Physician or~~ midwife)

Address Idaho Falls RFD 3

Filed Mar 22 1922 [signature]

Registrar.

PLACE OF BIRTH RECEIVED DEC 24 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

157128

CERTIFICATE OF BIRTH

County of Bannock
City of Grace
No. 243-109 003 331 St. Registration District No. ..... State File No. 15 7128
Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dale Dolan Sullivan
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Oct. 9 1927

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Walter Scott Sullivan	FULL MAIDEN NAME: Vera Pauline Dolan Sullivan
RESIDENCE: Grace, Idaho	RESIDENCE: Grace, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Lago, Idaho	BIRTHPLACE: Georgetown, Idaho
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) John F. Shubard
Physician
(Physician or midwife)

Address Grace - Idaho

Filed Dec 24 1927 David Burrell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] PLACE OF BIRTH

County of Bannock

City of Tyhee

No. 562 123 003 213 St.

Home

(If born in hospital or institution give name.)

RECEIVED DEC 13 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 15 7201

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Soma Nosaka

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Male | Twin, Triplet or other: --- and Number in order of birth: ---- (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: 2/23/27 (Month) (Day) 19 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 1%AgNo3

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME: Shikichi Nosaka	FULL MAIDEN NAME: Kosuge Kato
Residence (Usual place of abode): TYhee Idaho	Residence (Usual place of abode): Tyhee Idaho
If nonresident, give place and State:	If nonresident, give place and State:
Color or race: Japanese Age at last Birthday: 35 (Years)	Color or race: Japanese Age at last Birthday: 28 (Years)
Birthplace: Japan (City and State or Country)	Birthplace: Japan (City and State or Country)
Occupation: Farmer	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6 A.M. M. on the date above stated.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho

Filed Dec 13 1927 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-225 029-639

[redacted]CE OF [redacted] RECEIVED JAN 18 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

158316

County of Latah
City of Moscow
No. 429 N. Hayes St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 158316

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Bethona Marjie Hazeltine
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
girl.		yes	Jan. 23 1922. (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3d (a) Born alive and now living yes

~~Born alive but now dead~~ ..... Stillborn .....

FATHER	MOTHER
FULL NAME Ambrose K. Hazeltine	FULL MAIDEN NAME Mabel Gladys Oliver.
Residence (Usual place of abode) Moscow	Residence (Usual place of abode) Moscow
If nonresident, give place and State Idaho.	If nonresident, give place and State Idaho.
Color or race American Age at last Birthday 25 (Years)	Color or race american Age at last Birthday 20 (Years)
Birthplace Vally city. N. D. (City and State or Country)	Birthplace Palouse Washington (City and State or Country)
Occupation Farming.	Occupation housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at Moscow Idaho on the date above stated.

(Signature) Mrs. W. J. Hazeltine
429. N. Hayes St
(~~Physician or~~ midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Moscow Idaho

Filed Jan. 18 1928 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-115
003-381

PLACE OF BIRTH

[redacted] S. No. 11-C--25m-7-21-19

[redacted] OF IDAHO
BUREAU [redacted] TAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey Registration District No. 83 File No. 158381

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Garth C. Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct 15 1922

FATHER		MOTHER	
FULL NAME	Irvin Christensen	FULL MAIDEN NAME	Julia Chatterton
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida Richmond, Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Richmond, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, Physician (Physician or midwife)

Address Downey, Ida

Given names added from a supplemental report. .....19.....

Filed Oct 15 1922

Registrar

H. J. Hartvigsen
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1954

296-171
003-168

RECEIVED JAN 25 1928

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83

File No. 158383

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	10-21-1927

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. W. Brown	Laura Johnson
RESIDENCE	Downey, Ida.	Downey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	19
BIRTHPLACE	South Cottonwood Utah	Chesterfield Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, Physician

(Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 21 1928. H. J. Hartvigsen

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 28 1928

County of Jerome

City of Jerome

No. 819-126-027-348 St.

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

158672

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jack Lupton Harman
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
boy		Yes	Sept (Month) 26 (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Noudson Otto Harman	FULL MAIDEN NAME Mabel Ellen Lupton
Residence (Usual place of abode) Jerome	Residence (Usual place of abode) Jerome
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 39 (Years)	Color or race White Age at last Birthday 32 (Years)
Birthplace Beaver City Nebraska (City and State or Country)	Birthplace Beaver City Nebraska (City and State or Country)
Occupation Police	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 8 P M. on the date above stated.

(Signature) Chas. F. Zeller

M.D.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Jerome, Ida

Filed Jan 28 1928 David Burrell State Registrar.

FEB 27 1952
FEB 28 1952

RECEIVED MAR 2 1928

PLACE OF BIRTH

County of Jefferson

City of Hamer

No. ..... St.

AI 218026 363

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

158935

CERTIFICATE OF BIRTH

Registration District No. 98 State File No. 158935

Prim. Registration District No. 2176 Local Registrar's No. .....

FULL NAME OF CHILD Leone Minerva Graham

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				yes	May 18 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% argno 3

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	John Earl Graham	FULL MAIDEN NAME	Flossie Colson
Residence (Usual place of abode)	Hamer	Residence (Usual place of abode)	Hamer
If nonresident, give place and State	Ida	If nonresident, give place and State	Ida
Color or race	White	Color or race	White
Age at last Birthday	21 (Years)	Age at last Birthday	19 (Years)
Birthplace (City and State or Country)	Oklahoma	Birthplace (City and State or Country)	Nebraska
Occupation	Farmer	Occupation	Hswf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4:30 P. M. on the date above stated.

(Signature) Flossie Graham (Mother)

M. Physician or Midwife Present
(Physician or midwife)

Address .....

MAR 2 1928 19.... David Burrell
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Swan Lake —

No. — St.

113-114 0076/4

(If born in hospital or institution give name.)

RECEIVED FEB 18 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 State File No. 159001

Prim. Registration District No. 2100 Local Registrar's No. 88-8

FULL NAME OF CHILD William Jacobsen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Boy		2nd	Yes	Feb. 14 — 1922

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living alive yes

Born alive but now dead Still alive Stillborn

FATHER	MOTHER
FULL NAME W. L. Jacobsen	FULL MAIDEN NAME Phoebe Vaddoupps
Residence (Usual place of abode) Swan Lake	Residence (Usual place of abode) Swan Lake
If nonresident, give place and State	If nonresident, give place and State
Color or race	Color or race White Age at last Birthday 26 (Years)
Age at last Birthday 31 (Years)	
Birthplace Swan Lake Ida (City and State or Country)	Birthplace Leesburg Utah (City and State or Country)
Occupation	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 6:30 P. M. on the date above stated.

(Signature) W. L. Jacobsen

(Physician or midwife)

Address Swan Lake — Ida

Filed Feb 2 1928 Mary C. Coffin Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made each and the number of each, in order of birth stated.

DECEASED

749-128-027-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson RECEIVED APR 18 [illegible]

City of Jerome

No. Idaho St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

160549

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 160549

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dan Arnold Pursley

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	Feb. 28 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Lee Pursley

Residence (Usual place of abode) Jerome Idaho

If nonresident, give place and State .....

Color or race White Age at last Birthday 24 (Years)

Birthplace Chicago Ill. (City and State or Country)

Occupation Laborer

MOTHER

FULL MAIDEN NAME Hannah C. Stevens

Residence (Usual place of abode) Jerome Idaho

If nonresident, give place and State .....

Color or race White Age at last Birthday 23 (Years)

Birthplace Fairview Utah (City and State or Country)

Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs W S Lewis

Nurse

(Physician or midwife)

Address .....

Filed APR 18 1928 19 ..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

123-105-016-655

PLACE OF RECEIVED MAY 7 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 160821

County of Canyon
City of Nampa
No RR No 1 St. Registration District No. 4 State File No.
Hospital Primary Registration District No. 2006 Local Registrar's No. 69

FULL NAME OF CHILD Leonard aloysius Aschenbrenner
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	x (To be answered only in event of plural births)	x	Yes	Oct 5 1927

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Joseph Aschebrenner	FULL MAIDEN NAME	Mary Wenzel
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 3 oc A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Jos. Aschenbrenner
Father.
(Physician or midwife)

Address Nampa Idaho

Filed 5-3 1928 Mae Derby
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1975

PLACE OF BIRTH RECEIVED MAY 14 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. 582-130-022-666 St. Registration District No. 102 State File No. 160958

Hospital Primary Registration District No. 6 Local Registrar's No.

FULL NAME OF CHILD Elden Percy Nyborg

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 30 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andrew Percy Nyborg	FULL MAIDEN NAME	Rhoda Foote Nyborg
RESIDENCE	Drummond Ida	RESIDENCE	Drummond Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) E. L. Hargis
Per C. Meacham
Phys.
(Physician or midwife)

Address Ashton Idaho

Filed 4/21 1928 C. Meacham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 8 1943

DECEASED

466-131.003-319

PLACE OF BIRTH RECEIVED MAY 18 1928

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 555 So Hays. St.

Hospital

Registration District No.

File No. 161466

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Robert Earl Downey.

Sex of Child Male. Twin Triplet or other? and Number in order of birth I (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Jan. 31. 1922. (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	James C. Downey.	FULL MAIDEN NAME	Lucy. Loretta Carrico.
RESIDENCE	555 So Hays.	RESIDENCE	555 So Hays. St.
COLOR	White. AGE AT LAST BIRTHDAY 46 (Years)	COLOR	white. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Car Inspector.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn), at II.P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Lorne

Phy.

(Physician or midwife)

Given names added from a supplemental report.

19

Address 140 No. Johnson.

Registrar

Filed 19

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Also # 109513

RECEIVED JUL 3 1922

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

643107 010 296
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 State File No. 162728

Prim. Registration District No. 2 12 2 Local Registrar's No. 329

FULL NAME OF CHILD John Newton Fullenwider
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 7 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Roy Fullenwider

Residence (Usual place of abode) Idaho Falls Ida.

If nonresident, give place and State .....

Color or race White Age at last Birthday 35 (Years)

Birthplace Burlington Junction Mo (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Mabel Brown

Residence (Usual place of abode) Idaho Falls, Ida

If nonresident, give place and State .....

Color or race White Age at last Birthday 33 (Years)

Birthplace Carleton, Neb. (City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

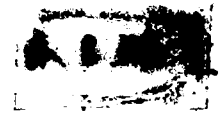
I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3:30 a M. on the date above stated.

(Signature) T C Hollister MD
(Physician or midwife)

Address Idaho Falls, Ida

Filed 12/6 1922 [illegible] Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



DELAYED

Dup of 1922 - 109513

314-120024-643

PLACE OF BIRTH — RECEIVED JUL 13 1928

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell — Registration District No. 22 — File No. 16289

No. ..... St. — Primary Registration District No. 2016 — Registered No. .....

Hospital ..... Frank Campbell

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	and	6th	Yes	July 20 1927

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George W. Campbell	Rose Fuller
RESIDENCE	Wendell Ida	Wendell Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	Idaho	Iowa
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Oct 1 1928 E. L. Simonton
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 227 022 432

PLACE OF BIRTH

RECEIVED JUL 13 1928

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

162892

County of Jerome

City of Wendell

Registration District No. 22 File No.

No. St.

Primary Registration District No. 218 Registered No.

Hospital

FULL NAME OF CHILD Helen Louise Carson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		9	Yes	Jan 22 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry M. Carson	Lillie McKnight
RESIDENCE	Windell	Wendell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	36
BIRTHPLACE	Kansas	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.55 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) E. L. Simonton
Physician
(Physician or midwife)

Address Wendell Ida

Filed Jan 12 1923 E. L. Simonton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Helen Louise Carnahan (Name on original certificate) born (Was born or died) on Jan 27-1922 (Date of event)
in Wendell Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by G L Simonton (Bible record, insurance policy, etc.) prepared on Physician-in charge (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth		is Jan 27-1922

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed G L Simonton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Wendell Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

DEC 1 1971

256-125-030-619

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Teadore

No: ..... St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 163676

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Craig Warrant Keffer

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	December 25 (Month) (Day) 1927 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME George M. Keffer.

Residence (Usual place of abode) Idaho Falls, Ida

If nonresident, give place and State .....

Color or race white Age at last Birthday 28 (Years)

Birthplace Pittsburg. Penn. (City and State or Country)

Occupation Farmer.

MOTHER

FULL MAIDEN NAME Frances Ruby Warrant

Residence (Usual place of abode) Idaho Falls Ida

If nonresident, give place and State .....

Color or race White Age at last Birthday 21 (Years)

Birthplace Marcelona, Mich. (City and State or Country)

Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) George M. Keffer.

Father.

~~(Physician or midwife)~~

Address Rt. 2 Box 2 Idaho Falls

Filed July 27 1928 David B. Burnell Registrar.

State

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAR 14 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 23 1928

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

796 206 026 893

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

163935

County of Jefferson

City of Rigby

No. Ida, St.

Registration District No. ..... File No. 163935

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Zelda Probart

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth January 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo Edward Probart	FULL MAIDEN NAME	Josie Fern Hill
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Springhill Utah	BIRTHPLACE	Lewisvill Ida
OCCUPATION	stationary fireman	OCCUPATION	house wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:15 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Josephine Newman

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby R D 2 Idaho

Registrar.

Filed AUG 23 1928 19 David Burrell State Registrar.

693-118026-4415

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH — SEP 1 1922

County of Jefferson

City of Rigby

No. Main St.

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 163938

Registration District No. ..... State File No. 6

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Willard Adrian Wilson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: male | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of birth: Aug (Month) 18 (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 2 (a) Born alive and now living —

Born alive but now dead ✓ Stillborn ✓

FATHER	MOTHER
FULL NAME Adrian N Wilson	FULL MAIDEN NAME Dora Gladys Weaver
Residence (Usual place of abode) Pocatello Idaho	Residence (Usual place of abode) Pocatello, Idaho
If nonresident, give place and State	If nonresident, give place and State Bennington Idaho
Color or race White Age at last Birthday 25 (Years)	Color or race White Age at last Birthday 21 (Years)
Birthplace Salt Lake City Utah (City and State or Country)	Birthplace (City and State or Country)
Occupation Dentist	Occupation Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 20 o'clock 9 M. on the date above stated.

(Signature) Adrian N Wilson

Father

(Physician or midwife)

Address Pocatello, Idaho

Filed SEP 1 1922 19 David Burrell State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 15 1945

NOV 7 1950

MAR 7 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

295-225026 699

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 16-3939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Betty Jene Kinghorn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept 25th 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth four (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Edward William Kinghorn

Residence (Usual place of abode) Rigby, Idaho

If nonresident, give place and State .....

Color or race white Age at last Birthday 33 (Years)

Birthplace Rigby Idaho (City and State or Country)

Occupation farmer

MOTHER

FULL MAIDEN NAME Martha Ursula Wright

Residence (Usual place of abode) Rigby

If nonresident, give place and State Idaho

Color or race white Age at last Birthday 32 (Years)

Birthplace Castle Gate Utah (City and State or Country)

Occupation home maker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Mrs Martha U. Kinghorn

(Physician or midwife)

Address .....

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed SEP 4 1922 19 David Burrell

State Registrar.

NOV 7 1973

396-224 010-249

PLACE OF BIRTH

~~RECEIVED~~ AUG 19 1928

SEP 12 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

163943

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 183- 2nd St. Registration District No. 73 State File No. 16

Hospital none Primary Registration District No. Local Registrar's No. 1

FULL NAME OF CHILD Juanita Beth Croft

(Certificate of no value without full name of child)

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth July 24 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth First Number of child of this mother now living, including present birth First

FATHER		MOTHER	
FULL NAME	Francis Jimmett Croft	FULL MAIDEN NAME	Juanita Smith
RESIDENCE	~~183-2nd St Idaho Falls Ida~~ Pocatello 507 S. Arthur St	RESIDENCE	507 S Arthur Pocatello Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	2[illegible] (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Basalt Idaho	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Brakeman	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs F. J. Croft
Mother
(Physician or midwife)

Address 507 So. Arthur Pocatello Ida

, 192

Registrar.

SEP 12 1928 192 David Burrell
State Registrar.

Idaho Falls birth of child Lived at 183-2nd St at time

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1954

Mrs F. J. Capt
507 So Arthur
Pocatello
Idaho

238-205-028-238

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai OCT 24 1928

City of Coeur d'Alene

No. 719 — 724 St.

Coeur d'Alene Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

165347

CERTIFICATE OF BIRTH

Registration District No. 30 State File No. 165347

Prim. Registration District No. ____ Local Registrar's No. ____

FULL NAME OF CHILD George Emary Schmidtke
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			yes	May	25	1922

What prophylactic was used to prevent Ophthalmia Neonatorum? ____

Number of child of this mother, including present birth Three (a) Born alive and now living ____

Born alive but now dead ____ Stillborn ____

FATHER

FULL NAME Henry Jos Schmidtke

Residence (Usual place of abode) Lewiston Idaho

If nonresident, give place and State ____

Color or race Caucasian Age at last Birthday 39 (Years)

Birthplace Mt. Vernon Missouri (City and State or Country)

Occupation Educator

MOTHER

FULL MAIDEN NAME Bertha Amalie Schmidtke

Residence (Usual place of abode) 5534 26th NE. Seattle Wash.

If nonresident, give place and State ____

Color or race Caucasian Age at last Birthday 29 (Years)

Birthplace Harvey N Dakota (City and State or Country)

Occupation Home manager

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive / ~~Stillborn~~) at ____ M. on the date above stated.

(Signature) J. Ben O'Neal

(Physician or midwife)

Address Coeur d'Alene Idaho

Filed OCT 24 1928 19 David Burnell Registrar.
State

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAY 28 1942

FEB 19 1951

JUN 6 1955

231 104001-296

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

St. Alphonsus Hosp. (If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 166013

Registration District No. 2 State File No. 166013

Prim. Registration District No. 1004 Local Registrar's No. 400

FULL NAME OF CHILD Kenneth Bertram Black

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Oct. 4 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead none Stillborn none

FATHER	MOTHER
FULL NAME William M Black	FULL MAIDEN NAME Ruth M. Brown
Residence (Usual place of abode) Boise, Idaho	Residence (Usual place of abode) Boise, Idaho
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 33 (Years)	Color or race White Age at last Birthday 26 (Years)
Birthplace Wayne Co. Ky. (City and State or Country)	Birthplace MO (City and State or Country)
Occupation Stationary Engr.	Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) J. Earl Hill

(Physician or midwife)

Address 415 Eastman Bldg.

Filed 11-28-1938 Paula McDonald Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 25 1967

APR 19 1944

SEP 28 1954

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, by order of birth stated.

PLACE OF BIRTH RECEIVED DEC 11 1928

County of Caribou, 7 mi East of

City of Soda Springs

No. 236-223-015 St. 926

Private Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.....State File No. 166372

Prim. Registration District No.....Local Registrar's No.....

FULL NAME OF CHILD Utahna Stocking

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of birth: July (Month) 23 (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?.....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead none Stillborn

FATHER	MOTHER
FULL NAME: Burdette Reuben Stocking	FULL MAIDEN NAME: Mary Frances Ison
Residence (Usual place of abode): Soda Springs	Residence (Usual place of abode): Soda Springs
If nonresident, give place and State	If nonresident, give place and State
Color or race: White Age at last Birthday: 24 (Years)	Color or race: White Age at last Birthday: 22 (Years)
Birthplace: West Jordan, Utah (City and State or Country)	Birthplace: Rockland, Idaho (City and State or Country)
Occupation: Farmer & Stock Raiser	Occupation: Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10 A. M. on the date above stated.

(Signature) Russell Izard

(Physician or midwife)

Address Soda Springs, Ida

Filed Dec 11 1928 C. K. Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

753-20-294-165.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 17 1928

County of Washington

City of Weiser

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

166734

Registration District No. 86 State File No. 166

Prim. Registration District No. 212 Local Registrar's No. .....

FULL NAME OF CHILD Elizebeth Ann Petty

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 1 1928

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living Yes.

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Hurschel W. Petty	FULL MAIDEN NAME	Ruth Jones
Residence (Usual place of abode)	Weiser, Ida.	Residence (Usual place of abode)	Weiser Ida.
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	27 (Years)	Age at last Birthday	22 (Years)
Birthplace	Mo. (City and State or Country)	Birthplace	Nebr (City and State or Country)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3:30 P. M. on the date above stated.

(Signature) Blanche Petty

~~(Physician)~~ or midwife)

Address Weiser Ida.

Filed Dec 17 1928 E. K. Macey Registrar.
State

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED JAN 10 1929

243-110 203-719

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 484 Park St.

Registration District No. 28 File No. 167727

Hospital

Primary Registration District No. 2161 Registered No. 9024

FULL NAME OF CHILD Glen D. Bucher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12 10 1927

What bactericidal solution was used in eyes? A 9 N 03

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ferdinand D. Bucher	FULL MAIDEN NAME	Sarah Veritta Parker
RESIDENCE	484 Park Ave	RESIDENCE	484 Park Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	O. S. Line	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lyman
Phy
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Pocatello, Idaho

Filed Jan 1927 J. P. Young
Registrar.

JAN 15 1918

493208 003-168

PLACE OF BIRTH

RECEIVED MAR 6 1929

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

Registration District No. 84

File No. 168558

No. ____ St.

Primary Registration District No. 2161

Registered No. 617

Hospital ____

FULL NAME OF CHILD Alzissa Eunice Miles

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 5 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Daniel Miles	Elsie Ann Johnson
RESIDENCE	Nuter Idaho	Nuter Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) John Hubbard M.D. Deceased
By Mrs. G. G. Fet
(Physician or midwife)

Address Bancroft Idaho

Filed Feb. 25 1929 Mrs. G. G. Fet
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED APR 3 1929

County of Bonneville

City of Idaho Falls

No. R.F.D.#6 St.

315-203-010-212

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2150 State File No. 169139

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Shizue Tanaka
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Sep. (Month) 3rd (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Masakichi Tanaka	FULL MAIDEN NAME	Mashie Sakai
Residence (Usual place of abode)	Idaho Falls, Idaho.	Residence (Usual place of abode)	Idaho Falls, Idaho.
If nonresident, give place and State		If nonresident, give place and State	
Color or race	japanese	Color or race	japanese
Age at last Birthday	44 (Years)	Age at last Birthday	26 (Years)
Birthplace	Japan (City and State or Country)	Birthplace	Japan (City and State or Country)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 3 A.M. on the date above stated.

(Signature) [signature]

Father.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address R.F.D.# 6, Idaho Falls, Idaho.

Filed APR 3 1929 C. K. Macey
Registrar.

APR 12 1955

393103 006-757

PLACE OF BIRTH

RECEIVED MAR 23 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

169330

County of Bingham

City of Blackfoot

No. R. F. D. 3 St.

Registration District No. 121 State File No.

Hospital

Primary Registration District No. 2194 Local Registrar's No.

FULL NAME OF CHILD Wendell Lloyd Littlefield
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4 3, 1922

What bactericidal solution was used in eyes? Bone acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME David W. Littlefield	FULL MAIDEN NAME Goldie Pepper
RESIDENCE Blackfoot, Ida. R. F. D. 3	RESIDENCE Blackfoot, Ida R. F. D. 3
COLOR Caucassian AGE AT LAST BIRTHDAY 41 (Years)	COLOR Caucassian AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah, U. S. A	BIRTHPLACE Utah, U. S. A
OCCUPATION Farm Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Hoover, M. D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Mar. 20 1929 Mrs Chalcer E. Patrick
Registrar.

Give names added from a supplemental report.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16739

PLACE OF BIRTH

County of .....

City of .....

No. ..... St. .....

Hospital .....

Registration District No. ..... State File No. .....

Primary registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD .....

(Type or print plainly in ink. Write without full name of child.)

Sex of Child	Twin, Triplet or Other?	If twin, triplet, etc., was this child born first, second, third, etc.? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)	(Day)	(Year)

What bacterial solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	COLOR
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

MAR 16 1944

I hereby certify that I attended the birth of this child, who was (Stillborn / Born alive) at ..... M. on the date above stated.

(Signature) .....

Address .....

Date ..... 19..

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Give reason added from a supplemental report.

Legitimation

Form 1—Rev. 1943—1M—4-44—1M—4-44—1M—4-44

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED MAR 30 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

169418

County of Bonneville
City of Idaho Falls
No. ..... St.
285-218 010-436
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ida May Sherwood
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl			Jan (Month) 18 (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living Four
Born alive but now dead None Stillborn .....

FATHER	MOTHER
FULL NAME Rudolph H Sherwood	FULL MAIDEN NAME Ida Myrtle McFarland
Residence (Usual place of abode) Idaho Falls	Residence (Usual place of abode) Idaho Falls
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 47 (Years)	Color or race White Age at last Birthday 27 (Years)
Birthplace Davenport Iowa (City and State or Country)	Birthplace Joplin Mo. (City and State or Country)
Occupation Laborer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) X Ida Myrtle Sherwood
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 1411 River Street Boise Idaho
Filed Mar 30 1929 C. K. Macey State Registrar.

DEC 4 1942

349 102 003-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

170159

County of Bannock

City of Lava

No. ..... St.

Registration District No. 611

Primary Registration District No. 2161

File No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Currence

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	and		Yes	May 2 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth .....

Number of child of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME	Jarvis Currence	Nellie Bell
RESIDENCE	Lava Hot Springs	Lava Hot Springs
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	West Virginia	Idaho
OCCUPATION	Vocational Training	Home-work

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Dead, at ..... A. M. (Born alive or stillborn) on the date above stated.

(Signature) William J McDill

Physician & Surgeon

(Physician or midwife)

Address Mc Cammon Ida.

Filed May 1922 C. K. Macey State Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

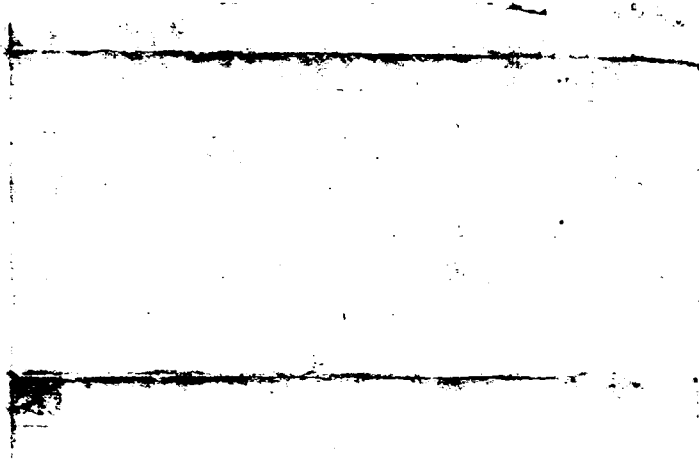
....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each as a number of each, in order of birth stated.

K



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 2 - 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

170399

County of Canyon

City of Nobles

No. 319 202 014 296 St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wyvena Catherine Larson
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Jun - 2 1923 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Ole Larson	FULL MAIDEN NAME	Lillith Brown
RESIDENCE	Nobles	RESIDENCE	Nobles
COLOR	wh	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Janesville Wisconsin	BIRTHPLACE	Baabor Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lillith Larson

(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

Address .....

Filed Dec 2 1928 C. K. Macey Stats Registrar.

JAN 16 1976

DELAYED

DUP OF 22-102203

635-68-0062-493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

(If born in hospital or institution give name.)

MAY 10 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 170867

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD William Ernest Fleenor
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec 18 (Month) (Day) 19 12 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn 0

FATHER	MOTHER
FULL NAME Henry Ernest Fleenor	FULL MAIDEN NAME Lelia Edna Mills
Residence (Usual place of abode) Hollister Idaho	Residence (Usual place of abode) Hollister, Idaho
If nonresident, give place and State ✓	If nonresident, give place and State ✓
Color or race White Age at last Birthday 31 (Years)	Color or race White Age at last Birthday 21 (Years)
Birthplace Wilson Springs, MO. (City and State or Country)	Birthplace Pomeroyville MO. (City and State or Country)
Occupation Farming	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10 M. on the date above stated.

(Signature) H. W. Leonard M.D.
Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed MAY 10 1929 19 C. K. Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

419-628-016-689

RECEIVED JUN 22 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Cassia
City of Elba
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 171691
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edsil Ivan Darrington
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Mail | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth: September 28 (Month) (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes
Born alive but now dead ..... Stillborn .....

FATHER
FULL NAME George Ernest Darrington
Residence (Usual place of abode) Elba
If nonresident, give place and State .....
Color or race White Age at last Birthday 23 (Years)
Birthplace Elba Idaho Cassia (City and State or Country)
Occupation .....

MOTHER
FULL MAIDEN NAME Mary Josephine Whitaker
Residence (Usual place of abode) Elba
If nonresident, give place and State .....
Color or race White Age at last Birthday 20 (Years)
Birthplace Elba Idaho Cassia (City and State or Country)
Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Paulina Rich
..... (Physician or midwife)
Address Elba Idaho

Filed ..... 19..... .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DECEASED

PLACE OF BIRTH

RECEIVED JUL 13 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

171699

County of Custer

City of Challis

No. 415-224, 1019-258 St. Registration District No. 108 State File No.

Hospital Primary Registration District No. 216 Local Registrar's No. 184

FULL NAME OF CHILD Donna Dee Mavity

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 24 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Wallace Mavity	FULL MAIDEN NAME	Mabel Bessie Keyser
RESIDENCE	Challis, Idaho	RESIDENCE	Challis, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bayhorse, Ida.	BIRTHPLACE	Buena Vista, Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7 a. M. on the date above stated.

(Signature) C. L. Kirtley M.D.

(Physician or midwife)

Address Challis, Idaho

Filed June 29 1929 Elsa M. Kenney Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

....., Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 171699

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Year of birth	1922	1924
(Are you certain this girl was born in 1924?)		

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed Mabel Yant

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Shelley, Ida

My commission expires 8/12/45

(SEAL)

Shelley Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Custer } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of March, 19 43

Signed Mabel Yant

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Challis Idaho

Shelley Idaho

(STREET ADDRESS, CITY, STATE)

My commission expires Aug. 12, 1945

(SEAL)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 16 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stat. d.

53 114 097 913

PLACE OF BIRTH

County of Bonner

City of

No. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration Distri No. State File No. 172724

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Glenn Benjamin Nelson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 14 1922

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME	Aldrick A Nelson	FULL MAIDEN NAME	Artie Ralls
Residence (Usual place of abode)	Dover	Residence (Usual place of abode)	Dover
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	29 (Years)	Age at last Birthday	20 (Years)
Birthplace (City and State or Country)	Portland Ore	Birthplace (City and State or Country)	Bellevue Ida.
Occupation	Farmer	Occupation	Farmers wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

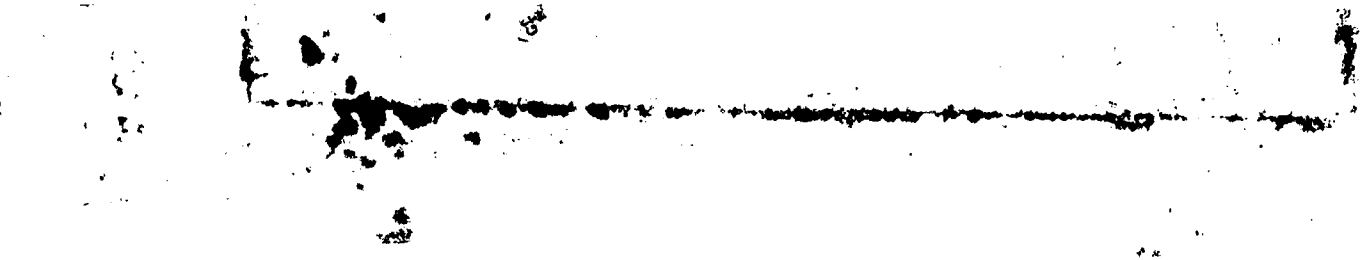
I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

(Signature) Mrs Aldrick Nelson
Mother
(Physician or midwife)

Address

Filed 1933 Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



319 203 001 694

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

St Alphonsus

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 173526

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Aletha Marie Card

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	June 3 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead 1 Stillborn .....

FATHER		MOTHER	
FULL NAME	Chas. W Card	FULL MAIDEN NAME	Katherine Ormston
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	30	Age at last Birthday (Years)	34
Birthplace (City and State or County)	Minn.	Birthplace (City and State or County)	Iowa
Occupation	Bus Driver	Occupation	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) .....

.....
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Katherine M Card

Filed Sept 4 1929 426 80 10 st

C K Macey
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1952

792 227 014 315

N. B.—In case of more than one birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated. WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of Canyon

City of Huston, Idaho

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 173530

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Alice Gibson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	July 27 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2nd (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Bert Gibson	FULL MAIDEN NAME	Della Lavander
Residence (Usual place of abode)	Huston, Idaho	Residence (Usual place of abode)	Huston, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	31	Age at last Birthday (Years)	20
Birthplace (City and State or County)	Harney Co. Oreg	Birthplace (City and State or County)	Cambridge, Idaho
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6 P. M. on the date above stated.

(Signature) Della Gibson (Mother)

(Physician or midwife)

Address .....

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Bert Gibson

Filed Sept 12 1922 C K Macey State Registrar.

IDAHO

SEP 10 1929

U. S. VETERANS' BUREAU

Ans'd. Date

492-210-017-165

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED OCT 1929

County of Clark

City of Dubois

No. ..... St. .....

(If born in hospital or institution give name.) .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH SEP 1 174451

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Martha Jean Mikesell
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Aug. 10 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living Yes.

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Walter Lee Mikesell	FULL MAIDEN NAME	Kate Marie Pinkerton Jones
Residence (Usual place of abode)	St. Anthony	Residence (Usual place of abode)	St. Anthony
If non-resident, give place and State	.....	If non-resident, give place and State	Idaho
Color or race	White Age at last Birthday 33 (Years)	Color or race	White Age at last Birthday 28 (Years)
Birthplace (City and State or County)	Kansas Wilson	Birthplace (City and State or County)	St. Anthony Idaho
Occupation	Laborer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7 A. M. on the date above stated.

(Signature) Mrs Annie H Cooper

..... (Physician or midwife)

Address .....

Filed Aug. 1922 ..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED
BOISE, IDAHO
OCT 10 1929
U. S. VETERANS' BUREAU
Rec'd. Date

MAY 3 1962

RECEIVED OCT 31 1929

PLACE OF BIRTH

865-227 Ada-719

County of Ada

City of Eagle

No. ____ St.

Hospital None

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 175-238

Registration District No. 9-10

File No. 175238

Primary Registration District No. 9-10

Registered No. 2

Full Name of Child Ruth Hong

SEX OF CHILD Female

Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

DATE OF BIRTH Dec 7 1922 (Month) (Day) (Year)

FATHER

FULL NAME Chai Sung Hong

RESIDENCE Eagle

COLOR Yellow AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Kojang Korea

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Soon Up Park

RESIDENCE Eagle Idaho

COLOR Yellow AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Seoul Korea

OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orrie Jackson

Register

(Physician or midwife)

Address Eagle Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 12 - 1922

Orrie Jackson Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED NOV 14 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Shelley
No. ..... St.
364-124.006-364
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 175246
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Joe Hideo Tominaga
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 24 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Dayiro Tominaga	FULL MAIDEN NAME Nobu Tominaga
Residence (Usual place of abode) Idaho Falls, Idaho	Residence (Usual place of abode) Idaho Falls, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race Yellow Age at last Birthday 51 (Years)	Color or race Yellow Age at last Birthday 35 (Years)
Birthplace Fukuoka, Japan (City and State or County)	Birthplace Fukuoka, Japan (City and State or County)
Occupation Farmer	Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ **at** 7:00 A. M. **on the date above stated.**

(Signature) D. Tominaga

~~(Physician or midwife)~~ Father

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address R#6 Box 13 Idaho Falls, Ida.

Filed Nov. 14 1929 C K Macey
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. 542-108 d/o-292 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 175979

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD George Hisao Nukaya

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 8 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Kiukichi Nukaya	FULL MAIDEN NAME	Ine Kishiyama
Residence (Usual place of abode)	Ucon, Idaho	Residence (Usual place of abode)	Ucon, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Yellow	Color or race	Yellow
Age at last Birthday (Years)	33	Age at last Birthday (Years)	22
Birthplace (City and State or County)	Shizuoka, Japan	Birthplace (City and State or County)	Shizuoka, Japan
Occupation	Farmer	Occupation	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 4:30 A. M. on the date above stated.

(Signature) Kiukichi Nukaya

(Physician or midwife)

Address Route 3 Idaho Falls, Idaho

Filed Nov 30 1929 C K Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAR 16 1853

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 19 1930

PLACE OF BIRTH

County of Bonnieville

City of East Poplar

No. ..... St.

289 124 00 249

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 178511

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wayne Ivan Byington
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth
male				yes	Feb. (Month) 24 (Day) 1922 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver

Number of child of this mother, including present birth 9 (a) Born alive and now living 9

Born alive but now dead ..... Stillborn none

FATHER		MOTHER	
FULL NAME	John Parley Byington	FULL MAIDEN NAME	Maggie Brennetta Smith
Residence (Usual place of abode)	East Poplar	Residence (Usual place of abode)	East Poplar
If non-resident, give place and State		If non-resident, give place and State	American
Color or race	English White	Color or race	White
Age at last Birthday	72 (Years)	Age at last Birthday	33 (Years)
Birthplace	(City and State or County)	Birthplace	Nephi Utah (City and State or County)
Occupation	Gen. farming	Occupation	farmers Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

(Signature) Dave L Price
Physician
(Physician or midwife)

Address Jerome Ida

Filed Feb. 19 1930 Bessie N Lepper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

SEP 25 1951

DELAYED

752-116 603 393

PLACE OF BIRTH
RECEIVED MAR 3 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 345 So. Arthur St. Registration District No. _____ File No. 178522

Hospital Lynn Bros Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Nily Grant Pehrson
(Certificate of not value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	1 16 1922

What bactericidal solution was used in eyes? a g No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Nils H. Pehrson	FULL MAIDEN NAME	Caroline Pehrson Tillotson
RESIDENCE	345 So Arthur	RESIDENCE	345 So Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neat	BIRTHPLACE	345 So Arthur
OCCUPATION	O. L. Line	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn
Phy.
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed March 3 1930 Bessie N Lepper
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [redacted] Nezperce.

City of Myrtle RECEIVED APR 10 1930

No. ..... St.

F19-222.035-713 (If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180029

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dorcas Lora Hardman
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 22 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

Number of child of this mother, including present birth Six (a) Born alive and now living 6

Born alive but now dead None Stillborn None

FATHER		MOTHER	
FULL NAME	Roy Leasly Hardman	FULL MAIDEN NAME	Mary Louise Gallaher
Residence (Usual place of abode)	Myrtle	Residence (Usual place of abode)	Myrtle Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	38	Age at last Birthday (Years)	30
Birthplace (City and State or County)	Adams Oregon	Birthplace (City and State or County)	Fairfield Wash
Occupation	Farming	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Stillborn~~ Born alive at 2:30 A. M. on the date above stated.

(Signature) Mother
Mrs R L Hardman
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Orofino Ida Box 436

Filed April 10 1930 Bessie M Lepper
State Registrar.

263-206-022-864

RECEIVED APR 21 1930

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 102 State File No. 180039

Prim. Registration District No. 6 Local Registrar's No. .....

FULL NAME OF CHILD Genieve Koch.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 5 (Month) 6 (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Frank Koch	FULL MAIDEN NAME Leona Hodges Koch
Residence (Usual place of abode) Ashton, Ida.	Residence (Usual place of abode) Ashton Ida.
If nonresident, give place and State	If nonresident, give place and State —
Color or race white Age at last Birthday 31 (Years)	Color or race white Age at last Birthday 20 (Years)
Birthplace St Louis Mo. (City and State or Country)	Birthplace Utah. (City and State or Country)
Occupation Laborer.	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 4 P. M. on the date above stated.

(Signature) E. L. Hargis

Phys.

(Physician or midwife)

Address Ashton, Idaho.

Filed 4-19 1930 C. C. Meacham

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-106-010-418

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAY 9 1930

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls,

No. R.#7 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180065

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Isamu Mayeda
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Oct. 6 1922.

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Arata Mayeda.	FULL MAIDEN NAME	Toki Mayeda.
Residence (Usual place of abode)	Idaho Falls	Residence (Usual place of abode)	Idaho Falls
If nonresident, give place and State		If nonresident, give place and State	
Color or race	Yellow	Color or race	Yellow
Age at last Birthday (Years)	30	Age at last Birthday (Years)	27
Birthplace (City and State or Country)	Japan	Birthplace (City and State or Country)	Japan
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 11:00 P. M. on the date above stated.

(Signature) .....

Father
(Physician or midwife)

Address R.#7 Idaho Falls

Filed May 10 1930 Bessie N. Lippner
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

First copy issued Feb. 24, 1939

RECEIVED JUN 5 1930

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

695 727 626 154

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

180923

Registration District No. ..... State File No. 180923

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Walter Alfred French

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				yes	Sept. 27, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Alfred Geo. French	FULL MAIDEN NAME Hazel Lavinia Anderson
Residence (Usual place of abode) Roberts, Idaho	Residence (Usual place of abode) Roberts, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 23 (Years)	Color or race White Age at last Birthday 19 (Years)
Birthplace Jamestown, Grant Co., Wis. (City and State or County)	Birthplace Roberts Idaho (City and State or County)
Occupation Bee Keeper	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 9 A. M. on the date above stated.

(Signature) Mrs Kate Bahmer

Midwife

(Physician or midwife)

Address Roberts Idaho

Filed June 5 1930 Bessie N. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 29 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

194 206 001 491

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 180931

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Maria Ruby Amillategui
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	March 6 1922 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living One

Born alive but now dead ~~One~~ None Stillborn ——— None

FATHER	MOTHER
FULL NAME George Amillategui	FULL MAIDEN NAME Candida Uranga
Residence (Usual place of abode) 612½ Main St.	Residence (Usual place of abode) 612½ Main St.
If non-resident, give place and State ———	If non-resident, give place and State ———
Color or race White Age at last Birthday 30 (Years)	Color or race White Age at last Birthday 21 (Years)
Birthplace Spain (City and State or County)	Birthplace Spain (City and State or County)
Occupation Foreman Sheep	Occupation ———

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive [redacted] **at** 6 A. M. **on the date above stated.**

(Signature) George Amillategui

Mrs T. Madarieta
[redacted] midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed 6-11- 1930 Bessie H. Lepper State Registrar
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED JUL 7 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer

No. 253-230005-238 St. Registration District No. ..... State File No. 181948

Hospital ..... Primary Registration District No. ..... Local Registrar's No. 9

FULL NAME OF CHILD Betty Josephine Bell
(Certificate of no value without full name of child)

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth July 30 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Floyd A Bell	FULL MAIDEN NAME	Emma E Schmidt
RESIDENCE	Plummer Idaho	RESIDENCE	Plummer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Garage Prop	OCCUPATION	School teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Riley

(Physician or midwife)

Address Tekoa Wash

Filed 7-13 1930 H. G. Jarque
Registrar.

Give names added from a supplemental report.

....., 192...

Registrar.

MAR 1 2 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED AUG 25 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18345-

County of Bannock
City of Grace Idaho
No. 299-113-003-219 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 183455
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dell B. Kirby
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 13 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead None Stillborn None

FATHER		MOTHER	
FULL NAME	Delbert Kirby	FULL MAIDEN NAME	Julia Vahma Bair
Residence (Usual place of abode)	Grace	Residence (Usual place of abode)	Conda Cove
If non-resident, give place and State	Idaho	If non-resident, give place and State	Utah
Color or race	White	Color or race	White
Age at last Birthday (Years)	28	Age at last Birthday (Years)	27
Birthplace (City and State or County)	Franklin Idaho	Birthplace (City and State or County)	Cove Utah Cache
Occupation	Laborer	Occupation	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at Grace M. on the date above stated.

(Signature) Julia B. Kirby
mother
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Aug. 26 1930 Bessie N. Lepper Registrar.
State

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED OCT 18 1930

PLACE OF BIRTH

County of Bannock

City of Chesterfield

No. Japanese Wood

594-214 003-473

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

185-244

Registration District No. ..... State File No. 185244

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Helen Nimann

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				March 14 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living One

Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	Dave Nimann	FULL MAIDEN NAME	Jessie E Upchurch
Residence (Usual place of abode)	Soda Springs	Residence (Usual place of abode)	Soda Springs
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	30	Age at last Birthday (Years)	23
Birthplace (City and State or County)	Montgomery Alabama	Birthplace (City and State or County)	Oaletree Kansas
Occupation	Lumberman	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Mrs. S. D. Grimm

(Physician or midwife)

Address Bancroft Idaho

Filed Oct. 16 1930 Bessie N. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH OCT 18 1930

County of Kootenai

City of Spirit Lake

No. ..... St.

238 129 028 859

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18-246

Registration District No. ..... State File No. 185246

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Lee Schinzel

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male				yes	July 29 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Joseph Andrae Schinzel	FULL MAIDEN NAME	Emma Madeline Herbert
Residence (Usual place of abode)	Spirit Lake	Residence (Usual place of abode)	Spirit Lake
If non-resident, give place and State	Resident	If non-resident, give place and State	Resident Idaho
Color or race	White Age at last Birthday 30 (Years)	Color or race	White Age at last Birthday 24 (Years)
Birthplace	Vienna Austria (City and State or County)	Birthplace	Wright Station Minn (City and State or County)
Occupation	Carpenter & Electrician	Occupation	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 7:30 A. M. on the date above stated.

(Signature) Martin M.D.

Annie Herbert Midwife also

(Physician or midwife)

Address Spirit Lake Ida

Filed Oct. 18 1930 Bessie N. Lepper Registrar.

State

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED
BOT #

Witnesses

Mrs. Lewis Pierce – Spirit Lake, Ida.
Mrs. Jan Faulkenburg – Spirit Lake, Ida.
Mrs. Katie Herbert – Spirit Lake, Idaho

362-20-1010-455

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH DEC 6 1930

County of Bonneville

City of Idaho Falls

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 185982

Registration District No. 73 State File No. 185982

Prim. Registration District No. 2150 Local Registrar's No. .....

FULL NAME OF CHILD Motoko Tokita

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 1, 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	S.tokita	FULL MAIDEN NAME	Noi Den
Residence (Usual place of abode)	Idaho Falls, Idaho	Residence (Usual place of abode)	Idaho Falls, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Yellow	Color or race	yellow
Age at last Birthday (Years)	37	Age at last Birthday (Years)	29
Birthplace (City and State or County)	Japan	Birthplace (City and State or County)	Japan
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** 12:00 P. M. **on the date above stated.**

(Signature) Dr. Cuttler

Physician

(Physician or midwife)

Address Shelley, Idaho.

Filed 12/6/ 1930 Maggie N. Leffler Clerk

Registrar

*Where there was no attending physician or midwife, then the father, householder, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Yolanda Pallas

(If stillborn, substitute the word "stillbirth" for name of child)

Sex of Child: Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural birth) Legitimate? Date of birth ..... 19 ..... (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
NAME Yolanda	MAIDEN NAME Nol Ion
Residence (Usual place of abode) Idaho Falls, Idaho	Residence (Usual place of abode) Idaho Falls, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race Yellow Age at last Birthday ..... (Years)	Color or race Yellow Age at last Birthday ..... (Years)
Birthplace (City and State or County)	Birthplace (City and State or County)
Occupation	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

(Signature) Butler

Physician

(Physician or midwife)

Address .....

Filed ..... 19 .....

*Where there was no attending physician or midwife, then the father, householder, or should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH PERMANENT A BIRTH—IN CASE OF MORE THAN ONE BIRTH, WRITE ALL THE NAMES, IN ORDER OF BIRTH, AND THE NAME OF THE MOTHER, IN CASE OF MORE THAN ONE BIRTH, WRITE ALL THE NAMES, IN ORDER OF BIRTH, AND THE NAME OF THE MOTHER.

P. O. Box 556
Idaho Falls, Idaho
January 30, 1930

State of Idaho
Department of Public Welfare
Bureau of Vital Statistics
Boise
Idaho

Dear Sirs:

In regards to the birth certificates of the children of S. Tokita, it is stated that of the five children born, one is dead. There seems to be some error made for all the children born are now living.

We are enclosing two certificates. If you would correct this error, we would appreciate it.

Yours truly,

M. Tokida

See

IDAHO JAPANESE ASSOCIATION
Idaho Falls, Idaho

168-226-113

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

186980

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Gladys Lillian Johnson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth 1 | Legitimate? yes | Date of birth December 2 1922 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME August Johnson

Residence (Usual place of abode) Shelley, Idaho

If nonresident, give place and State .....

Color or race white Age at last Birthday 47 (Years)

Birthplace Sweden (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Senia Victoria Jacobsen

Residence (Usual place of abode) Shelley, Idaho

If nonresident, give place and State .....

Color or race White Age at last Birthday 33 (Years)

Birthplace Sweden (City and State or Country)

Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 9:45 P. M. on the date above stated.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley, Idaho

Filed Dec 1922

DEC 1930

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1970

JAN 27 1976

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-2 N 842-696 AMENDMENT FILE DATE ADDED 9-25-91 dl

187679

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 187679

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 278 - N. 6th St.

at Home

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD LaVaughn Marie Logan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	July (Month) 11 (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Edward Francis Logan	FULL MAIDEN NAME Kathyleen O'Rourke
Residence (Usual place of abode) 278 N. 6th St. Twin Falls Idaho	Residence (Usual place of abode) 278 N 6th St
If non-resident, give place and State	If non-resident, give place and State Twin Falls Idaho
Color or race White Age at last Birthday 29 (Years)	Color or race White Age at last Birthday 24 (Years)
Birthplace South Wayne, Wis. (City and State or County)	Birthplace Woodford, Wis. (City and State or County)
Occupation Mail Clerk	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at (I have no record of time) M. on the date above stated.

(Signature) Dr C A Emel

Physician

(Physician ~~or midwife~~)

Address Twin Falls Ida

Filed Dec 20 1930

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

9-17-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED

SEP2 5 1991

VITAL STATISTICS UNIT

State of _____
County of _____ } ss.

Certificate No. 187679

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for LaVaughn Marie Logan (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 11, 1922 (Date of Event)

in Twin Falls (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Date filed	Unknown	Dec 20, 1930

Subscribed and sworn to before me this 23 day of September, 19 91.

Notary Public, [signature]

Residing at Corson County South Dakota

My commission expires 5-18-95

(Seal)

x LaVaughn Neill
Signature of Applicant

x PO Box L Wakpala So Dak 57658
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___ / (Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Icc Pd

SEP 25 1991

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

134-109-003-134

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. _____ St.

Linna Bros. Hospital

(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

STATE OF IDAHO FILED 188453

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

188453

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Joe Aldana Jr.

(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child: Male

Twin / Triplet or other? and Number in order of birth: 1st

(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)

Legitimate? yes

Date of birth: May (MONTH) 9 (DAY) 1922 (YEAR)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth: None (a) Born alive and now living: yes

Born alive but now dead _____ Stillborn _____

FATHER	MOTHER
Full Name: Joe Aldana	Full Maiden Name: Sesaria Aldana
Residence (Usual place of abode): 159 W. S. Temple	Residence (Usual place of abode): 159 W. S. Temple
If non-resident, give place and State: Utah	If non-resident, give place and State: Utah
Color or race: Spanish Age at last Birthday: 24 (YEARS)	Color or race: Spanish Age at last Birthday: 24 (YEARS)
Birthplace: Spain (CITY AND STATE OR COUNTY)	Birthplace: Spain (CITY AND STATE OR COUNTY)
Occupation: Miner	Occupation: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at _____ M. on the date above stated.

(Signature) Joe Aldana

(PHYSICIAN OR MIDWIFE)

Address Salt Lake City, Utah

Filed _____ 1922

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RECEIVED JUN 6 1931

STATE OF IDAHO
Bureau of Statistics
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

Idaho

[illegible] 68

City of Parma
419 215 014 453
No. 7 mi. N St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Mary Louise Von v. Marenholtz

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Feb 15 1922

FATHER		MOTHER	
FULL NAME	Walter Paul Von v. Marenholtz	FULL MAIDEN NAME	Lucy Ann Melton
RESIDENCE	Parma RFD	RESIDENCE	Parma RFD
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Viola, Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Barazin MD
(Physician or Midwife)

Given names added from a supplemental report

Address Nyssa Ore

_____, 19__

Filed Feb 1922

Registrar

Registrar

S-Y CO., 16670

K

FEB 25 1948

OCT 13 1971

DELAYED

Dup of 1922-10007

63X219-010-613

191737

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 191737

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. _____ St.
Home
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Leona Olsen

3. Sex F. | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug. 19, 1922 (MONTH, DAY, YEAR)

FATHER
9. Full name Wm. Alma Olsen
10. Residence (usual place of abode) (If non-resident, give place and State) Iona Idaho
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or country) Menan, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work 17

MOTHER
18. Full maiden name Hortense Walker
19. Residence (usual place of abode) (If non-resident, give place and State) Iona, Idaho
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or country) Iona, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work _____, 19__
26. Total time (years) spent in this work 14

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

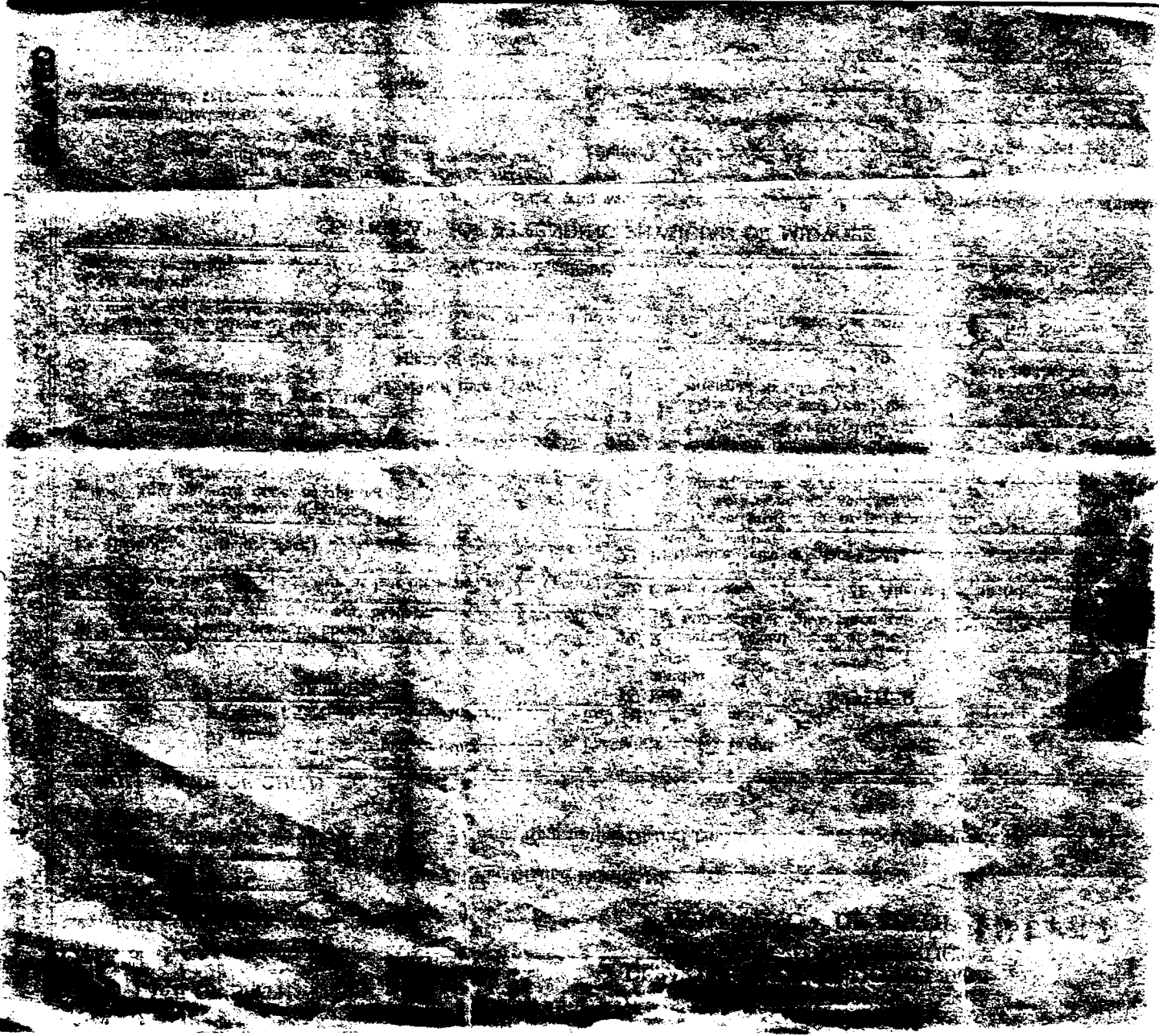
(Signed) (Midwife Deceased), M. D.
or William Alma Olsen Midwife Father
Address Iona, Idaho
Filed Aug, 1922 JULY 1931

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



533.126-27-533

RECEIVED AUG 27 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 10471

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. E Seventh St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Wayd Ellis

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? Yes

8. Date of birth July 26, 1922 (MONTH, DAY, YEAR)

FATHER

9. Full name: Harold Wayd Ellis

10. Residence (usual place of abode) (If non-resident, give place and State): Jerome Ida

11. Color or race: White 12. Age at last birthday: 27 (years)

13. Birthplace (city or place) (State or country): Huntley Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Bank

16. Date (month and year) last engaged in this work: Present, 19___

17. Total time (years) spent in this work: 2

MOTHER

18. Full maiden name: Ruby Pearl Ellis

19. Residence (usual place of abode) (If non-resident, give place and state): Jerome Ida

20. Color or race: White 21. Age at last birthday: 21 (years)

22. Birthplace (city or place) (State or country): Elk City Okla.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work: _____, 19___

26. Total time (years) spent in this work: 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 1 (b) Born alive but now dead: _____ (c) Stillborn: _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (BORN ALIVE OR STILLBORN) at 2 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) Harold Wayd Ellis, ~~M. D.~~ Father

or _____, Midwife

Address Jerome Idaho

_____ Registrar.

Filed _____, 1931

Bureau of Vital Statistics Registrar.

RECEIVED SEP 28 1931

194361

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 194361

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Elk River
No. _____ St.
292-22-7008-211
(If born in hospital or institution give name.)

Registration District No. 91 State File No. _____
Prim. Registration District No. 2168 Local Registrar's No. No record

2. FULL NAME OF CHILD Mary Kika

3. Sex: male
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate? yes
8. Date of birth Dec. 27, 1922 (MONTH, DAY, YEAR)

FATHER

9. Full name: Takesaku Kika
10. Residence (usual place of abode) (If non-resident, give place and State): Elk River, Ida
11. Color or race _____ 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country): Japan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumber grader
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill
16. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name: Kuma Kajiwara
19. Residence (usual place of abode) (If non-resident, give place and State): Elk River, Ida
20. Color or race _____ 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or country): Japan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19__
26. Total time (years) spent in this work 5

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks
29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 9 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) No physician present, M. D.
or Mrs. Ethel Sandra, Midwife
Address Elk River, Idaho

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

Filed Sept, 193[illegible] Mildred Hamley Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT R
N. B.—In case of more than one child at birth a SEPARATE RETURN must b
each and the number of each, in order of birth stated.

No. [illegible] St. Registration District No. ..... State File No. .....

Hospital 815 7 7033 447 Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lamar Alma Hansen
(Certificate of no value without full name of child)

Sex of Child boy | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Mar. 17 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Alma Peter Hansen	FULL MAIDEN NAME Mariet Rose Metzener
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR white	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ephraim Utah	BIRTHPLACE Coltman Idaho
OCCUPATION farming	OCCUPATION house keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Mrs Alma P Hansen Mother
Mr Alma P Hansen Father
(Physician or midwife)

Address Rexburg, Idaho

Filed 11 192.....

..... Registrar.

NOV 1 2 1942

JAN 9 1973

696-109-032-111

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 196727

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lincoln

City of Shoshone Ida.

No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Leroy Edward Frodsham Jr.

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? yes

8. Date of birth June 9, 1922 (MONTH, DAY, YEAR)

FATHER

9. Full name Leroy Edward Frodsham

10. Residence (usual place of abode) (If non-resident, give place and State) Resident

11. Color or race American

12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Rockland Ida.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19___

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Enid Lucile Gray.

19. Residence (usual place of abode) (If non-resident, give place and State) Resident

20. Color or race American

21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or country) San Antonio Tex.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19___

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living first (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (BORN ALIVE OR STILLBORN) at 2.30 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____ M.D.

or Mrs Lucile Frodsham mother

Address Richfield Ida.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

Filed Dec 18, 1931

_____ Registrar.

JAN 31 1942

242-212-033-312

198737

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 198737

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Kate Kusaka

3. Sex F. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? ____ | 8. Date of birth 17 Aug, 1922 (MONTH, DAY, YEAR)

FATHER

9. Full name Genga Bero Kusaka

10. Residence (usual place of abode) (If non-resident, give place and State) ____

11. Color or race Jap | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or country) Japan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Machi Takazawa

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race Jap | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or country) Japan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 17 yrs married

25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work ____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks | 29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (BORN ALIVE OR STILLBORN) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Father

(Signed) Dr Parkinson, M. D.

or Moved away, Midwife

Address ____

Give name added from a supplemental report Genshiro Kusaka (DATE OF)

Gen
Registrar.

Filed Jan, 1923

Registrar.

Second copy issued.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1-2-41

DELAYED

22-104040

DUP OF 22-104040

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

234-105-025-123

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 4 1932

CERTIFICATE OF BIRTH 199829

Registration District No. 105 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 11

FULL NAME OF CHILD Vernon LeRoy Stumm

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 5 1932

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Jack Stumm

Residence (Usual place of abode) Gladstone Ore

If non-resident, give place and State .....

Color or race W Age at last Birthday 38 (Years)

Birthplace Russia (City and State or County)

Occupation Day Labor

MOTHER

FULL MAIDEN NAME Golda Blanche Archenbrenner

Residence (Usual place of abode) Ferdinand, Idaho

If non-resident, give place and State .....

Color or race W Age at last Birthday 19 (Years)

Birthplace Ferdinand Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 9 o'clock P. M. on the date above stated.

(Signature) Mrs Peter Archenbrenner

Ferdinand Ida.

(~~Physician~~ or midwife)

Address Ferdinand, Idaho.

Filed Feb. 29 1933 M. F. Orr per D.B. Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

296-224 010-855

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

201356

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls
No. Bear Ave - Gen Del St.

(If born in hospital or institution give name.)

Registration District No. 73 State File No.
Prim. Registration District No. 2150 Local Registrar's No. 138

2. FULL NAME OF CHILD Agnes Fern Brocksome

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 24, 1922 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Perry LeRoy Brocksome	18. Full maiden name Annie Lillian Henrie
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and state) Idaho Falls
11. Color or race White 12. Age at last birthday 24 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or country) Minnesota	22. Birthplace (city or place) (State or country) Pocatello Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work, 19 17. Total time (years) spent in this work	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work, 19 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) Two (a) Born alive and now living 21 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months or weeks | 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (DATE OF)

Registrar.

(Signed) , M. D.
or Mrs Jerry Halverson Midwife
Address Idaho Falls, Idaho Box 637
Filed June 13, 1932 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUN 14 1932

STATE OF IDAHO 201864
DEPARTMENT OF PUBLIC WELFARE.
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 201864

PLACE OF BIRTH

County of Canyon

City of Huston

No. ..... St.

396 22 1014 4493

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Helen Marie Crouch

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Feb 21 1932

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Arthur Richard Crouch	FULL MAIDEN NAME	Gertie Alice Miller
Residence (Usual place of abode)	Huston, Ida.	Residence (Usual place of abode)	Huston Ida
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday	29 (Years)	Age at last Birthday	27 (Years)
Birthplace	Diamond Mo. (City and State or County)	Birthplace	Carthage Mo. (City and State or County)
Occupation	farmer	Occupation	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs A Bl Crouch (mother)

.....
(Physician or midwife)

Address Huston Ida R.R.#2

Filed June 10 1932 Pearl Dellinghamy
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

14-01-4

219 116 004 395 RECEIVED JUN 20 1932 201868

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Nounan

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

201868

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edgar Max Bartschi
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Dec. (Month) 16 (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn none

FATHER	MOTHER
FULL NAME Legrand Henry Bartschi	FULL MAIDEN NAME Julia Lindsay
Residence (Usual place of abode) Nounan Ida	Residence (Usual place of abode) Nounan Ida
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 23 (Years)	Color or race White Age at last Birthday 22 (Years)
Birthplace Nounan Idaho (City and State or Country)	Birthplace Nounan Idaho (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at Nounan M. on the date above stated.

(Signature) [signature]

[signature]
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address [signature]

Filed 6 — 1932

Registrar.

853-102-027-796

PLACE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 207504

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ray Burton Isaac Helms
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	Sept (Month) 2 (Day), 1922 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 10 (a) Born alive and now living 10

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Theodore J. Helms	FULL MAIDEN NAME Alice May Groves
Residence (Usual place of abode) Hazelton	Residence (Usual place of abode) Hazelton Ida
If non-resident, give place and State Ida	If non-resident, give place and State
Color or race White Age at last birthday 41 (Years)	Color or race White Age at last birthday 31 (Years)
Birthplace Chrisman Ill (City and State or County)	Birthplace Perkins Okla (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 9 P M. on the date above stated.

(Signature) Alice May Helms
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed ..... 1932 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/16/40 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 7 1923

STATE OF IDAHO 209765
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 209765

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Adams
City of Fruitvale
No. 735 123002 243 St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Martin Orville Glenn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	Sept. 23, 1922 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 13 (a) Born alive and now living Yes
Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Joel Price Glenn	FULL MAIDEN NAME	Cora Belle Sult
Residence (Usual place of abode)	Fruitvale, Ida.	Residence (Usual place of abode)	Fruitvale Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	60 (Years)	Age at last birthday	41 (Years)
Birthplace	Boone Co. Ark. (City and State or County)	Birthplace	Wilson Co Kansas (City and State or County)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 2:00 P. M. on the date above stated.

(Signature) Mrs. Cora Belle Glenn

(Physician or ~~midwife~~) mother

Address 4620 NE 72nd Ave

Filed ..... 19 22 Portland Oregon
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

619215 007795

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

214328

CERTIFICATE OF BIRTH

214328

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD TWILA Nora FARNWORTH
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				yes	May 15, 1922, 19 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Percy Q. Farnworth	FULL MAIDEN NAME	Nora Edith Presnell
Residence (Usual place of abode)	Carey	Residence (Usual place of abode)	Carey
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)	29	Age at last birthday (Years)	29
Birthplace (City and State or County)	Mount Pleasant, Utah	Birthplace (City and State or County)	Kansas
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 A. M. on the date above stated.

(Signature) Percy Q. Farnworth

Father
(~~Physician or midwife~~)

Address Boise Idaho

Filed 8/30/33 19 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAR 16 [illegible]

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

493 108 006 253

(If born in hospital or institution give name.)

Box 214 Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 214541

Registration District No. ..... State File No. .....

Prim. Registration District No. 709 Local Registrar's No. .....

FULL NAME OF CHILD Richard Ray Mitchell

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	1 8 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER

FULL NAME Wm Wesley Mitchell

Residence (Usual place of abode) Shelley

If non-resident, give place and State Idaho

Color or race White Age at last birthday 24 (Years)

Birthplace Shelley (City and State or County)

Occupation Bee-Keeper

MOTHER

FULL MAIDEN NAME Olive M. Betty

Residence (Usual place of abode) Shelley, Ida

If non-resident, give place and State .....

Color or race White Age at last birthday 17 (Years)

Birthplace Okla (City and State or County)

Occupation House Helper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3 30 a. M. on the date above stated.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Box 86 Shelley

Filed SEPT 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED SEP 5 1933

County of Lemhi

City of Patterson Creek

No. ..... St.

653-115 030-453

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

214910

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Arthur Wells

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male					August-15, 1922 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Arthur Finton Wells	FULL MAIDEN NAME	Jessie Blanch DeLong
Residence (Usual place of abode)	May, Idaho	Residence (Usual place of abode)	May, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	51 (Years)	Age at last birthday	43 (Years)
Birthplace	Arkansas (City and State or County)	Birthplace	Hansen, Nebraska (City and State or County)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) Mrs. A. F. Wells

Mother

~~(Physician or midwife)~~

Address Patterson, Creek

Filed Sept 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED OCT 13 1933

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lemhi
City of Hagerman
No. 433-228-024-363 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 215527

Registration District No. 21 State File No.
Prim. Registration District No. 21 Local Registrar's No. 21

2. FULL NAME OF CHILD Vera Eleanor McLeod

3. Sex: Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 25, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Alexander J McLeod	18. Full maiden name: Martha L Coles
10. Residence (usual place of abode) (If non-resident, give place and State): Hagerman	19. Residence (usual place of abode) (If non-resident, give place and State): Hagerman
11. Color or race: White 12. Age at last birthday: 40 (years)	20. Color or race: White 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or country): Scotland	22. Birthplace (city or place) (State or country): Ida
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Canal rider	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housework
16. Date (month and year) last engaged in this work ..., 19...	25. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — | Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) P. H. Greene, M. D.
or ..., Midwife
Address Hagerman
Filed Oct. 12, 1933 P. H. Greene
Registrar.

Give name added from a supplemental report ...
(Date of)
..., Registrar.

454-103-000-264

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 218459

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 93 State File No. .....
Prim. Registration District No. 9150 Local Registrar's No. 7

2. FULL NAME OF CHILD JUNICHI UEDA

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth June 3rd, 1932 (Month, Day, Year)

FATHER

9. Full name Tsurunosuke Ueda
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
11. Color or race Japanese 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Japan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Rinno Komiyama
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
20. Color or race Japanese 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) Japan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 15%
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks } 30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the 3 day of June, 1932 at 4 A. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of) .....

Registrar.

(Signed) John O Miller, M. D.
or ..... Midwife
Address Idaho Falls, Ida.,

Filed 6/12, 1934 Colin Fumas
Registrar.

SEP 1 7 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 220618

1. PLACE OF BIRTH
County of Lemhi 695-726
City of Gilmore 030-942
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Russell Fielder

3. Sex male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 5/2 1922 (Month, Day, Year)

FATHER

9. Full name Richard W. Fielder
10. Residence (usual place of abode) (If non-resident, give place and State) Gilmore Ida.
11. Color or race White 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or country) Paris Ill.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Logger Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work May, 1922
17. Total time (years) spent in this work 2 yrs.

MOTHER

18. Full maiden name Mary L. Russell
19. Residence (usual place of abode) (If non-resident, give place and State) Gilmore Ida.
20. Color or race White 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or country) Cheatham Ill.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work life, 19 .....
26. Total time (years) spent in this work 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic acid
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks } 30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated.
(Born Alive or Stillborn)

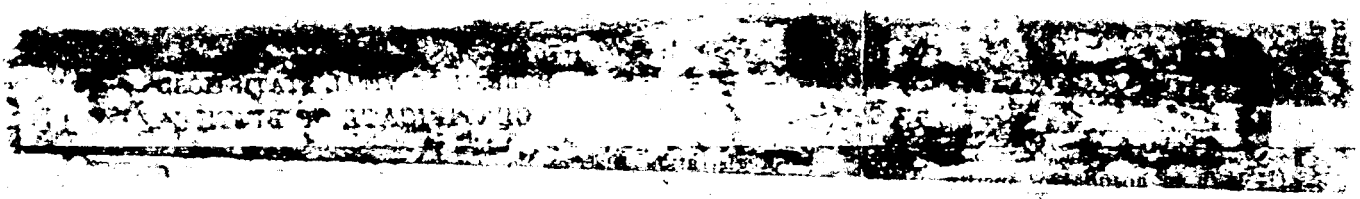
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.
or Richard W. Fielder, Midwife
Address Rt. 2 Box 121 Klamath Falls Ore.
Filed May, 1924

..... Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 841-205-001-693 St.

St. Alphonsus

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

221419

CERTIFICATE OF BIRTH 221419

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Margaret Irene Quarles
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female				yes	Dec. (Month) 5 (Day), 1922 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? agno 3 1%

Number of child of this mother, including present birth 6 (a) Born alive and now living 6

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Horace H/ Quarles	FULL MAIDEN NAME	Thursa Marguerite Wilson
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If non-resident, give place and State		If non-resident, give place and State	
Color or race	W	Color or race	W
Age at last birthday (Years)	50	Age at last birthday (Years)	42
Birthplace (City and State or County)	McCracken Co., Ky	Birthplace (City and State or County)	Boise
Occupation	Laborer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10:30 A M. on the date above stated.

(Signature) J. S. Springer
(Physician or ~~midwife~~)

Address Boise, Idaho

Filed May 11 1922 [illegible]
By D. P. Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Certified copy issued 1-9-1941. D.P.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

221420

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

343 218 035 693

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 221420

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Phyllis Joy Cutting.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		and	Yes.	January 18 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth. one (a) Born alive and now living one

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME William Allen Cutting	FULL MAIDEN NAME Ethel Gregory Hill.
Residence (Usual place of abode)	Residence (Usual place of abode) .....
If non-resident, give place and State Rockford, Ill.	If non-resident, give place and State McAlester Okla.
Color or race White Age at last Birthday 25 (Years)	Color or race White Age at last Birthday 18 (Years)
Birthplace Rockford Illinois (City and State or County)	Birthplace Grand Rapids Mich. (City and State or County)
Occupation Student	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Wm. A. Cutting
Father.
(Physician or midwife)

Address .....

Filed 5-11 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAY 2 1 1968

DELAYED

Dup of 1922-98789

165-109-024-966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. 1st St. 2

(If born in hospital or institution give name.)

STATE OF IDAHO 222332
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **222332**

1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Stanley Wardner Jones
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Sep 9 1939

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth fifth (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Robert Owen Jones

Residence (Usual place of abode) deceased 1935

If non-resident, give place and State Gooding

Color or race White Age at last birthday 37 (Years)

Birthplace Virginia (City and State or County)

Occupation .....

MOTHER

FULL MAIDEN NAME Mary Pearl Ina Cate

Residence (Usual place of abode) Gooding Ida

If non-resident, give place and State .....

Color or race White Age at last birthday 35 (Years)

Birthplace Bartley Nebraska. (City and State or County)

Occupation home wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11 P M. on the date above stated.

(Signature) Mrs Ina Jones Cate mother

(Physician or midwife)

Address .....

Filed ..... 19 39 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

Mrs Blanch Robertson
Twin Falls, Idaho,

Mrs Chas Cleveland
Sunnyvale, Calif.

Mrs Ollie Mallroy
Folsom, Cal.

Dr. Cary. address not known.

DEC 19 1963

Dup of 22-105765

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Rec'd 10-26-34

County of Ada

City of Boise

No. no number Resigue St.

363-214 001-238

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

225699

CERTIFICATE OF BIRTH

225699

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edith Ellen Totterdell

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth
female				yes	May (Month) 14 (Day), 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Jess B. Totterdell	FULL MAIDEN NAME	Mable Irene Schoonover
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If non-resident, give place and State	Idaho.	If non-resident, give place and State	Idaho.
Color or race	White	Color or race	White
Age at last birthday	34 (Years)	Age at last birthday	37 (Years)
Birthplace	Genesee Idaho. (City and State or County)	Birthplace	Boise Idaho (City and State or County)
Occupation	Butcher	Occupation	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4:15 A M. on the date above stated.

(Signature) M Callaway

Physician
(Physician or midwife)

Address Boise Idaho

Filed 10-26 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

593-214 001719

226595

RECEIVED
DEC 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

226595

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Josephine Elnora Vitley

3. Sex F | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term ✓ | 7. Legitimate? yes | 8. Date of birth Sep 14th 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Vitley	18. Full maiden name Bessie Pearl Garlick
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
11. Color or race W	12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or country) Italy	20. Color or race W	21. Age at last birthday 25 (years)
	22. Birthplace (city or place) (State or country) Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work Sep 14, 1934	17. Total time (years) spent in this work always
25. Date (month and year) last engaged in this work —, 19..	26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate Sol. 1%

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — | Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 3 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Bock, M. D.
or ....., Midwife
Address 315 N 8th St Boise Ida
Filed ....., 1935 .....
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

693-220-040-275

227514

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

227514

CERTIFICATE OF BIRTH

RECEIVED
JAN 11 1935

County of Shoshone

City of Clarkia

Registration District No. _____ File No. 227514

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Dott May Williams

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of Birth July 20 (Month) (Day) 1932 (Year)

FATHER

FULL NAME William A. Williams

RESIDENCE Clarkia Idaho

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Lacygne Kansas

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Mary E. Spencer

RESIDENCE Clarkia Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Bissell Washington

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William A. Williams

Father (Physician or midwife)

Address Clarkia Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

Registrar

E-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1975

DELAYED

STATE OF IDAHO 228551
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 228551

1. PLACE OF BIRTH
County of Power
City of American Falls.
No. 483-220-039-St 238
Idaho
(If born in hospital or institution give name.) home.

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frieda Carolina Miller.

3. Sex Female | (If plural births) | 4. Twin, triplet, or other ..... | 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth April 20, 1922 (Month, Day, Year)

FATHER

9. Full name John Miller (deceased)
10. Residence (usual place of abode) (If non-resident, give place and State) American Falls Idaho
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or country) South Russia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Carolina Schweigert.
19. Residence (usual place of abode) (If non-resident, give place and State) American Falls Idaho
20. Color or race White | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or country) South Russia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) eight (a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Mrs Carolina Miller, M. D.
or (Mother.), Midwife
Address 509 E Oak St. Lodi, California
Filed 2-7-, 1923
Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Mr. David Miller.
American Falls.
Rt. 1. Idaho.

Mr. David Gabert.
Aberdeen
R.F.D. Box 64. Idaho.

Mr. Jakob Miller.
Rt. 1. Box 154 Lodi
California

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lemhi

City of May

No. 165-226-030-215 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229145

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Vera Electa Power

3. Sex F | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? Yes | 8. Date of birth May 26, 1912 (MONTH, DAY, YEAR)

FATHER

9. Full name Howard Amos Power

10. Residence (usual place of abode) (If non-resident, give place and State) May

11. Color or race W. | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or country) Beloit Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ranch

16. Date (month and year) last engaged in this work present, 19__ | 17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Wilhelmina Sarah Baumann

19. Residence (usual place of abode) (If non-resident, give place and State) May

20. Color or race W. | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or country) Bremen Germ

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work present, 19__ | 26. Total time (years) spent in this work 5

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR ~~STILLBORN~~) at 2 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Celia Baumann, ~~M. D.~~

or _____, Midwife

Address May

Give name added from a supplemental report _____ (DATE OF)

Filed 2-13-, 1935

Registrar. Registrar.

DECEASED

124-108'837-571

235788

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee

City of -Bruneau-

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 235788

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruben Paul Asumendi

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Nov. 8-1922 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name Domingo Asumendi	18. Full maiden name Victoria Belen Epalza
10. Residence (usual place of abode) (If non-resident, give place and State) Bruneau, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Bruneau Ida.
11. Color or race ..... | 12. Age at last birthday 33 (years)	20. Color or race ..... | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Spain	22. Birthplace (city or place) (State or Country) Spain
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 7 A.M. at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Domingo Asumendi (FATHER), M. D.

or ....., Midwife

Address Mountain Home, Idaho.

Give name added from a supplemental report .....
(Date of)

Filed 10-14-35, 193...

Registrar, Registrar,

JUN 24 1952

789-120094-962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Minidoka

City of Rupert

No. .....

(If born in hospital or institution give name.)

NOV 6 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

237351

Registration District No. 19 State File No. .....

Prim. Registration District No. 2015 Local Registrar's No. 162

2. FULL NAME OF CHILD Orville Leonard Phibbs

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			X	Yes	10/20/22, 193...

FATHER

9. Full name: C. D. Phibbs

10. Residence (usual place of abode) (If non-resident, give place and State): Rupert

11. Color or race: W | 12. Age at last birthday: 35 (years)

13. Birthplace (city or place) (State or Country): Virginia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Probate Judge

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work: ....., 19...

17. Total time (years) spent in this work: .....

MOTHER

18. Full maiden name: Fannie Rose

19. Residence (usual place of abode) (If non-resident, give place and State): Rupert

20. Color or race: W | 21. Age at last birthday: 28 (years)

22. Birthplace (city or place) (State or Country): Virginia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: ....., 19...

26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo Silvol 15 %

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of Stillbirth ..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11:20 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

.....
Registrar.

(Signed) C. H. Johnson, M.D.

or ....., Midwife

Address Rupert

Filed 10/17/35, 193... C. H. Johnson
Registrar.

DEC 9 1947

389-203 040-544

238420

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. 727 McKinley St.

(If born in hospital or institution give name.)

JAN 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 238420

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Marion Marjorie Childs

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Dec 3, 1922 (Month, Day, Year)

FATHER

9. Full name: Harold Melville Childs

10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg

11. Color or race: White 12. Age at last birthday: 43 (years)

13. Birthplace (city or place) (State or country): Austin, Nevada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Mining Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Bunker Hill Mine

16. Date (month and year) last engaged in this work: Dec 3, 1922

17. Total time (years) spent in this work: 15

MOTHER

18. Full maiden name: Iva Euphemia Emmett

19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg

20. Color or race: White 21. Age at last birthday: 31 (years)

22. Birthplace (city or place) (State or country): Merrill, Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Teacher, housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: June 15, 1914

26. Total time (years) spent in this work: One

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child): Three
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 9 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) [redacted], M. D.

or [redacted], Midwife

Address [redacted]

Filed Jan 10, 1936

Registrar.

(See other side for Father's signature)

Harold Melville Childs - Father

J. J. Sandford Kellogg Idaho.
W. C. Clark. " "
E. P. Dudley " "

Present address - Harold M. Childs
3168 Hope St. Huntington Park Calif.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated

JAN 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

239196

1. **PLACE OF BIRTH**
County of Lincoln
City of Shoshone
No. ____ St.
238-109-032-765
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. 9 Local Registrar's No. ____

2. **FULL NAME OF CHILD** Junior Vincent Schwager

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? Yes

8. Date of birth March 9, 1936 (Month, Day, Year)

FATHER

9. Full name: John Schwager
10. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race: white | 12. Age at last birthday: 43 (years)
13. Birthplace (city or place) (State or Country): Michigan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railroad
16. Date (month and year) last engaged in this work: November, 1931
17. Total time (years) spent in this work: 14 yrs

MOTHER

18. Full maiden name: Mary Gonia
19. Residence (usual place of abode) (If non-resident, give place and State) ____
20. Color or race: white | 21. Age at last birthday: 35 (years)
22. Birthplace (city or place) (State or Country): Black River Falls Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: eight
(At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____ M. D.
or Mrs Mary Schwager mother
Address Shoshone Idaho

Give name added from a supplemental report ____
(Date of) ____

Filed 1/20/36, 193____

Registrar. Registrar.

Mrs Joe Garner
Shoshone
Idaho

Mrs Joe Garner
Shoshone
Idaho

Mrs Will Firebaugh
Shoshone
Idaho

249-220-003-432

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock FEB 12 1936 RECEIVED

City of Pocatello Idaho

No. 217 no Johnson St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

239380

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Verene Lucille Smith

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Nov. 20, 1922 (Month, Day, Year)

FATHER

9. Full name William S. Smith

10. Residence (usual place of abode) 217 no Johnson (If non-resident, give place and State) Pocatello

11. Color or race W | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) Dixon Missouri (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of Shoe Store

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work Years

MOTHER

18. Full maiden name Lucy Marie McKinney

19. Residence (usual place of abode) 217 no Johnson (If non-resident, give place and State) Pocatello

20. Color or race W | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Helena Montana (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. —

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J. H. Lynn, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed ....., 1936

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of POWER
City of
No. 491-1081039-386
(If born in hospital or institution give name.)

MAR 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

240767

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD DEAN DRAKE

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? YES | 8. Date of birth MAY 8, 1922 (Month, Day, Year)

FATHER

9. Full name LEROY DRAKE
10. Residence (usual place of abode) AMERICAN FALLS (If non-resident, give place and State) .....
11. Color or race WHITE | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) FARMERSBURG (State or country) INDIANA

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc FARMER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name JESSIE BELLE THOMPSON
19. Residence (usual place of abode) AMERICAN FALLS (If non-resident, give place and State) .....
20. Color or race WHITE | 21. Age at last birthday 37 (years)
22. Birthplace (city or place) DELPHI (State or country) INDIANA

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... M. D.
or Leroy Drake father, ~~Midwife~~
Address HANSEN IDAHO
Filed ....., 1936 .....
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

381-212-010-3412

PLACE OF BIRTH

APR 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

241139

County of Bonneville

City of Idaho

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Marjorie Chapin

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	MAY 12 1922

What bactericidal solution was used in eyes? Yes.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Clarence Harold Chapin	FULL MAIDEN NAME	Olive Mason
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho Falls Ida.	BIRTHPLACE	Milan Utah
OCCUPATION	Farmer	OCCUPATION	housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Dr C E Loquvam.

(Physician ~~or midwife~~)

Address Pocatello

Filed ..... 192.. .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1961

433 107 040-269

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St. .....

(If born in hospital or institution give name.) .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 241892

241 55

RECEIVED APR 27 1936

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gene Lawrence McLaughlin

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Apr. 7 1922 (Month, Day, Year)

FATHER

9. Full name Frank McLaughlin

10. Residence (usual place of abode) (If non-resident, give place and State) Utah

11. Color or race W. | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Idaho Falls

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Vida Adaline Sorenson

19. Residence (usual place of abode) (If non-resident, give place and State) Utah

20. Color or race W. | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or country) Pleasant Grove Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol - 10%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. R. Nissen, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed 4/27/36, 193.....

Registrar.

Registrar.

MAY 12 1944

DELAYED

253-127-026-964

242723

MAY 28 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 242723

1. PLACE OF BIRTH
County of Jefferson
City of Rigby R#3
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 98 State File No. .....
Prim. Registration District No. 2176 Local Registrar's No. 68

2. FULL NAME OF CHILD Lavar Beck

3. Sex Male | If plural births: 4. Twin, triplet, or other no; 5. Number, in order of birth ..... | 6. Premature no; Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 27th, 1922 (Month, Day, Year)

FATHER
9. Full name Wells Back
10. Residence (usual place of abode) (If non-resident, give place and State) Rigby Ida
11. Color or race White | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Spanish Fork Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work yet, 19....
17. Total time (years) spent in this work 15

MOTHER
18. Full maiden name Lydia Jane Roundy
19. Residence (usual place of abode) (If non-resident, give place and State) Rigby Idaho
20. Color or race White | 21. Age at last birthday 40
22. Birthplace (city or place) (State or Country) Spring Vale Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work none, 19....
26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Dont know

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation None months or weeks
30. Cause of Stillbirth None During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or Lydia Jane Roundy Beck Mother, ~~Midwife~~
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 5-27-, 1936 A B Eckersell
Registrar.

K

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 2 2 1973

455 126 027 - 219

243656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah Co. Idaho

City of Farmington, Wash. JUN 19 1936 RECEIVED

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 243656

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Dale Devine

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Oct. 26, 1922 (Month, Day, Year)

FATHER

9. Full name Ruben Isaac Devine

10. Residence (usual place of abode) (If non-resident, give place and State) Pataha, Wash.

11. Color or race White | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or country) Farmington Wash. I think Farmington Wash

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work Since 1923

MOTHER

18. Full maiden name Eva Mae Barnhart

19. Residence (usual place of abode) (If non-resident, give place and State) Portland Oregon

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or country) Pomeroy, Wash.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work Since 1923

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) None, One
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. D. Kelly, M. D.

or ....., Midwife

Address Farmington Wash.

Give name added from a supplemental report .....

(Date of)

Filed June 19, 1936

..... Registrar.

..... Registrar.

Bureau Vital
Statistics
Boise Idaho

DR. J. D. LEUTY
PHYSICIAN AND SURGEON
FARMINGTON, WASH.

Nov 27 1936

This is to Certify that this
a true copy of Birth of John
Dale Devine who was born
on Oct 26 1922 Through an
Error ~~they~~ the year was given
as [illegible] 1923.

J D Leuty

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH X

JUL 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 243678

County of Kootenai
City of Post Falls, Idaho
No. 314-230-028-256 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Pauline Florence Ladtke

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term YES	7. Legitimate? Yes	8. Date of birth Oct 30, 1922 (Month, Day, Year)
Female				

	FATHER	MOTHER
9. Full name	Frank Ladtke	18. Full maiden name Julia Svoboda
10. Residence (usual place of abode) (If non-resident, give place and State)	Post Falls Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Post Falls Ida
11. Color or race	white	20. Color or race white
12. Age at last birthday	57 (years)	21. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country)	Berne 69 Switzerland	22. Birthplace (city or place) (State or Country) Vienna 4 Austria 54
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-work
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____	25. Date (month and year) last engaged in this work ____, 19____ / 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol. Argyrol 5%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 7 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks ____ / 30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10.4 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) F. L. McCauley, M. D.
or ____, Midwife
Address Post Falls, Ida.
Filed July 1, 1936

Registrar. / Registrar.

JUL 2 6 1973
JUL 2 7 1973

236-208-028-655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

244278

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. ..... St.
(If born in hospital or institution give name.)

JUL 8 1936 RECEIVED

Registration District No. 30 State File No. .....
Prim. Registration District No. 1050 Local Registrar's No. 7

2. FULL NAME OF CHILD Dorothy Mae Stone

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth March 8, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Rowland Stone	18. Full maiden name Myrtle L. Fenn
10. Residence (usual place of abode) (If non-resident, give place and State) Gibbs, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Gibbs Ida.
11. Color or race White | 12. Age at last birthday 35 (years)	20. Color or race White | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Wisconsin	22. Birthplace (city or place) (State or Country) Wisconsin
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work March, 1922 | 17. Total time (years) spent in this work 17 yrs	25. Date (month and year) last engaged in this work March, 1922 | 26. Total time (years) spent in this work 17 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Myrtle L. Stone M. D.
or ..... Mother ~~Midwife~~
Address Coeur d'Alene, Idaho

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed June 3, 1936 E. L. Spahn
Registrar.

319-101-075-145

144589

JUL 31 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 244589

1. PLACE OF BIRTH
County of NEZPERCE
City of WEBB.
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD CECIL-C-CARTER (INDIAN)

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth 4-1-1922 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	CALEB. W. CARTER	18. Full maiden name MARY A. AMERA- (CARTER)
10. Residence (usual place of abode) (If non-resident, give place and State)	WEBB.	19. Residence (usual place of abode) (If non-resident, give place and State) WEBB IDAHO
11. Color or race INDIAN 12. Age at last birthday 35 (years)		20. Color or race INDIAN 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or country)	LAPWAI IDAHO.	22. Birthplace (city or place) (State or country) LAPWAI IDAHO.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	COMMON LABORER	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
16. Date (month and year) last engaged in this work	4-1- 1922	25. Date (month and year) last engaged in this work 4-1 1922
17. Total time (years) spent in this work	10 yr.	26. Total time (years) spent in this work 9 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary A Carter; Mother, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report ..... (Date of)

Filed July 31, 1936

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Agnes Corbett. Lapwai Ida.
Mrs. Stella Penny. Ferdinand Ida.
Mrs. Blanch Watters. Craigmont Ida.

789-107-005-249

AUG 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Benewah
City of Plummer
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 244596

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Millard Ira Phillips

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth May 7, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ira E Phillips	18. Full maiden name Margaret Ruth Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Plummer Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday ..... (years)	20. Color or race W | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) W. Va.	22. Birthplace (city or place) (State or country) W. Va.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Margaret Ruth Phillips mother, Midwife
Address Kamiah, Idaho.
Filed Aug 1, 1936

Give name added from a supplemental report ..... (Date of)

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs C. D. Hirselberger
150 No Robinson St
Los Angeles
California

Mrs Grace Dale
Enterprise,
Oregon

Mrs Cora G. Sturm
Lostine,
Oregon

295-222-025-214

244598

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

AUG 4 1936

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **244598**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Julia Katherin Bies
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	June 22 1922 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 11 (a) Born alive and now living 9

Born alive but now dead ~~Alive~~ two Stillborn .....

FATHER		MOTHER	
FULL NAME	Joseph Bies	FULL MAIDEN NAME	Anna Baum
Residence (Usual place of abode)	Ferdinand	Residence (Usual place of abode)	Ferdinand
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday	56 (Years)	Age at last Birthday	40 (Years)
Birthplace	Seyssenburg Germany (City and State or County)	Birthplace	Lorance Neb. (City and State or County)
Occupation	Laborer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ **at** 4 A **M. on the date above stated.**

(Signature) Charlotte Aschenbrenner

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Ferdinand Idaho

Filed Aug 4 1936 .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 2 1973

742-117-029-213

244610

AUG 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

244610

1. PLACE OF BIRTH

County of Latah

City of Kendrick, Idaho.

No. — St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cecil Edward Gustafson

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth April 17th 1922 (Month, Day, Year)

FATHER

9. Full name Cecil Edward Gustafson

10. Residence (usual place of abode) (If non-resident, give place and State) Deary, Idaho

11. Color or race White | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Apr, 1922

17. Total time (years) spent in this work always.

MOTHER

18. Full maiden name Ethel Ellen Satterfield

19. Residence (usual place of abode) (If non-resident, give place and State) Deary, Idaho.

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Missouri USA

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.

25. Date (month and year) last engaged in this work To present time 19

26. Total time (years) spent in this work One year.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation nil months or weeks

30. Cause of Stillbirth nil During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 12:00 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Ethel Ellen Gustafson Mother, ~~M. D.~~

Now ~~or~~ Ethel Ellen De Maegt, ~~Midwife~~

Address 1507 - G - St.

Filed Aug 13, 1936

Registrar.

Give name added from a supplemental report .....

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 26 1964

SEP 17 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

259-103-025-695

24 V V 68

1. PLACE OF BIRTH

County of Idaho AUG 29 1936 RECEIVED

City of Riggins

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 245568

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Burton Bergman

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Sept. 3, 1922 (Month, Day, Year)

FATHER

9. Full name John Bergman

10. Residence (usual place of abode) (If non-resident, give place and State) Riggins

11. Color or race white 12. Age at last birthday 51 (years)

13. Birthplace (city or place) (State or Country) Cambridge, Minn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fruit culture

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. my own ranch

16. Date (month and year) last engaged in this work Sept., 1922

17. Total time (years) spent in this work 7.

MOTHER

18. Full maiden name Anna Pauline Fredlund

19. Residence (usual place of abode) (If non-resident, give place and State) Riggins, Ida.

20. Color or race white 21. Age at last birthday 42 (years)

22. Birthplace (city or place) (State or Country) Plumb City, Minn.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Sept., 1922

26. Total time (years) spent in this work 23

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ..... M. D.
or Mrs. Anna Pauline Bergman mother, midwife

Address Kamiah, Idaho

Filed Aug. 29, 1936

Registrar.

MAR 4 1942

1. Mrs. Charlie Clay
Riggins, Idaho

2. Mr. James A Lewis
Riggins, Idaho

3 Mr. Tony Seyfried
Riggins, Idaho

MAR 19 1945

864-119-019-699 #2 70

AUG 31 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

245570

1. PLACE OF BIRTH
County of Custer
City of Clayton
No. Idaho St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 4 ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Stanton D Young

3. Sex Boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? X | 8. Date of birth Dec 19, 1932 (Month, Day, Year)

FATHER	MOTHER
9. Full name Geo L. Young	18. Full maiden name Pearl Z. Firkins
10. Residence (usual place of abode) (If non-resident, give place and State) Clayton	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race ..... 12. Age at last birthday 63 (years)	20. Color or race ..... 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or country) Clayton Custer Stat Idaho	22. Birthplace (city or place) (State or country) Clayton Custer Stat Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work In the year of, 1931 — 17. Total time (years) spent in this work 45	25. Date (month and year) last engaged in this work ....., 19..... — 26. Total time (years) spent in this work 36

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Eight children (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Geo L Young, Midwife
Address Clayton Idaho
Filed Aug 31, 1936

Give name added from a supplemental report Geo. L. Young (Date of)

Llewellyn Clawson Registrar.
Notary Public

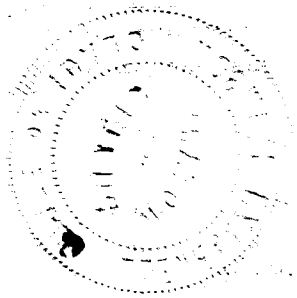
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Calvin N Young

Lyman D Young

R M Black



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Clayton
No. Idaho St.
(If born in hospital or institution give name.)

AUG 31 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. 4 Local Registrar's No. .....

2. FULL NAME OF CHILD Stanton D Young

3. Sex Boy | If plural births: 4. Twin, triplet, or other one; 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Dec 19, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Geo L. Young	18. Full maiden name Pearl Z. Firkins
10. Residence (usual place of abode) (If non-resident, give place and State) Clayton	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white 12. Age at last birthday 63 (years)	20. Color or race White 21. Age at last birthday 4[illegible] (years)
13. Birthplace (city or place) Clayton (State or country) Custer State Ida	22. Birthplace (city or place) Clayton Idaho (State or country) Custer State Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work In the year of 1931	17. Total time (years) spent in this work 45
25. Date (month and year) last engaged in this work In the year 19[illegible]	26. Total time (years) spent in this work 36

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Eight Children (a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Geo L. Young, Midwife
Address Clayton Idaho

Give name added from a supplemental report Geo. L. Young (Date of)

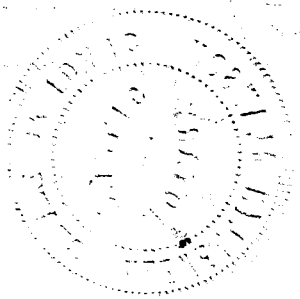
Filed ....., 193.....

Lewellyn Clawson Registrar.
Notary Public

Registrar.

Calvin N. Yaury
Symon D Young
R M Black

MAR 17 1975



241-116-037-4446 SEP 4 1936 RECEIVED 245583

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Brunneau
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **245583**

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lester Hershel Smallwood

3. Sex: male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes, mate? yes
7. Legiti-
8. Date of birth March 16 1922 (Month, Day, Year)

FATHER

9. Full name Paul Smallwood
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race W. | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer
16. Date (month and year) last engaged in this work Mar. 16, 1922 | 17. Total time (years) spent in this work 4 yrs.

MOTHER

18. Full maiden name Oma Edith Doome.
19. Residence (usual place of abode) (If non-resident, give place and State) Brunneau
20. Color or race W. | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work March 16, 1922 | 26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. no 3
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation 0 months or weeks | 30. Cause of stillbirth 0 | Before labor 0, During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive born at 6 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Mrs. Oma Smallwood mother, Midwife
Address .....
Filed Sept 4, 1936 ..... Registrar.

Dr. Becker of Brunneau attended this birth.

Mrs John Pinnston
Hot Springs
Ida.

Mrs Frank Trammel
Hot Spring
Ida.

Mrs Sarah Ford
Parma.
Idaho.

24.3-124.022-994

246575

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of

City of Ashton

No. St.

Idaho

(If born in hospital or institution give name.)

SEP 21 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246575

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Joseph Virgil Kuttler

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Boy					X	yes	Aug 24 1922

FATHER		MOTHER	
9. Full name	Joseph Virgil Kuttler	18. Full maiden name	Verna Lois Kidlow
10. Residence (usual place of abode) (If non-resident, give place and State)	Ashton	19. Residence (usual place of abode) (If non-resident, give place and State)	Ashton
11. Color or race	White	20. Color or race	White
12. Age at last birthday	(years)	21. Age at last birthday	(years)
13. Birthplace (city or place) (State or country)	Larned Kansas	22. Birthplace (city or place) (State or country)	HORACE, KANSAS
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Machinest	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	R.R. Shop.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Home
16. Date (month and year) last engaged in this work	Aug 24, 1922	25. Date (month and year) last engaged in this work	Aug 14 1922
17. Total time (years) spent in this work	1 yr	26. Total time (years) spent in this work	2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) None
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. L. Hanger, M. D.

or , Midwife

Address Ashton Idaho

Give name added from a supplemental report (Date of)

Filed 9/21/36, 193

Registrar.

Registrar.

155-215-04-252

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246581

SEP 22 1936

1. PLACE OF BIRTH
County of Jefferson
City of Victor
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 246581
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lura Sarah Jenkins

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? No
8. Date of birth Jan 15 1922 (Month, Day, Year)

FATHER

9. Full name Clyde Delbert Jenkins
10. Residence (usual place of abode) Victor (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Sandy (State or country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Blenda Marion Best
19. Residence (usual place of abode) Victor (If non-resident, give place and State) .....
20. Color or race White 21. Age at last birthday 18 (years)
22. Birthplace (city or place) Pocatello (State or country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 12 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address Susan M Jones

Give name added from a supplemental report .....
(Date of)
Filed 9/22/36, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 2 0 1974

299-202-014-849

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246613

SEP 28 1936 RECEIVED

1. PLACE OF BIRTH
County of Canyon
City of Wilder Idaho,
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Lowella Birge

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Oct 2, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Lloyd Orlando Birge	18. Full maiden name Eva Mae Hurst
10. Residence (usual place of abode) (If non-resident, give place and State) Wilder	19. Residence (usual place of abode) (If non-resident, give place and State) Wilder
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or country) Prairie city, Grant Co.	22. Birthplace (city or place) (State or country) Caldwell Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 2 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eva Mae Birge (Mother) M. D.
or Mrs John Bowman, Midwife
Address Wilder Idaho.

Give name added from a supplemental report .....
(Date of)

Filed 9/28/36, 193.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Ref: Earth.

JUN 07 2005

Walter Aten
Wilder Idaho.

Mrs Chas Bay.
Payette Ida.

Mrs Clyde Ford,
Caldwell,
Idaho,

Dr Hopper. (who took care of
Homedale [illegible])
Idaho

DELAYED

DUP OF 22-106390

813-214-034-294

246631

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246631

1. PLACE OF BIRTH
County of ~~Blaine~~ Minadoka
City of Minadoka
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruby Violet Yates

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Feb. 14, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Owen Yates	18. Full maiden name Celia Susan Z[redacted]
10. Residence (usual place of abode) (If non-resident, give place and State) Minnidoka	19. Residence (usual place of abode) (If non-resident, give place and State) Minnidoka
11. Color or race White	20. Color or race White
12. Age at last birthday Deceased (years)	21. Age at last birthday 54 (years)
13. Birthplace (city or place) (State or country) Salt Lake City, Utah	22. Birthplace (city or place) (State or country) Freemont, Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Deceased, 19.....	25. Date (month and year) last engaged in this work Present time, 19.....
17. Total time (years) spent in this work 30 Yrs	26. Total time (years) spent in this work 30 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 11 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs. Celia Yates, Midwife
Address 23 State St. (mother)
Filed Oct 3, 1936

Give name added from a supplemental report Oct. 3, 1936 (Date of)

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 26 1970

Mrs Ruby Tyson - Minidoka, Idaho

Pearl Yates - 1123 State St. - sister

Mrs. Carl Whalstrom - 214 Pannock, Boise - sister

869-113 029-795

OCT 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 247329

Registration District No. 63 State File No.

Prim. Registration District No. 2143 Local Registrar's No.

1. PLACE OF BIRTH
County of Latah
City of Kendrick
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Laura Faith Hoisington

3. Sex: male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth Aug 13, 1936 (Month, Day, Year) 22

FATHER

9. Full name Cletis Frank Hoisington

10. Residence (usual place of abode) (If non-resident, give place and State) Juliaetta

11. Color or race W | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Juliaetta, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ..., 19...

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Beatrice Minnie Forrester

19. Residence (usual place of abode) (If non-resident, give place and State) Juliaetta

20. Color or race W | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Mount Pleasant Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ..., 19...

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:30 p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)

(Signed) Dr John Kelly, M. D.
or ..., Midwife
Address Kendrick, Idaho

Filed Oct 1st, 1936. B. F. Neabit.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 8 1942

155 216 020 912

NOV 16 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247673

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. ..... St.
.....
(If born in hospital or institution give name.)

Registration District No. 34 State File No. .....
Prim. Registration District No. 2020 Local Registrar's No. 28

2. FULL NAME OF CHILD Agnes Ruby Jenkins

3. Sex. Female | If plural births: 4. Twin triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 16, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Alvin W. Jenkins	18. Full maiden name Areva Zabriskie
10. Residence (usual place of abode) Mountain Home (If non-resident, give place and State) Ida	19. Residence (usual place of abode) Mtn. Home (If non-resident, give place and State) Ida
11. Color or race W 12. Age at last birthday 38 (years)	20. Color or race W 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) Nephi Utah	22. Birthplace (city or place) (State or country) Spring City Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 5	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Argyrol

28. If stillborn, period of gestation ..... months or weeks | 29. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:20 P. m. on the date above stated.
(Born Alive or Stillborn)

[*When there was no attending physician or midwife, then the father, householder, etc., should make this return.*]

(Signed) T E Evans, M. D.
or ....., Midwife
Address Mountain Home Ida
Filed Nov 12, 1936 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

JAN 31 1969

MAY 23 1944

814730-028-663

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 248275

Registration District No. 30 State File No.

Prim. Registration District No. 1050 Local Registrar's No. 96a

1. **PLACE OF BIRTH**
County of Kootenai
City of Coeur d'Alene
No. 619 - N. 16th St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Harley Leo Hammond

3. Sex: male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth March 20 1922 (Month, Day, Year)

FATHER

9. Full name: Harvard Herman Hammond

10. Residence (usual place of abode) (If non-resident, give place and State): C.D.A., Ida.

11. Color or race: white | 12. Age at last birthday: 49 (years)

13. Birthplace (city or place) (State or Country): Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Taxidermist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work ..., 19...

17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Christiane Magdalina Wolfe

19. Residence (usual place of abode) (If non-resident, give place and State): C.D.A.

20. Color or race: white | 21. Age at last birthday: 43 (years)

22. Birthplace (city or place) (State or Country): Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work ..., 19...

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Yes (Born Alive or Stillborn) at 4 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...

(Date of) ...

Registrar.

(Signed) D. D. Drennan, M. D.

or ..., Midwife

Address Coeur d'Alene

Filed Oct 31, 1936 F. F. Herring, M.D.
Registrar.

APR 30

769 720037-445

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee

City of Oreana Ida.

No. ____ St. ____

(If born in hospital or institution give name.)

NOV 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 248435

Registration District No. 74 State File No. ____

Prim. Registration District No. 2157 Local Registrar's No. 6

2. FULL NAME OF CHILD William Arthur Gordy.

3. Sex: Male.

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? yes

8. Date of birth Mar. 20, 1922 (Month, Day, Year)

FATHER

9. Full name Wm Miles Gordy.

10. Residence (usual place of abode) (If non-resident, give place and State) Oreana Ida

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Shelly Creek Owyhee Idaho.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer & day labor.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

16. Date (month and year) last engaged in this work abt time, 19____

17. Total time (years) spent in this work all.

MOTHER

18. Full maiden name Ada Irene Dunham

19. Residence (usual place of abode) (If non-resident, give place and State) Oreana Ida.

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Stanley Wyo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home.

25. Date (month and year) last engaged in this work Past yr., 19____

26. Total time (years) spent in this work ~~1~~.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 3 — (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn ~~1~~

29. If stillborn, period of gestation ~~7 mos~~ ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ~~Ob. Mal.~~

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 4:20 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) Lena R. Carothers, M. D.

or ____, Midwife

Address Oreana. Idaho.

Filed Nov. 5, 1936 Alice C. Irkenbeck

Registrar.

NOV 15 1944

212-206 043-312

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Valley
City of McCall
No. ..... St.
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 248616
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hope Maxine Bash

3. Sex Female | If plural births: 4. Twin, ~~triplet, or other~~ Twin | 5. Number, in order of birth 2 | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth July 6, 1926 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Chester A Bash	18. Full maiden name: Sophie J Lake
10. Residence (usual place of abode) (If non-resident, give place and State): McCall Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): McCall Idaho
11. Color or race: White	12. Age at last birthday: 36 (years)
20. Color or race: White	21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Oregon	22. Birthplace (city or place) (State or Country): Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Saw-mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: 7-6, 1922	17. Total time (years) spent in this work: 5
25. Date (month and year) last engaged in this work: 7-6, 1922	26. Total time (years) spent in this work: 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11.00 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.
or Mrs Matt Heikkila, Midwife
Address McCall Idaho

Filed ....., 193.... .....

Registrar.

212-206 043-312

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 248617

248617

1. PLACE OF BIRTH
County of Valley
City of McCall
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Print. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Faith Lorene Bash

3. Sex Female | If plural births: 4. Twin, ~~triplet, or other~~ Twin | 5. Number, in order of birth 1 | 6. Premature ____ Full term X | 7. Legitimate? yes | 8. Date of birth July 6, 1932 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Chester J Bash	18. Full maiden name: Sophie T Lake
10. Residence (usual place of abode) (If non-resident, give place and State)	McCall Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) McCall Idaho
11. Color or race	White	12. Age at last birthday 36 (years)	20. Color or race Indian	21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country)	Oregon	22. Birthplace (city or place) (State or Country) Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Common Laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
OCCUPATION 16. Date (month and year) last engaged in this work	7-6, 1932	17. Total time (years) spent in this work 5	25. Date (month and year) last engaged in this work 7-6, 1932	26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:45 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) ____, M. D.
or Mrs Matt Heikkola, Midwife
Address McCall Idaho

Filed ____, 193__ ____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

275103-040-239

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

24862 8

NOV 19 1936 RECEIVED

248628

1. PLACE OF BIRTH
County of Shoshone
City of Gem
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Benjamin Spencer

3. Sex M | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth June 3, ~~1936~~ 1922 (Month, Day, Year)

FATHER

9. Full name Roscoe H. Spencer
10. Residence (usual place of abode) (If non-resident, give place and State) Gem
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Joplin Mo

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name Daisy Straight
19. Residence (usual place of abode) (If non-resident, give place and State) Gem
20. Color or race W | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks
30. Cause of Stillbirth ..... { During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 a.m. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

.....
Registrar.

(Signed) James R Bean, M. D.
or ..... Midwife
Address Wallace Idaho

Filed Nov. 19, 1936

Registrar.

DELAYED

KEEP

Dup of 1122-248-82

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

793-231 019-299

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 249741

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Custer
City of Mackay
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Louise Pilash

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Mar. 31, 1922 (Month, Day, Year)

FATHER

9. Full name Thomas Pilash

10. Residence (usual place of abode) (If non-resident, give place and State) Mackay Ida

11. Color or race W | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Croatia Austria Europe

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Anna Sirk

19. Residence (usual place of abode) (If non-resident, give place and State) Mackay Ida

20. Color or race W | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Austria Europe

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Thomas Pilash - Husband, ~~M. D.~~

or ....., Midwife

Address Mackay Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed 1/11/37, 193.....

Registrar. .....

Registrar.

335-125-00-944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St. Lukes Hospital St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250706

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Delbert Rudisill Clement

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth 10-25-1928 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Walter Clement	18. Full maiden name: Rosa Anna Rudisill
10. Residence (usual place of abode) (If non-resident, give place and State): Boise	19. Residence (usual place of abode) (If non-resident, give place and State): Boise
11. Color or race: W	12. Age at last birthday: 34 (years)	20. Color or race: W	21. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or country): Idaho	22. Birthplace (city or place) (State or country): Oklahoma
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9 P (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Edward J. Dunn, M. D.
or ....., Midwife
Address Boise, Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

Filed Jan. 20, 1937, 193 Pearl Dillingham Registrar.

..... Registrar.

14-41-4

155-110-036-866

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Woodruff
No. R. F. D. 2 Box 80 St.
Malad (mailing add)
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 250708
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Russell William Jenkins

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? yes	8. Date of birth 10 Jan ....., 1932 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Merlin Jenkins	18. Full maiden name Mildred Howell
10. Residence (usual place of abode) (If non-resident, give place and State) Woodruff	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white 12. Age at last birthday 27 (years)	20. Color or race ..... 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or country) Newton, Cache Co, Utah	22. Birthplace (city or place) (State or country) Woodruff, Oneida
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Nov. 28, 1894	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Two (2) (a) Born alive and now living (2) (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Merlin Jenkins M. D.
or (Father), Midwife
Address Malad, Ida. R. F. D. 2.
Filed 1/18/37, 193.....

Give name added from a supplemental report .....
(Date of)
Registrar.

Registrar.

665-102-029-432

W-2728

RECEIVED
JAN 29 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250728

Registration District No. 65 State File No.

Prim. Registration District No. 2145 Local Registrar's No.

1. PLACE OF BIRTH
County of Latah
City of Potlatch, Ida.
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Peter Alvie Owens

3. Sex: Male

If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth Dec. 2, 1922 (Month, Day, Year)

FATHER

9. Full name Reece Owens

10. Residence (usual place of abode) (If non-resident, give place and State) Potlatch

11. Color or race White 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millhand

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work Dec., 1922

17. Total time (years) spent in this work 1

MOTHER

18. Full maiden name Effie May McKenney

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Oceola, Pa.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. rented home

25. Date (month and year) last engaged in this work Dec., 1922

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Jno. Thompson, M. D.

or ..., Midwife

Address Potlatch, Idaho

Filed Jan 25th, 1937 Jno Thompson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

919-102006-459

251555

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gingham
City of Raith, Ida
No. ..... St.
(If born in hospital or institution give name.)

FEB 22 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 251555
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frank Zagzueta

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male						Mar 2, 1922

FATHER

9. Full name Donaciano Zagzueta
10. Residence (usual place of abode) (If non-resident, give place and State) Raith, Ida
11. Color or race mexican | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or country) Fuente Sinaloa, Mexico
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Worked on railroad
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. [illegible]
16. Date (month and year) last engaged in this work May 30, 1930
17. Total time (years) spent in this work 11

MOTHER

18. Full maiden name Josefa De Zagzueta
19. Residence (usual place of abode) (If non-resident, give place and State) Raith, Ida
20. Color or race mexican | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or country) Jerez Zacatecas Mexico
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Mar 2 1922 at 11 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Father Donaciano Zagzueta, Midwife
Address 621 N 7th Pocatello, Ida
Filed 2/22/37, 193..... Registrar.

Mr and Mrs Orton Anderson
Firth, Ida
Mrs Rose Whitmill
Route 1
Firth, Ida
Mrs Kate Anderson
Box 244
Blackfoot, Ida

191-218-000-641

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

25 1564

DFC

FEB 25 1937

Registration District No. ____ State File No. 251564

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Joy Fusako Atagi

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth June 18, 1922 (Month, Day, Year)

FATHER

9. Full name: K. Atagi

10. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot

11. Color or race: Jap | 12. Age at last birthday: 49 (years)

13. Birthplace (city or place) (State or Country): Japan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Soyo Odawa

19. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot

20. Color or race: Jap | 21. Age at last birthday: 40 (years)

22. Birthplace (city or place) (State or Country): Japan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) F. W. Mitchell, M. D.

or ____, Midwife

Address ____

Filed ____ 193__ Pearl Dillingham State Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

order

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

First Certified copy issued 2-25-37 PBa 4390
2 copies made 1/29/41 L. B.

Amended 2-26-71

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAY 27 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254506

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Jefferson
City of Parker
No. 253-206-026-691 St.
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Erma LOU Secrist

3. Sex girl | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? yes | 8. Date of birth April 6, 1922 (Month, Day, Year)

FATHER

9. Full name Lawrence Secrist
10. Residence (usual place of abode) (If non-resident, give place and State) Parker Ida
11. Color or race white | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Parker Idaho (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Dora Ida Frary [redacted]
19. Residence (usual place of abode) (If non-resident, give place and State) Parker Ida.
20. Color or race white | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Salt Lake City (State or Country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother ~~three~~ Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks | 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mrs. Dora Secrist mother M. D.
or _____ Midwife
Address Route 2 Portland, Oregon

Filed _____, 193__ _____ Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

_____ Registrar.

MAY 27 1937

MAY 5 1944 JUN 13 1944

STATE OF OREGON,)
) ss.
County of Multnomah,)

I, Dora Ida Frary Secrist being first duly sworn, depose and say: That I am the mother of Erma Secrist named on the reverse side of this certificate, and that the following persons knew of the birth of said child: Mr. Cleve Powell, Parker, Idaho, Mrs. Effie Miller, Parker, Idaho, and Mrs. Hattie Riggs, Parker, Idaho.

Dora Ida Frary Secrist

Subscribed and sworn to before me this 26th day of May, 1937.

Clarence O. Phillips
Notary Public for Oregon.

My commission expires Dec. 7, 1937.

12-23-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JAN - 7 1971 Bureau of Vital Statistics

State of OREGON } ss. Certificate No. 254506

County of MULTNOMAH } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Erma Secrist (Name on Original Certificate) who was born (Was Born or Died) on April 6, 1922 (Date of Event)

in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Church Record & Insurance Paper (Bible Record, Insurance Policy, Etc.) prepared on Church Paper June 5-38 Insurance Paper March 18-57 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle name	omitted	Lou

Subscribed and sworn to before me this 4th day of January, 1971

Jeanne R. Cameron

Notary Public, residing at Portland Oregon

My commission expires July 10 1973

(Seal)

X Signed Dora Pummalt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8320 SE Battin Portland Oregon 97206

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed Bette Brown

(Signature of Any Credible Person)

8320 S.E. Battin Rd.

(Street Address, City, State)

Portland Oregon

FORM DH 60-155

1 cp pd rec # 5899 - (S) correct. corresp.

Aetna Life Ins. Co. Policy gives name as Erma Lou Secrist Bakken. Insurance
Policy issued March 18, 1957. # 978927.
Viewed by V.S.

FEB 26 1971

Certificate of Baptism gives name as Erma L. Secrist child of Dora Secrist and
born April 6, 1922 Baptized in Kendall Community Presbyterian Church on June 5, 1938.
David Henry Hare, Minister.
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 593-116 001-693 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254517

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD R. Leo Nicholes

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M	4. Twin, triplet, or other ..... 5. Number, in order of birth	X Full term	yes	Jan. 16 1922 (Month, Day, Year)

	FATHER	MOTHER
9. Full name / 18. Full maiden name	John Leo Nicholes	Eva A. Wilson
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Huston, Ida.	Huston, Ida.
11. Color or race / 20.	W	W
12. Age at last birthday (years) / 21.	31	31
13. Birthplace (city or place) (State or Country) / 22.	Utah	Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Merchant	Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.		
16. Date (month and year) last engaged in this work / 25.	....., 19....	....., 19....
17. Total time (years) spent in this work / 26.		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of Stillbirth ..... During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 11.40 PM (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eva A Nicholes (Mother)

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed June 7, 1937

Registrar.

(over)

Registrar.

7th day of June 1937

State Registrar

NOV 13 1942

cross index to 1922 254516

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 254517

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for R. Leo Nichols (Name on Original Certificate) who born (Was Born or Died) on Jan. 16, 1922 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	R. Leo Nichols	R. Leo Nicholes

Subscribed and sworn to before me this 7th
day of Oct., 1942

Notary Public, residing at Boise, Ida.

My commission expires 7-4-45
(Seal)

Signed J. L. Nicholes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. #2 Nilder, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 7 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

295--109-003-419

1. PLACE OF BIRTH
County of Bannock
City of Inkom
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
JUN 25 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 256598
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clyde Brewster

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 9, 1922 (Month, Day, Year)

FATHER

9. Full name Daniel Ballard Brewster
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Idaho
11. Color or race white | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Tenn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work May 1922, 19.....
17. Total time (years) spent in this work 40

MOTHER

18. Full maiden name Manda Ofiella Martin
19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Ida.
20. Color or race white | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Georgia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work June 1937, 19.....
26. Total time (years) spent in this work 29

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) five 5
(a) Born alive and now living five (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Manda Brewster. mother, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)

Filed ....., 193.....

Registrar.

JUL 22 1937

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Manda O. Brewster being first duly sworn says that she is the Mother of Clyde Brewster
(Relationship of child)*

born May 9 1922 at Inkom Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certifi cate of birth of the said Clyde Brewster

hereto attached are true and correct as stated therein, **and that this birth has not been previously r ecorded.**

Affiant further states that Queen Wilson M. D. was the Midwife medical attendant at the birth of said Clyde Brewster and that the said medical attendant is dont know. If living is at Inkom Idaho.
(Now deceased (or) cannot be located)

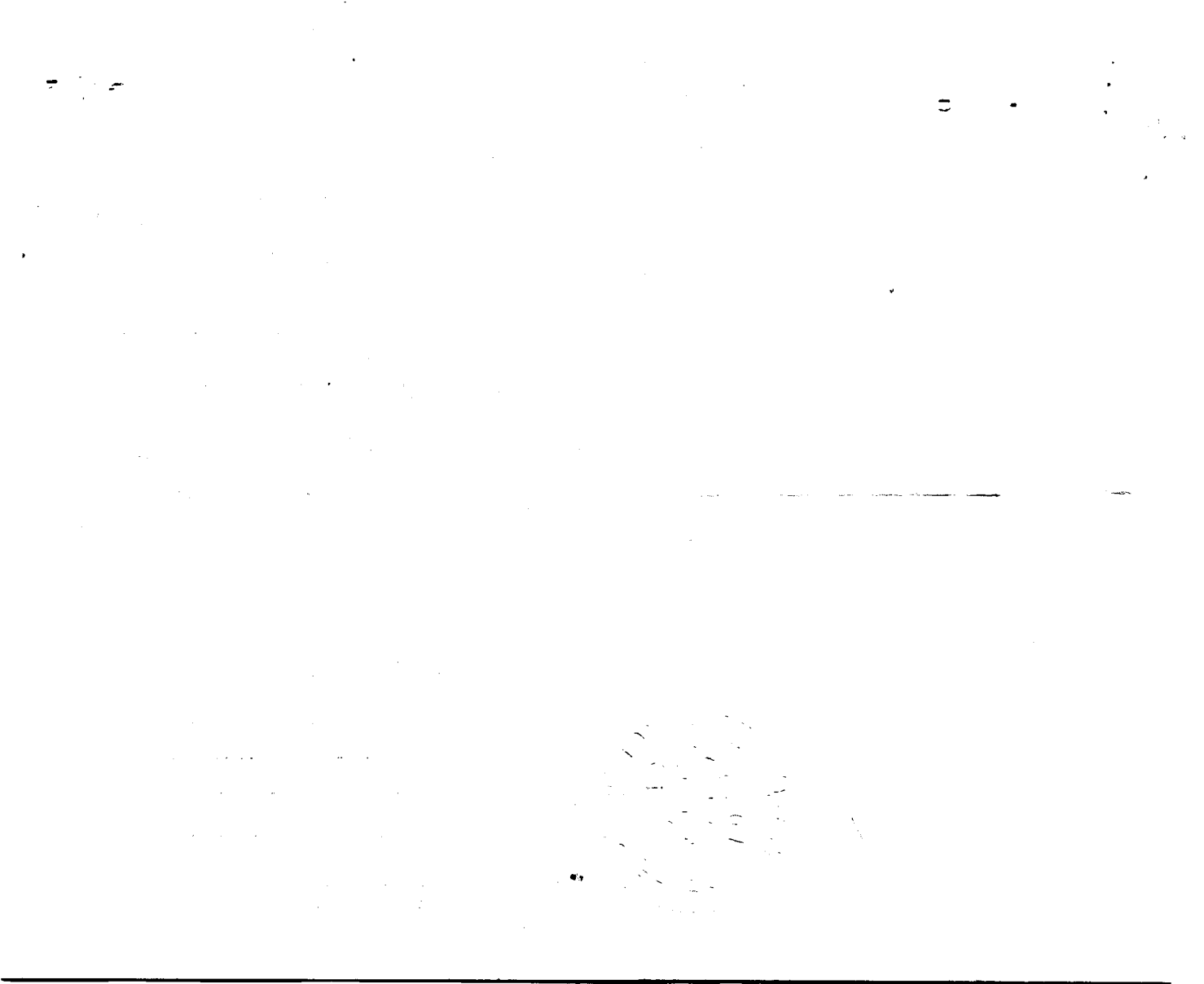
Name of Affiant Manda O. Brewster -X
P. O. Address Pocatello Idaho.

Subscribed and sworn to before me this 28th day of June, 1937

F. E. Tyleman.
Notary Public.

Residing at Pocatello., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



639 121 040-346

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

259559

CERTIFICATE OF BIRTH

County of Shoshone Duplicate

City of Kellogg

Registration District No. _____ File No. 259559

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Joseph Flito

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Flito	FULL MAIDEN NAME	Alma Marie Tufty
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Hudson Wisconsin
OCCUPATION	Smetterman	OCCUPATION	House wife

[illegible] Argyrol 15%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Kellogg Idaho

Filed OCT 18 1937

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 0 1975

DEC 21 1946

DELAYED

Dup of 1922 - 105126

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Canyon
City of Nampa
No. 609 224 014 359 St. Samaritan Hospital
(If born in hospital or institution give name.)

NOV 5 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259594

Registration District No. 7 State File No.
Prim. Registration District No. 1006 Local Registrar's No. 357

2. **FULL NAME OF CHILD** Viola Louise Frischknecht

3. Sex f. | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ | 6. Premature ✓ Full term yes. | 7. Legitimate? yes | 8. Date of birth July 24, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Alfred Frischknecht	18. Full maiden name: Agnes Viola Cervin
10. Residence (usual place of abode) (If non-resident, give place and State): Nampa Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Nampa, Idaho
11. Color or race: W | 12. Age at last birthday: 28 (years)	20. Color or race: W | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Union City, New Jersey	22. Birthplace (city or place) (State or Country): Bend, Oregon
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Worked as day	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: laborer preparing for ministry	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: , 19	25. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: Two (At time of this birth and including this child) (a) Born alive and now living: two (b) Born alive but now dead: none (c) Stillborn:

29. If stillborn, period of gestation: { months or weeks }

30. Cause of Stillbirth: { During labor, Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Thos E Marquis, M. D.
or , Midwife
Address Nampa Idaho
Filed Nov. 4, 1937 Lyda Rodgers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Goldburg

No. ..... St.

993 119 019 452

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 30 1937

CERTIFICATE OF BIRTH 260060

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ray Howard Richardson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	February 19, 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Second (a) Born alive and now living X

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Fred Lester Richardson

Residence (Usual place of abode) Goldburg, Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 27 (Years)

Birthplace Scottsville-N. Car. (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Trylba Ferne DeSomber

Residence (Usual place of abode) Goldburg, Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 25 (Years)

Birthplace Derby, Iowa (City and State or County)

Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7:30 P. M. on the date above stated.

(Signature) Mrs. H. J. Howard

(Physician or midwife)

Address Goldburg Idaho

Filed OCT 30 1937, 19 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

231-202-006-766

260612

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Bellevue Line N.W. St.

(If born in hospital or institution give name.)

RECEIVED NOV 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 State File No. 260612

Prim. Registration District No. 1007 Local Registrar's No. 309-1/2

2. FULL NAME OF CHILD Joyce Verona Bradley

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth July 2, 1932 (Month, Day, Year)

FATHER

9. Full name Edward Bradley

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Ida.

11. Color or race W. | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engine Watchman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S. R.R. Service

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 11 yr.

MOTHER

18. Full maiden name Adelia Maud Good

19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Ida

20. Color or race W. | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Wasem, 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo Silvol 10 Yrs.

28. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. E. Patrie, M. D.

or ....., Midwife

Address Blackfoot Idaho

Give name added from a supplemental report .....

(Date of)

Filed Nov. 24, 1933 Mrs. Walter E. Patrie, Registrar.

Registrar.

Delayed Report. W. E. P.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of birth

PLACE OF BIRTH
County of Nez Perce
City of
No. 436-117 035-381 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 3 - 1938

CERTIFICATE OF BIRTH

265547

Registration District No. 1 State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Norman Lee Mc Fadden

3. Sex: male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term
7. Legitimate? yes
8. Date of birth 9 17, 1912 (Month, Day, Year)

FATHER

9. Full name: Lee Mc Fadden
10. Residence (usual place of abode) (If non-resident, give place and State): Lenore
11. Color or race: White
12. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Nez Perce Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Mary Florence Shain
19. Residence (usual place of abode) (If non-resident, give place and State): Lenore Idaho
20. Color or race: white
21. Age at last birthday: 23 (years)
22. Birthplace (city or place) (State or Country): Nez Perce Co. Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: , 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation: months or weeks
30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was live at 10 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.
or Mrs Mattie Green, Midwife
Address

Give name added from a supplemental report
(Date of)
Registrar.

Filed MAY 3 - 1938 193
Registrar.

AUG 2 1966

OCT 2 3 1974

393-221 028-635

RECEIVED
MAY 18 1938

265587

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265587

1. PLACE OF BIRTH
County of Kootenai ~~Idaho~~
City of Ford Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mildred Joan Tilla

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No Full term Yes | 7. Legitimate? ..... | 8. Date of birth Oct 21, 1922 (Month, Day, Year)

FATHER

9. Full name James Freeman Tilla
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race white | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Rockford Wash

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farming
16. Date (month and year) last engaged in this work Oct, 1922
17. Total time (years) spent in this work 4 Yrs

MOTHER

18. Full maiden name Lillian La Fleur
19. Residence (usual place of abode) (If non-resident, give place and State) Ford Idaho
20. Color or race white Indian | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Ford Idaho / Kootenai

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Feb 7, 1924
26. Total time (years) spent in this work 2 Years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother This the first child (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8.45 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Lee Clanton, M. D.
or ....., Midwife
Address Rockford Wash
Filed May 18, 1938

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Registrar.

WHITE PLAINLY WITH STANDING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

849-223028-849

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Springston

No. ..... St.

(If born in hospital or institution give name.)

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267345

Registration District No. 30 State File No. .....

Prim. Registration District No. 2051 Local Registrar's No. 121

2. FULL NAME OF CHILD Dorothy Rose Hurd

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 5

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth April 23, 1922 (Month, Day, Year)

FATHER

9. Full name Eugene Hurd

10. Residence (usual place of abode) (If non-resident, give place and State) Springston

11. Color or race White 12. Age at last birthday 56 (years)

13. Birthplace (city or place) (State or Country) Long Prairie, Minn. Todd County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Florence Myrtle Hurd

19. Residence (usual place of abode) (If non-resident, give place and State) Springston, Idaho

20. Color or race W | 21. Age at last birthday 39 (years)

22. Birthplace (city or place) (State or Country) Big Lake, Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work present, 1922

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Mrs C. V. Ward, Midwife

Address Harrison Ida.

Filed May 18, 1938 L C Krotcher MD

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. C. V. Ward being first duly sworn says that she attended ~~is the~~ at the birth of Dorothy Rose Hurd
(Relationship of child)*
born April 1922 at Springston, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Florence Myrtle Hurd-Howe desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Dorothy Rose Hurd
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs C. V. Ward. ~~M. D.~~ was the Midwife ~~medical~~ attendant at the birth of said Dorothy Rose Hurd and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Mrs C. V. Ward.
P. O. Address Harrison

Subscribed and sworn to before me this 30 day of April, 1938

A. P. Brinn
Notary Public.
Residing at Harrison, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. Intrx 255-116-003-419

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Lynn Bros Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

267779

JUL 11 1938

CERTIFICATE OF BIRTH

267779

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Thomas Kennett

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Feb. 16, 1922 (Month, Day, Year)

FATHER

9. Full name Howard LeRoy Kennett

10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

11. Color or race W | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Audrain Co. Missouri.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman-R.R.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work Feb., 1922

17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Sadie Patton Marker

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

20. Color or race W | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) McLane Co. Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Feb., 1922

26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Filed JUL 11 1938, 193.. ..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Fresno } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Howard LeRoy Kennett being first duly sworn says that he is the Father (Relationship of child)* of John Thomas Kennett born Feb. 16, 1922 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Thomas Kennett hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. H. Lynn M. D. was the ~~Midwife~~ medical attendant at the birth of said John Thomas Kennett and that the said medical attendant is— cannot be located (Now deceased (or) cannot be located)

Name of Affiant Howard LeRoy Kennett

P. O. Address Route 3 Box 164 Fresno Calif.

Subscribed and sworn to before me this 6th day of July, 19 38

Ben Dutrow
Notary Public.

Residing at Fresno, Calif., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

525-121-010-563

1. PLACE OF BIRTH

County of Bonners

City of Careywood

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED JUL 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26 8815

Registration District No. ____ State File No. 268815

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Albert Leroy Ebert

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 5

6. Premature ____ Full term x

7. Legitimate? x

8. Date of birth Sept. 21, 1922 (Month, Day, Year)

FATHER

9. Full name George Henry Ebert

10. Residence (usual place of abode) (If non-resident, give place and State) Careywood, Ida

11. Color or race W | 12. Age at last birthday 57 (years)

13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. c. laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. various industries

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Frances Louisa Cochran

19. Residence (usual place of abode) (If non-resident, give place and State) Careywood, Ida.

20. Color or race W | 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living x (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) x Louisa Ebert mother

or ____, Midwife

Address Freewater, Oregon

Give name added from a supplemental report ____ (Date of) ____

Filed JUL 21 1938, 193____

Registrar. ____ Registrar.

LY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child born at a single birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon, }
County of Umatilla. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frances Louisa Ebert being first duly sworn says that

she is the Mother of Albert LeRoy Ebert
(Relationship of child)*

born September 21, 1922, at Carreywood, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Frances Louisa Ebert desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Albert LeRoy Ebert

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that George Henry Ebert father ~~M. D.~~ Midwife was the ~~medical attendant~~ at the birth of said Albert LeRoy Ebert and that the said father ~~medical attendant~~ is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Frances Louisa Ebert

P. O. Address Freewater, Oregon

Subscribed and sworn to before me this 13th. day of July, 1938

Samuel S Peterson
My Commission Expires Dec. 2nd., 1940 Notary Public.

Residing at Milton, Oregon, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

234-111014-296

268864

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 4 1938

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Canyon
City of Wilder
No. 1 Home St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 268864
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Allen Stevenson

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Oct 11, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name B. H. Stevenson	18. Full maiden name Lizzie Brown
10. Residence (usual place of abode) (If non-resident, give place and State) Wilder Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Wilder Ida
11. Color or race W | 12. Age at last birthday 35 (years)	20. Color or race W | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Illinois	22. Birthplace (city or place) (State or Country) Illinois
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H & W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Oct 11, 1922 | 17. Total time (years) spent in this work 10 yrs	25. Date (month and year) last engaged in this work Oct 11, 1932 | 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag NO3 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. B. Busch, M. D.
or ..... Midwife
Address Wilder Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed AUG 1938, 193 Pearl Dellingham Registrar.

JAN 4 1944

154-219-014-154

271093

RECEIVED SEP 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271093

1. PLACE OF BIRTH
County of Canyon
City of Parma RFD
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eva Edna Anderson

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept. 19, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Anderson	18. Full maiden name Maude Anderson
10. Residence (usual place of abode) (If non-resident, give place and State) Malheur Co. Oreg RFD	19. Residence (usual place of abode) (If non-resident, give place and State) Malheur Co., Oreg. RFD
11. Color or race white | 12. Age at last birthday 37 (years)	20. Color or race white | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Goldendale, Wash	22. Birthplace (city or place) (State or Country) Malheur Co., Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Sept. 19, 1922 | 17. Total time (years) spent in this work 37	25. Date (month and year) last engaged in this work 9-19 22, 19 | 26. Total time (years) spent in this work 31 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation none months or weeks | 30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Fred Anderson Father, M. D.
or ....., Midwife
Address Parma, RFD, Idaho.
Filed 9/28/38, 193 Pearl Dillingham State Registrar.

Give name added from a supplemental report Fred Anderson (Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMA... In case of more than one child at birth a Separate Return ... for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fred Anderson being first duly sworn says that he is the Father (Relationship of child)* of Eva Edna Anderson born September 19, 1922 (Date of birth) at RFD, Malheur Co, Oregon, Idaho, whose certificate of birth is hereto attached, and that Fred Anderson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Eva Edna Anderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Allen of Parma, Idaho M. D. was the Midwife medical attendant at the birth of said Eva Edna Anderson and that the said medical attendant is Dr. Allen, Now deceased (Now deceased (or) cannot be located)

Name of Affiant Fred Anderson.

P. O. Address Caldwell, Idaho RFD

Subscribed and sworn to before me this 26th day of September, 19 38

Mrs. N. J. Thompson
Notary Public.

Residing at Caldwell, Idaho., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 8 194

391-101-010-842

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 7 1938

CERTIFICATE OF BIRTH

272331

Registration District No. 73 State File No. .....

Prim. Registration District No. 2150 Local Registrar's No. 680

2. FULL NAME OF CHILD Patrick Myron Cnaughan

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male			Yes	Yes	Mar. 1, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Charles Cnaughan	18. Full maiden name Sarah Myra ~~Cnaughan~~ Hubbell
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho
11. Color or race White | 12. Age at last birthday 45 (years)	20. Color or race White | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) ~~Ireland~~ Dublin (State or Country) ~~Ireland~~ Ireland	22. Birthplace (city or place) Madison S. Dak. (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:15 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) [signature], M. D.

or ....., Midwife

Address Idaho Falls Idaho

Filed Oct 10, 193.. [signature] Registrar.

AUG 5 1971

A259-122 032-257

275395

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275395

JAN 17 1939

1. PLACE OF BIRTH
County of Lincoln
City of Dietrich
No. ..... St.
Own Home
(If born in hospital or institution give name)

Registration District No. 16817 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 249

2. FULL NAME OF CHILD Luis Louis Berrichoa

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb. 22, ~~1939~~ 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Adrian Berrichoa	18. Full maiden name Celestina Beggona
10. Residence (usual place of abode) (If non-resident, give place and State) Dietrich Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Dietrich Ida
11. Color or race W | 12. Age at last birthday 26 (years)	20. Color or race W | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) E Lorrio Spain	22. Birthplace (city or place) (State or Country) Bilbao Spain
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Feb., 1922 | 17. Total time (years) spent in this work 4 year	25. Date (month and year) last engaged in this work Feb., 1939 | 26. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? nothing

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Rev. A. J. Tracy

Give name added from a supplemental report Celestina Begona mother
(Date of) Jan-14-39

Myrtle C. Burdett
Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed Jan 14, 1938
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUL 26 1949

STATE OF IDAHO

- C.A. Bottolfsen [redacted], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Elmore } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Celestina Regina Berriochoa, being first duly sworn says that she is the mother (Relationship of child)* of Louis Berriochoa

born Feb. 22-1922 (Date of birth) at Dietrich, Idaho,

whose certificate of birth is hereto attached, and that C.B. Berriochoa desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Louis Berriochoa

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that neither midwife nor M. D. was the Midwife medical attendant at the birth of said physician were present, and that the said medical attendant is

(Now deceased (or) cannot be located)

X Name of Affiant Celestina Regina Berriochoa

P. O. Address Mountain Home, Idaho.

Subscribed and sworn to before me this 23rd day of January, 1939

O E Worrell
Notary Public.

Residing at Mountain Home, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 26 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 13 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276487

1. PLACE OF BIRTH
County of Kootenai
City of Worley
No. 415-108 028-314 St.
(If born in hospital or institution give name)

Registration District No. 126 State File No.
Prim. Registration District No. 2309 Local Registrar's No.

2. FULL NAME OF CHILD Marion Keith Daniels

3. Sex Boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Jan. 8th, 1922 (Month, Day, Year)

FATHER

9. Full name Henry Adolph Daniels
10. Residence (usual place of abode) (If non-resident, give place and State) Worley, Ida
11. Color or race white | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Crookston Minn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Anna Marie Lauritzen
19. Residence (usual place of abode) (If non-resident, give place and State) Worley Ida.
20. Color or race white | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or Country) Clinton, Iowa.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) L Clanton, M. D.
or ....., Midwife
Address Rockford Wn

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed MAR 14 1939, 193.... Registrar.

278537

278537

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of ~~Elmore~~ Owyhee

City of ~~Mountain Home~~ Hot Spring

No. 293-117-037-694 St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Antonio Bilbao

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M			X	Yes	Jan. ~~16~~ 17 1932

FATHER	MOTHER
9. Full name: Bonifacio Bilbao	18. Full maiden name: Marcellina Ordiosela
10. Residence (usual place of abode) (If non-resident, give place and State): Hot Spring	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: W | 12. Age at last birthday: 31 (years)	20. Color or race: W | 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Spain	22. Birthplace (city or place) (State or Country): Spain
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer & Sheepman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? $AgNO_3$

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. H. Becker, Brunean Ida 1917-1924, M. D.

or X M. W., Midwife

Address Portland Oregon Present address

Give name added from a supplemental report .....

(Date of)

Filed MAY 3 1939 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Bruneau, Idaho
May 10, 1939

Mr. Eugene A. Anderson
Idaho Building
Boise, Idaho

Dear Mr. Anderson:

I received your letter of May 4.

I am sending back the Birth Certificate of Antonio Bilbao as it is incorrect and we would like to have it corrected.

His Birth place was in Owyhee County at Hot Springs, Idaho. His Birth day was 17th of January instead of 16th.

Find enclosed $15.00.

for the two certificates.

Sincerely

Mike Zubizarreta

278 577

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 278577

MAY 11 1939

1. PLACE OF BIRTH
County of Benewah
City of St Maries
No. ____ St.
243/105 005-559
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Edwin Bruce Bucholz

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? X

8. Date of birth July 5, 1922 (Month, Day, Year)

FATHER

9. Full name Edward Clarence Bucholz
10. Residence (usual place of abode) (If non-resident, give place and State) Spokane Wash
11. Color or race White 12. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Antelope, N. Dakota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery store
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Bernice Verhoeven
19. Residence (usual place of abode) (If non-resident, give place and State) Spokane Wash.
20. Color or race White 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Arcoyle Minn.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
one
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born ~~Alive or Stillborn~~) at 9 45 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from supplemental report ____
(Date of) ____
Registrar.

(Signed) Cannot be found, M. D.
or Lydia Sage, Midwife
Address St Maries Idaho

Filed ____, 1939
MAY 11 1939
Registrar.

278577

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Formerly Bernice Bucholz now B Burke being first duly sworn says that she is the mother of Edwin Bruce Bucholz
(Relationship of child)*

born July 6 1922 at St Maries, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that mother desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Edwin Bruce Bucholz hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that not known M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Mrs Bernice Burke
P. O. Address 1624 W 49th St Los Angeles Cal

Subscribed and sworn to before me this 5th day of May, 1939

[signature]
Notary Public.

Residing at Los Angeles, Calif, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires August 30, 1941

385 124 028 546

RECEIVED
MAY 27 1939

279604

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279604

WRITE PLAINLY WITH [illegible]NG INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai County
City, of About 5 miles SE of Coeur d'Alene
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Willard Cheek

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 24, 1927, 193... (Month, Day, Year)

FATHER

9. Full name Melvin Walter Cheek
10. Residence (usual place of abode) (If non-resident, give place and State) Orin, Stevens Co. Wash.
11. Color or race White | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) McClenahans, Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work Mar 31, 1927
17. Total time (years) spent in this work All his life [illegible]

MOTHER

18. Full maiden name Esther Orpha Edwards
19. Residence (usual place of abode) (If non-resident, give place and State) Orin, Stevens Co. Wash
20. Color or race White | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Detroit, Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ....., 19...
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks
30. Cause of Stillbirth ✓ During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Esther Orpha Huffman, M. D. or Mother Midwife
Address Deer Park, Wash.
Filed May 27, 1939

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Esther Orpha Huffman being first duly sworn says that she is the mother (Relationship of child)* of George Willard Church born June 24, 1922 (Date of birth) at about 5 miles N of Coeur d Alene, Kootenai Co., Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Willard Church hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. John Dwyer M. D. was the ~~Midwife~~ medical attendant at the birth of said George Willard Church and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Esther Orpha Huffman

P. O. Address Deer Park Wash.

Subscribed and sworn to before me this 25 day of May, 19 39

Notary Public.

Residing at Deer Park, Wash., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

8/3/30 025 567

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

JUL 13 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280754

Registration District No. 105 State File No.

Prim. Registration District No. 2183 Local Registrar's No. 39

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Paul Casper Halter

3. Sex M

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth June 30, 1922 (Month, Day, Year)

FATHER

9. Full name Alois Halter

10. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood

11. Color or race W | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Switzerland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. R.R. Section

16. Date (month and year) last engaged in this work present, 19

17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Seraphine Vogel

19. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood

20. Color or race W | 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) Switzerland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work preseht, 19

26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag no3

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 2 (b) Born alive but now dead 0 1 (c) Stillborn -

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 a.m., on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

Registrar.

(Signed) Merley J. Orr, M. D.

or ..., Midwife

Address Cottonwood, Idaho.

Filed July 11, 1939 W. F. Orr Registrar.

By J. B.

893126-016 259

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Cassia,

City of Burley

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

280758

CERTIFICATE OF BIRTH

Registration District No. 117 State File No. 280758

Prim. Registration District No. 2196 Local Registrar's No. .....

2. FULL NAME OF CHILD Samuel Cornelius Hile

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	yes	April 26, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Samuel Hile	18. Full maiden name: Evelyn Bergen
10. Residence (usual place of abode) (If non-resident, give place and State): Mackay	19. Residence (usual place of abode) (If non-resident, give place and State): Mackay
11. Color or race: Wh. 12. Age at last birthday: 58 (years)	20. Color or race: wh. 21. Age at last birthday: 41 (years)
13. Birthplace (city or place) (State or Country): Logansport, Indiana	22. Birthplace (city or place) (State or Country): Highstown, Iowa
OCCUPATION	**OCCUPATION**
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AGNOz

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6:30 P.M. at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) R V Barta M.D., M. D.

or ....., Midwife

Address Burley

Filed May 1, 1922, 193.... J C Patterson
Registrar.

..... Registrar.

JUN 1 9 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

549-109-010-549

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 2 1939

Registration District No. ____ State File No. 283028

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ____ St.
People's Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lloyd Kenneth Ericksson

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? ____

8. Date of birth March 9, 1932 (Month, Day, Year)

FATHER

9. Full name Conrad J. Ericksson

10. Residence (usual place of abode) (If non-resident, give place and State) New Sweden

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) New Sweden Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 15 or 20 years

MOTHER

18. Full maiden name Clara David Ericksson

19. Residence (usual place of abode) (If non-resident, give place and State) New Sweden

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Lemars Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% agno 3 gtt.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive or Stillborn) at 11 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) H A Jenkins MD, M. D.

or ____, Midwife

Address Paris Ill. ✓

Registrar.

Filed SEP 2 1939, 193____

Registrar.

719 116 002-275

284241

OCT 13 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284241

1. PLACE OF BIRTH
County of Adams
City of Fruitvale
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lee Mike Garcia

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Oct. 16, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Garcia	18. Full maiden name Lecta Bell Spears
10. Residence (usual place of abode) (If non-resident, give place and State) Fruitvale	19. Residence (usual place of abode) (If non-resident, give place and State) Fruitvale
11. Color or race White | 12. Age at last birthday 26 (years)	20. Color or race White | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Colorado	22. Birthplace (city or place) (State or Country) Freedom Oklahoma
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Oct. 16, 1922 | 17. Total time (years) spent in this work 2	25. Date (month and year) last engaged in this work Oct. 16, 1922 | 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes - Silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 9:45 pm. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ....., M. D.
or Mrs Lecta Garcia Spencer ~~Midwife~~ mother
Address Council, Ida.
Filed Oct., 193.. .....
Registrar.

OCT 13 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Adams } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Leota Garcia Spencer being first duly sworn says that she is the mother of Lee Mike Garcia
(Relationship of child)*

born October 16, 1922 at Fruitvale, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Leota Garcia Spencer desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lee Mike Garcia

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dwight D. Higgs M. D. was the ~~Midwife~~ medical attendant at the birth of said Lee Mike Garcia and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Leota Garcia Spencer

P. O. Address Council Idaho

Subscribed and sworn to before me this 11 day of Oct., 1939

Matilda Moser
Clerk District Court ~~Notary Public.~~

Residing at Council, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A256-107002455

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Adams
City of Indian Valley
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
OCT 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284257

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Melvin Charles Snow

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	✓	✓	—	yes	yes	Dec 7, 1922

FATHER	MOTHER
9. Full name: Ellis Bernard Snow	18. Full maiden name: Helen Elizabeth Meecham
10. Residence (usual place of abode) (If non-resident, give place and State):	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: White | 12. Age at last birthday: 40 (years)	20. Color or race: White | 21. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Indian Valley, Idaho	22. Birthplace (city or place) (State or Country): Leo Valley, Nebraska
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ....., 19.....	25. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother six (At time of this birth and including this child)
(a) Born alive and now living six (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed 10/16/39, 193 Mae L. Atwood
Registrar.

.....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Adams } ss.

Helen E. Snow being first duly sworn says that she is the Mother of Melvin Charles Snow

(Relationship of child)*

born December 7-1922 at Indian Valley, Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Melvin Charles Snow hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Fern Brown M. D. was the ~~Midwife~~ medical attendant at the birth of said Melvin Charles Snow and that the said medical attendant is Cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Helen E. Snow

P. O. Address Council Idaho

Subscribed and sworn to before me this 14 day of October, 19 39

[signature] Notary Public.

Residing at Council Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 11 1943

249-206017-249

RECEIVED

OCT 30 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285386

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Clark

City of Kilgore,

No. ____ St. ____

Idaho

(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Alma Margaret Smith

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth January 6, 1922 (Month, Day, Year)

FATHER

9. Full name Gilbert Roseke Smith

10. Residence (usual place of abode) Kilgore, Idaho (If non-resident, give place and State) ____

11. Color or race white | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Dawson, Va. (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Ranch

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Carrie R. Smith

19. Residence (usual place of abode) Kilgore, Idaho (If non-resident, give place and State) ____

20. Color or race White | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) Kilgore, Idaho (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Bichloride of Mercury

28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living yes (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4:00 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

(Signed) ____, M. D.

or Ernest Rasmussen, Midwife

Address Kilgore, Idaho

Filed OCT 30 1939 193____

Registrar.

855 201 00 962

285496

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of LINCOLN IDAHO
No. ..... St. .....
(If born in hospital or institution give name.) .....

RECEIVED
NOV 13 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 611 State File No. .....
Prim. Registration District No. 2150 Local Registrar's No. 794

2. FULL NAME OF CHILD Sophie Herrera.

3. Sex: Female. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth APRIL 1, 1922 (Month, Day, Year)

FATHER

9. Full name Jos. M. Herrera
10. Residence (usual place of abode) (If non-resident, give place and State) LINCOLN IDAHO
11. Color or race MEXICAN | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or country) MICHUCAN MEXICO

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc LABORER.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Luz. De Rosa
19. Residence (usual place of abode) (If non-resident, give place and State) LINCOLN IDAHO
20. Color or race MEXICAN | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) DURANGO - MEXICO

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE KEEPER.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 10%
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 2
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. L. Williams, M. D.
or ....., Midwife
Address Idaho Falls

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Nov 9, 1939
Registrar.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Fat
County of Bonnivile } ss.

NOV 15 1943

Certificate No. 285496

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Sophie Herrera (Name on Original Certificate) who Born (Was Born or Died) on Apr. 1 sk. (Date of Event)
in Lincoln (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by — (Bible Record, Insurance Policy, Etc.) prepared on — (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers Age	Luz De La Rosa 37	21
Fathers Age	Joe M - Herrera 57	41

Subscribed and sworn to before me this
day of —, 1943

Notary Public, residing at —

My commission expires —
(Seal)

Signed Joe M. Herrera
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2 Idaho Falls - Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 19 19[illegible]

JUN 20 19[illegible]

795-105-003-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287545

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. **PLACE OF BIRTH**
County of Bannock
City of Grace Ida
No. _____ St.
(If born in hospital or institution give name.) Grace

2. **FULL NAME OF CHILD** Stanley Ray Green

3. Sex male | **If plural births** 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? Yes | 8. Date of birth March 8, 1922 (Month, Day, Year)

FATHER

9. Full name Israel Thomas Green
10. Residence (usual place of abode) (If non-resident, give place and State) Grace Ida
11. Color or race W | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Bonneville Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Construction
16. Date (month and year) last engaged in this work March, 1922 | 17. Total time (years) spent in this work 3½

MOTHER

18. Full maiden name Emma Stuart
19. Residence (usual place of abode) (If non-resident, give place and State) _____
20. Color or race W | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Bonneville Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work March, 1922 | 26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate Silver

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Russell Tigert, M. D.
or _____ Midwife
Address Soda Springs Idaho

Give name added from a supplemental report _____
(Date of)

Filed January 11, 1923 Mae G. Attwood
State Registrar.
_____ Registrar.

453-12 30 35-953

288872

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288872

1. PLACE OF BIRTH

County of

City of Lewiston, Idaho

No. St. FEB 7 1940

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Joseph Anthony Melosh

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth 2

6. Premature Full term ✓

7. Legitimate? yes

8. Date of birth Sept 23, 1922 (Month, Day, Year)

FATHER

9. Full name Harry Roy Melosh

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Idaho

11. Color or race White 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Bussiness

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Clothing Store

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Katherine Retzel

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) New York City

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ✓, 19

26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 2 (At time of this birth and including this child) 2

(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Mrs. Katherine Melosh, ~~M. D.~~

or , ~~Midwife~~

Address 100 - 14th St.

Filed , 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of New Jersey } ss.
County of Hudson County }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Katherine Melosh being first duly sworn says that

She is the Mother (Relationship of child)* of Joseph Melosh

born September 23, 1922 (Date of birth) at Lewiston, Idaho, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Joseph Melosh

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Carson M. D. was the Midwife medical attendant at the birth of said Joseph Melosh and that the said medical attendant is Cannot be Located (Now deceased (or) cannot be located)

Name of Affiant Mrs Katherine Melosh

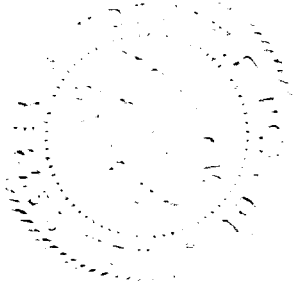
P. O. Address 100 - 14th St. West New York N J

Subscribed and sworn to before me this 13th day of February, 1940

Joseph R Wilson
Notary Public.

Residing at 56-18 St. West New York N.J. ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A669-107032-168

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Richfield
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 288890

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wilbert Denny Fordyce

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Feb. 7, 1922 (Month, Day, Year)
Male				

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Harry W. Fordyce	Amanda Wilma Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) / 19. Residence (usual place of abode) (If non-resident, give place and State)	435 S. Grant Pocatello, Ida.	435 So. Grant Pocatello, Ida.
11. Color or race / 20. Color or race	W	W
12. Age at last birthday (years) / 21. Age at last birthday (years)	29	28
13. Birthplace (city or place) (State or Country) / 22. Birthplace (city or place) (State or Country)	Uniontown, Pennsylvania	Union Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Employee of O.S.L. R.R. shops	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work ....., 19.... / 25. Date (month and year) last engaged in this work ....., 19....		
17. Total time (years) spent in this work / 26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of Stillbirth ..... During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)

.....
Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed Feb, 1940
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

FEB 14 1940

State of Washington }
County of ..... } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amanda Wilma Fordyce Tonkin being first duly sworn says that she is the Mother (Relationship of child)* of Wilbert Denny Fordyce born February 7, 1922 (Date of birth) at Richfield, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Wilbert Denny Fordyce hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that - no attendant- M. D. was the Midwife medical attendant at the birth of said Wilbert Denny Fordyce and that the said medical attendant is --- (Now deceased (or) cannot be located)

Name of Affiant Amanda Wilma Fordyce Tonkin

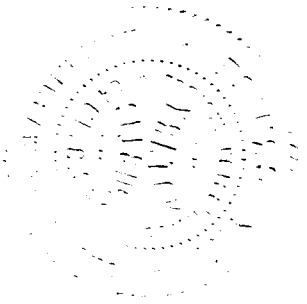
P. O. Address 9232 - 15 S.W. Seattle, Wash

Subscribed and sworn to before me this 12th day of February, 1940

Fay Bruce
Notary Public.

Residing at Seattle, Wn., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 795 4
County of Twin Falls 042
City of Buhl 753
No. R R 4 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 289906

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Barbara Ruth Green

3. Sex Girl | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth July 4 1932 (Month, Day, Year)

FATHER

9. Full name Ernest Elmer Green
10. Residence (usual place of abode) (If non-resident, give place and State) Buhl
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or country) Morgantown Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Ruth Elmira Petterson
19. Residence (usual place of abode) (If non-resident, give place and State) Buhl
20. Color or race White | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Swan Falls Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing
28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 1:26 (Born Alive or Stillborn) at a m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Mrs Eva Petterson, Midwife
Address Buhl Idaho 300 8th St So.

Filed Feb. 21, 1940 Mae G. Atwood Registrar.
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289958

1. PLACE OF BIRTH
County of Lemhi
City of Leadore
No. A533 108-030-255 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Donald Oscar Ellis

3. Sex: Male

If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan 8th, 1922 (Month, Day, Year)

FATHER

9. Full name Oscar Heaton Ellis

10. Residence (usual place of abode) (If non-resident, give place and State).....

11. Color or race White | 12. Age at last birthday 19 (years)

13. Birthplace (city or place) Dubois, Idaho (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name Edith Iona Benedict

19. Residence (usual place of abode) (If non-resident, give place and State).....

20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Salmon, Idaho (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn .....

29. If stillborn, period of gestation..... months or weeks

30. Cause of Stillbirth ..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report.....

(Date of)

Filed MAR 1940, 193...

Registrar.

Registrar.

[redacted]

DELAYED

[redacted]

SEP 2 8 1983

[redacted]

STATE OF IDAHO

289958

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs E. R. Benedict being first duly sworn says that

is the Grandmother of Donald Oscar Ellis
(Relationship of child)*

born January 8th 1922 at Leadore, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Donald Oscar Ellis

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr J. B. Keeler, M. D., was the Midwife medical attendant at the birth of said Donald Oscar Ellis and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs E. R. Benedict

P. O. Address Leadore Idaho

Subscribed and sworn to before me this 24 day of February, 19 40

Mary V. Stone
Notary Public.

Residing at Leadore, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

413209 (103-391

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290056

MAR 12 40

Registration District No. ~~30~~ 510 State File No.

Prim. Registration District No. ~~2101~~ Local Registrar's No. 77

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 660 No. Sixth St. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wanda Dalpino

3. Sex: female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? yes

8. Date of birth Nov 9, 1922 (Month, Day, Year)

FATHER

9. Full name: Paul Dalpino

10. Residence (usual place of abode) (If non-resident, give place and State): 660 No. 6th

11. Color or race: W | 12. Age at last birthday: 21 (years)

13. Birthplace (city or place) (State or Country): Italy

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U P R R

16. Date (month and year) last engaged in this work: present time 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Leola Trahant

19. Residence (usual place of abode) (If non-resident, give place and State): same

20. Color or race: W | 21. Age at last birthday: 20 (years)

22. Birthplace (city or place) (State or Country): Deer Lodge, Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: present time 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother: Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks

30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7:A m. on the date above stated.

(Signed) William F Howard, M. D.

or ..., Midwife

Address Pocatello, Idaho

Filed Feb 23, 1940 D C Ray Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

DELAYED

dup of 1922 - 101239

595724 022-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 390083

FEB 8 1940

1. PLACE OF BIRTH
County of Fremont
City of
No. St.
(If born in hospital or institution give name.)

Registration District No. 651 State File No.
Prim. Registration District No. 2177 Local Registrar's No. 32

2. FULL NAME OF CHILD Bobbie Loyed Lienkoff

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Dec 24, 1922 (Month, Day, Year)

FATHER

9. Full name Loyed John Lienkoff
10. Residence (usual place of abode) (If non-resident, give place and state) Fremont Idaho
11. Color or race White 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or country) Mound City

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Effie May Garver
19. Residence (usual place of abode) (If non-resident, give place and state) Fremont Idaho
20. Color or race White 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or country) Mound City

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work, 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn none
29. If stillborn, period of gestation months or weeks
30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at P m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or , Midwife
Address Ashton Idaho
Filed Feb. 6, 1940 W. M. Hansen
Registrar.

Give name added from a supplemental report (Date of)
Registrar.

DEC 2 9 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 393-104-018-812 PLACE OF BIRTH

County of Gaynor

City of Nampa

No. 105 Day St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

291021

MAR 11 1939

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 291021

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD David Elliot Little

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 4, 1922 (Month, Day, Year)

FATHER

9. Full name John Trustem Little

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida

11. Color or race white | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) Sebastopol California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work May 1922, 1922

17. Total time (years) spent in this work 16

MOTHER

18. Full maiden name Louella Grace Hastings

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida

20. Color or race white | 21. Age at last birthday 34 (years) (34)

22. Birthplace (city or place) (State or Country) Santa Rosa California

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work May, 1922

26. Total time (years) spent in this work 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 10th (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation none . months or weeks

30. Cause of Stillbirth None During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Thos E Mangum, M. D.

or ....., Midwife

Address Nampa Idaho

Filed MAR 11 1939, 193..

..... Registrar.

A713-112-007-136

1. PLACE OF BIRTH

County of Blaine

City of Carey

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED
APR 20 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291104

Registration District No. ____ State File No. 29110 4

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Reed Thomas Patterson

3. Sex: male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? yes

8. Date of birth Nov. 12, 1922 (Month, Day, Year)

FATHER

9. Full name: James Wilford Patterson

10. Residence (usual place of abode) (If non-resident, give place and State): Carey, Idaho

11. Color or race: white

12. Age at last birthday: 57 (years)

13. Birthplace (city or place) (State or Country): Spanish Fork, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: maintainence foreman of highway

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: State highway

16. Date (month and year) last engaged in this work: May, 1938

17. Total time (years) spent in this work: 8 years

MOTHER

18. Full maiden name: Jennie Lavern Atwood

19. Residence (usual place of abode) (If non-resident, give place and State): Carey, Idaho

20. Color or race: white

21. Age at last birthday: 49 (years)

22. Birthplace (city or place) (State or Country): Spanish Fork, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home

25. Date (month and year) last engaged in this work: April, 1940

26. Total time (years) spent in this work: 30 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Apr 20, 1940

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

291104

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Blaine } ss.

Mrs Jennie L. Patterson being first duly sworn says that
Alice is the Mother (Relationship of child)* of Reed Thomas Patterson
born Nov. 12 - 1922 (Date of birth) at Carey, Idaho,
whose certificate of birth is hereto attached, and that Alice desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**, and affiant further states that the facts contained in the certificate of birth of the said Reed Thomas Patterson
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that H. E. Snyder, M. D., was the ~~Midwife~~
medical attendant at the birth of said Reed Thomas Patterson and that
the said medical attendant is now deceased
(Now deceased ~~(or) cannot be located~~)

Name of Affiant Jennie L. Patterson

P. O. Address Carey, Idaho

Subscribed and sworn to before me this 11th day of April, 1940

W. P. Adamson
Notary Public.

Residing at Carey, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

FEB 9 1949

869-112-029-132

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291105

APR 22 1940

Registration District No. 94 State File No. 291105

Prim. Registration District No. ____ Local Registrar's No. ____

1. **PLACE OF BIRTH**
County of LATAH
City of POTLATCH
No. ____ St. ____
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** NEARING, DAVID HORACE

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
MALE			X	YES	JUNE 12, 1922

	FATHER	MOTHER
9. Full name / 18. Full maiden name	NEARING, HORACE EBENEZIER	HACKET, DAISY ALBERTA
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	POTLATCH, 2	POTLATCH, 2
11. Color or race / 12. Age at last birthday / 20. / 21.	WHITE, 56 (years)	WHITE, 49 (years)
13. Birthplace (city or place) (State or Country) / 22.	VALLEY CITY, NORTH DAKOTA	DAISY, NORTH DAKOTA.
OCCUPATION: 14. / 23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, housekeeper, typist, nurse, clerk, etc.	LABORER	HOUSEKEEPER
OCCUPATION: 15. / 24. Industry or business in which work was done, as silk mill, sawmill, bank, own home, lawyer's office, etc.	SAWMILL	OWN HOME
OCCUPATION: 16. / 25. Date (month and year) last engaged in this work	AT PRESENT, 1940	AT PRESENT, 1940
OCCUPATION: 17. / 26. Total time (years) spent in this work	20	31

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NONE

28. Number of children of this mother (At time of this birth and including this child)
FIVE
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.
or Horace E. Nearing - father, ~~Midwife~~
Address ____

Filed April, 1940

Registrar.

DECEASED

STATE OF IDAHO

291105

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

APR [illegible] 1940

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Daisy Alberta Nearing being first duly sworn says that She is the Mother (Relationship of child)* of David Horace Nearing born June 12 1922 (Date of birth) at Potlatch Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said David Horace Nearing hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Emma Hackett, ~~M. D.~~ Midwife was the medical attendant at the birth of said David Horace Nearing and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Daisy Alberta Nearing

P. O. Address Potlatch Idaho

Subscribed and sworn to before me this 20th day of April, 1940

(N. Harrison) Notary Public.

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho.
My Commission Expires Dec. 3, 1940

Residing at ....., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, [illegible] affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

63-211-03K-293

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
APR 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291948

1. PLACE OF BIRTH
County of Minidoka
City of Minidoka
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 457 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 34

2. FULL NAME OF CHILD Evelyn Mae Noall

3. Sex Fe | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth March 11, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jake Noall	18. Full maiden name Martha Bill
10. Residence (usual place of abode) (If non-resident, give place and State) Rupert	19. Residence (usual place of abode) (If non-resident, give place and State) Rupert Ida
11. Color or race White | 12. Age at last birthday 24 (years)	20. Color or race White | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Nebraska	22. Birthplace (city or place) (State or Country) Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work.....	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 5 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Martha Walls, M. D.
or ..... mother, Midwife
Address Rupert Ida
Filed 5-30, 1940 E. P. Elmore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 355127 040636

County of Shoshone

City of Avery

No. At home in fourth Apt. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292285

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Richard Curtis Lee

3. Sex male | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ } | 6. Premature ____ Full term X | 7. Legitimate? X | 8. Date of birth Feb. 27, 1922 (Month, Day, Year)

FATHER

9. Full name Curtis William Lee

10. Residence (usual place of abode) (If non-resident, give place and State) Avery, Idaho

11. Color or race W | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) Melville, Montana (State or Country) U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. railroad office

16. Date (month and year) last engaged in this work Feb 27, 1922

17. Total time (years) spent in this work Six

MOTHER

18. Full maiden name Myrtle Alma Flowers

19. Residence (usual place of abode) (If non-resident, give place and State) Avery, Idaho

20. Color or race W | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) Cincinnati, Ohio (State or Country) U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Feb 27, 1922

26. Total time (years) spent in this work one

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living X (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks }

30. Cause of Stillbirth ____ { During labor ____ Before labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7.20A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) Myrtle Alma Flowers Lee Mother ~~M. D.~~ Father

or ____ ~~Midwife~~

Address [illegible]

Filed May 8, 1922

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ California
County of ~~Shoshone~~ San Diego } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Myrtle Alma Flowers Lee being first duly sworn says that she is the Mother (Relationship of child)* of Richard Curtis Lee born February 27, 1922 (Date of birth) at Avery, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Richard Curtis Lee hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Tyrrell, M. D., was the Midwife medical attendant at the birth of said ~~Dxxfxxxxi~~ Richard Curtis Lee and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs Myrtle Alma Flowers Lee

P. O. Address 704-E-3rd St. National City Cal

Subscribed and sworn to before me this 8 day of May, 19 40

Lea Williams
Notary Public.

Residing at National City Cal, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

292293

RECEIVED
MAY 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292293

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. **PLACE OF BIRTH**
County of Bonner
City of Clarksfork, Idaho
No. 445 218 009 St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Maxine Lenor Dunn

3. Sex Female | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? X | 8. Date of birth Dec. 18, 1922 (Month, Day, Year)

9. Full name of FATHER	18. Full maiden name of MOTHER
Max J. Dunn	Lilian M. Nagel
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 46 (years)	20. Color or race White | 21. Age at last birthday _____ (years)
13. Birthplace (city or place) (State or Country) Marquette, Mich.	22. Birthplace (city or place) Clarksfork (State or Country) Bonner Co. Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work October, 1938 | 17. Total time (years) spent in this work 40	25. Date (month and year) last engaged in this work Deceased, 1933 | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Four (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks | 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or Annie Nagel Midwife

Address Clarksfork, Idaho.

Filed May [redacted] 1940

Registrar.

STATE OF IDAHO

292293

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 14 1940

State of Idaho
County of Bonner } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Max J Dunn being first duly sworn says that he is the Father (Relationship of child)* of Maxine L. Dunn born Dec. 18 – 1922 (Date of birth) at Clarksfork, Bonner Co, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Maxine Lenor Dunn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Annie Nagele, M. D., was the Midwife medical attendant at the birth of said Maxine Lenor Dunn and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Max J Dunn

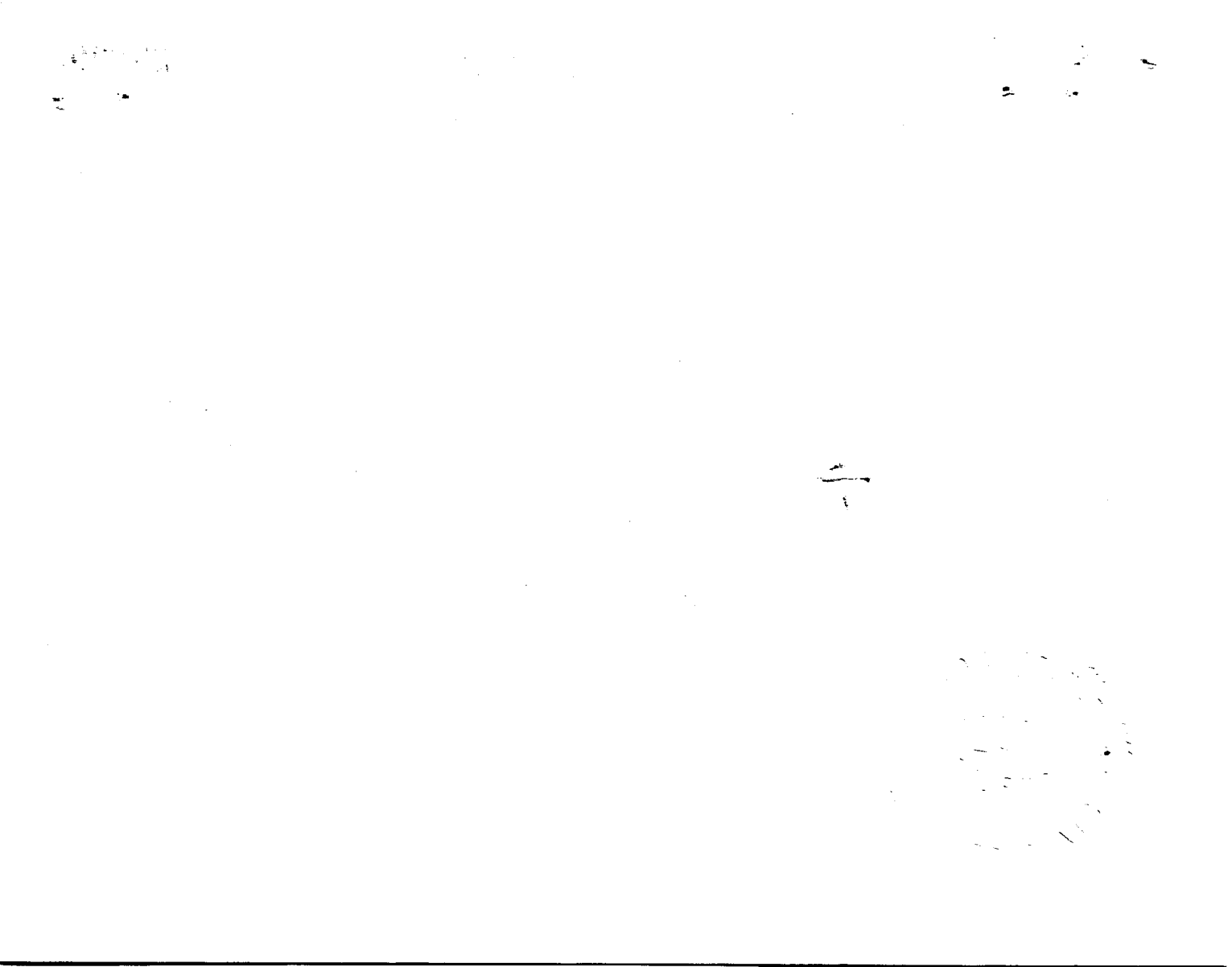
P. O. Address Hope, Idaho.

Subscribed and sworn to before me this 10th day of May, 1940

[signature]
Notary Public.

Residing at Sandpoint, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



719-23-001-155

293379

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 28 1940

CERTIFICATE OF BIRTH

293379

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise, Idaho
No. ____ St. St. Alphonsus Hospital
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Vernon Cleo Davis

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1 | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 23, 1922 (Month, Day, Year)

FATHER

9. Full name Jechoniah R. Davis
10. Residence (usual place of abode) (If non-resident, give place and State) ~~Boise, Ida~~ Paisetta Tex
11. Color or race White 12. Age at last birthday ~~54~~ 37 (years)
13. Birthplace (city or place) (State or Country) Woodville Tyler County, Tex

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work May, 1940
17. Total time (years) spent in this work 25 years

MOTHER

18. Full maiden name Pearl Mae Averett
19. Residence (usual place of abode) (If non-resident, give place and State) ~~Boise, Ida~~ Paisetta Tex
20. Color or race White | 21. Age at last birthday ~~42~~ 34 (years)
22. Birthplace (city or place) (State or Country) Willis, Texas Montgomery County

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home
25. Date (month and year) last engaged in this work May, 1940
26. Total time (years) spent in this work 26 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? +
28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was October 23 at 2 ~~p~~a.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)

(Signed) Jechoniah R. Davis, ~~M.D.~~
or Father
Address Paisetta Tex. Rt. 203

Filed May 28, 1940

Registrar. Registrar.

293379

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 28 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Texas
County of Liberty } ss.

Zechariah R. Davis being first duly sworn says that

He is the Father of Vernon Cleo Davis
(Relationship of child)*

born October 23, 1922 at Baile Plain, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Zechariah R. Davis desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Vernon Cleo Davis

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. T. L. Pittman M. D. was the ~~Midwife~~ medical attendant at the birth of said Vernon Cleo Davis and that the said medical attendant is

(~~Now deceased (or)~~ cannot be located)

Name of Affiant Zechariah R. Davis

P. O. Address Daisetta Texas

Subscribed and sworn to before me this 27th day of May, 1940

E. Greendorfer
Notary Public.

Residing at Daisetta Texas, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

666-105 001944

RECEIVED JUN 8 1940

STATE OF IDAHO 293419
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293419

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1903 Harrison Blvd. St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Rudisill Woodie

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 5, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Woodie	18. Full maiden name Edna Muriel Rudisill
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho
11. Color or race White | 12. Age at last birthday 36 (years)	20. Color or race White | 21. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Virginia	22. Birthplace (city or place) (State or Country) Anderson, Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work June 19, 1926 | 17. Total time (years) spent in this work 8	25. Date (month and year) last engaged in this work at present, 19.. | 26. Total time (years) spent in this work 26

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation X months or weeks | 30. Cause of Stillbirth X During labor X Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 30 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edward T Bivor, M. D.
or ....., ~~Midwife~~
Address Boise Idaho
Filed ....., 193.. Mae G. Atwood By L.B.
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

RECEIVED JUN 8 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 349-125-007-386

County of Blaine

City of Hailey Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

293516

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lawrence Drexell Turner

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Feb 25, 1922 (Month, Day, Year)

FATHER

9. Full name Frank Alvah Turner

10. Residence (usual place of abode) (If non-resident, give place and State) Hailey

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Bellevue Ida

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Grace Beatrice Thompson

19. Residence (usual place of abode) (If non-resident, give place and State) Hailey

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Missouri Forest City

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4:30 m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Nora L. Thompson, Midwife

Address Hailey Idaho

Filed Jan, 193.7

Registrar.

JUNE 1940

SEP 10 1957

DELAYED

247 112 028 692

294567

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294567

CERTIFICATE OF BIRTH

Registration District No. 120 State File No.

Prim. Registration District No. Local Registrar's No. 166

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 15th St.
At Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lesley W. Buxton.

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth April 12 1922 (Month, Day, Year)

FATHER

9. Full name Delbert E. Buxton.
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
11. Color or race White 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lederer.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber mill.
16. Date (month and year) last engaged in this work April, 1922
17. Total time (years) spent in this work 2 yrs.

MOTHER

18. Full maiden name Eva Daisy Meise
19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
20. Color or race White 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or Country) Kentucky

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work April, 1922
26. Total time (years) spent in this work 21 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 25% Argyrol.

28. Number of children of this mother 10 (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ... M. D.

or ... Midwife

Address Coeur d'Alene, Idaho.

Give name added from a supplemental report ...

(Date of) ...

Registrar.

Filed 6-17, 1940 H. K. Newcomb, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

522 207027 293

RECEIVED JUL 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2947 80

Registration District No. ..... State File No. 294780

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Idaho

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Maxine Luella Ebberts

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth Aug 7, 1922 (Month, Day, Year)

FATHER

9. Full name: Jesse M. Ebberts

10. Residence (usual place of abode) (If non-resident, give place and State): do

11. Color or race: White | 12. Age at last birthday: 54 (years)

13. Birthplace (city or place) (State or Country): Almo Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: [illegible]

16. Date (month and year) last engaged in this work: Apr 1-16, 1940

17. Total time (years) spent in this work: 35 yrs.

MOTHER

18. Full maiden name: Ethel May Silvers

19. Residence (usual place of abode) (If non-resident, give place and State): Hagerman Ida

20. Color or race: White | 21. Age at last birthday: 54 (years)

22. Birthplace (city or place) (State or Country): Malad Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: [illegible]

25. Date (month and year) last engaged in this work: ..... 19.....

26. Total time (years) spent in this work: 30

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 5 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ..... , M. D.

or Mrs M B Ebberts, Midwife

Address Hagerman Idaho

Filed July, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DEC 14 1970

JUL 29 1953

43172002213 294181

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECORDED JUL 11 1940

CERTIFICATE OF BIRTH

294781

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of St Anthony
No. ..... St.
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lemoin Mc Arthur

3. Sex M

If plural births { 4. Twin, triplet, or other 1 / 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept 21, 1922 (Month, Day, Year)

FATHER

9. Full name Daniel Duncan Mc Arthur

10. Residence (usual place of abode) (If non-resident, give place and State) St Anthony Idaho

11. Color or race White | 12. Age at last birthday 46 (years)

13. Birthplace (city or place) (State or Country) Wellsville Cache Co. Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator man

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. grain storage Elevator

16. Date (month and year) last engaged in this work September 20, 1922

17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Cora Edna Allen

19. Residence (usual place of abode) (If non-resident, give place and State) St Anthony Idaho

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Coalville Summit Co. Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or ~~Stillborn~~) at 11-31 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) Effie Mc Arthur, M. D.
or Emmaline Brower Deceased, Midwife
Address St. Anthony, Idaho

Filed ....., 193.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

294781

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HE[redacted]
BUREAU OF VITAL STATISTICS

RECEIVED JUL 11 1940

State of Idaho }
County of Fremont } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cora Edna McArthur being first duly sworn says that

She is the Mother (Relationship of child)* of Lemuin McArthur

born September 20, 1922 (Date of birth) at St Anthony, Fremont Co., Idaho,

whose certificate of birth is hereto attached, and that Cora Edna McArthur desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lemuin McArthur

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Emmaline Brower, [redacted], was the Midwife

~~medical~~ attendant at the birth of said Lemuin McArthur and that the said ~~medical~~ attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Cora Edna McArthur

P. O. Address Lovell, Wyoming

Subscribed and sworn to before me this 3rd day of July, 1940

Archie R. Boyack
Notary Public.

My Commission Expires Oct. 18, 1941

Residing at Lovell, Wyo, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 28 1943

269- 217020-693

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED

JUL 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294955

Registration District No. 380 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 24

2. FULL NAME OF CHILD Dolores Swimm

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate? Yes	8. Date of birth January 17 1922 (Month, Day, Year)
Female				

FATHER		MOTHER	
9. Full name	Peter Virgil Swimm	18. Full maiden name	Marie Orton ~~Swimm~~
10. Residence (usual place of abode) (If non-resident, give place and State)	Mountain Home Ida	19. Residence (usual place of abode) (If non-resident, give place and State)	Mtn. Home Ida
11. Color or race W	12. Age at last birthday 32 (years)	20. Color or race W	21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country)	Beresford South Dak	22. Birthplace (city or place) (State or Country)	Clear Lake Wis
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Labor	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Argyrol

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) J E Evans, M. D.

or ....., Midwife

Address Mountain Home Ida

Filed 6-25-, 1940 [signature]

Registrar.

MAR 22 1967

342-20-1038 799

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 1 1940

294975

1. **PLACE OF BIRTH**
County of PAYETTE.
City of FRUITLAND.
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. 3. State File No. 294975
Prim. Registration District No. 3-331 Local Registrar's No. 94

2. **FULL NAME OF CHILD** ARDELL ILENE TUSSING.

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature No. Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 1, 193 1922 (Month, Day, Year)

FATHER

9. Full name: HENRY EARL TUSSING

10. Residence (usual place of abode) (If non-resident, give place and State): FRUITLAND, ID

11. Color or race: W. | 12. Age at last birthday: 40 (years)

13. Birthplace (city or place) (State or Country): CANTON, OHIO.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: ALMEDA DESSEL. GRIMES

19. Residence (usual place of abode) (If non-resident, give place and State): FRUITLAND, ID

20. Color or race: W. | 21. Age at last birthday: 36 (years)

22. Birthplace (city or place) (State or Country): AMHEARST, NEBRASKA.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 6.
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5.00 pm m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) ____, M. D.
or E. E. Grimes, Midwife
Address ONTARIO, OREGON R. F. D. NO. 2.

Filed 6/26/1940 193 J. O. Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. 346-1/3-018-262 **PLACE OF BIRTH**

County of Clearwater

City of Orofino

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296104

Registration District No. 210 State File No. 13

Prim. Registration District No. ..... Local Registrar's No. 93

2. **FULL NAME OF CHILD** Charles Andrew Cooper

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 5

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 13, 1922 (Month, Day, Year)

FATHER

9. Full name Arthur Franklin Cooper

10. Residence (usual place of abode) (If non-resident, give place and State) Orofino

11. Color or race White 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Walla Walla, Wash

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Edna Lu Verne Bobbitt

19. Residence (usual place of abode) (If non-resident, give place and State) Orofino Idaho

20. Color or race W 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Dawson, Neb.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 12 (At time of this birth and including this child)
(a) Born alive and now living 12 (b) Born alive but now dead ..... (c) Stillborn None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Edna L Cooper, M. D.
or Mother, Midwife

Address Orofion, Idaho R 4

Filed 7/22, 1922 H. A. Shaw Registrar.

STATE OF IDAHO

296104

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Clearwater } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ednah L Cooper being first duly sworn says that she is the mother (Relationship of child)* of Charles Andrew Cooper born May 13 1922 (Date of birth) at Orofino, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Andrew Cooper hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No Medical Attendant was present, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Ednah L Cooper

P. O. Address Orofino, Idaho

Subscribed and sworn to before me this 22 day of July 1940, 19

Joseph [illegible] Huffman County Auditor
[illegible] Deputy Notary Public.

Residing at Orofino, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

815-110032-318

RECEIVED
AUG -2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296267
296267

CERTIFICATE OF BIRTH

Registration District No. 430 State File No.

(If born in hospital or institution give name) Prim. Registration District No. Local Registrar's No. 366

1. PLACE OF BIRTH, County of Lincoln, City or Shoshone, No. St.

2. FULL NAME OF CHILD Donald Taylor Hanson.

3. Sex Male. | If plural births: 4. Twin, triplet, or other No. 5. Number, in order of birth No. | 6. Premature No. Full term Yes. | 7. Legitimate? Yes. | 8. Date of birth April 10, 1922 (Month, Day, Year)

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Arthur M. Hanson	Florence G. Taylor.
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Shoshone.	Shoshone.
11. Color or race / 20.	White	White
12. Age at last birthday (years) / 21.	36	29
13. Birthplace (city or place) (State or Country) / 22.	Shoshone, Idaho	Seneca, Kansas.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Cashier. Bank	Housewife / Public school Teacher.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.	First Natl Bank	Public schools / self.
16. Date (month and year) last engaged in this work / 25.	Apr. 1922	Apr. 1922
17. Total time (years) spent in this work / 26.	13	3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living One. (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks | 30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 5 9 m on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)

(Signed) ..., M. D.

or ..., Midwife

Address Shoshone, Idaho.

Filed July 30, 1940 Myrtle C. Burdett
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Do not write in spaces other than those indicated. Use a Separate Return must be made for each, and the number of each child at birth

DEC 28 1943

751-119. 010-866

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296341

AUG -6 1940

296341

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ____ St. ____
(If born in hospital or institution give name.) ____

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Bruce Hawell Pearson.

3. Sex: Male.

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth August 18, 1923. (Month, Day, Year)

FATHER

9. Full name: James Henry Pearson

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Idaho.

11. Color or race: W. | 12. Age at last birthday: 35 (years)

13. Birthplace (city or place) (State or Country): Rexburg Idaho Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Clydia Amanda Hawell

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Idaho

20. Color or race: W. | 21. Age at last birthday: 35 (years)

22. Birthplace (city or place) (State or Country): Fairview Utah.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
one
(a) Born alive and now living 5 (b) Born alive but now dead 6 (c) Stillborn Nil

29. If stillborn, period of gestation Nil months or weeks

30. Cause of Stillbirth Nil { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) J. H. Pearson Father, M. D.

or ____, Midwife

Address Shepard Alberta

Filed AUG -6 1940, 193 Mae G. Atwood Registrar.

Bureau of Vital Statistics

LIBRARY

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Dominion of Canada
County of Province of Alberta } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Henry Pearson being first duly sworn says that

He is the Father of Reece Jewell Pearson
(Relationship of child)*

born Idaho Falls 19 August 1922 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Reece Jewell Pearson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Rodgers, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is so far as he knows
(Now deceased (or) cannot be located)

Name of Affiant James Henry Pearson

P. O. Address Okotoks Alberta

Subscribed and sworn to before me this 2nd day of August, 19 46

[signature]
Notary Public.

Residing at Calgary Alberta, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

FEB 1957

213-223 037-267

296345

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 31 1940

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Cuyhee
City of Homedale
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Alline Bates

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 12. 28, 1922 (Month, Day, Year)

FATHER

9. Full name Hannible Hadden Bates.
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race white | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) Marshfield (State or Country) Wood Co. Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer.
16. Date (month and year) last engaged in this work Dec 23, 1922
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Rose Boggess Bates
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race ..... | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) Waterloo (State or Country) Lawrence Co. Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Dec 23, 1922
26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) six
(a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) A B Boeck, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed JUL 31 1940, 193 Mae G. Atwood
Registrar
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Caribou Bannock

City of Grace, Idaho

No. 353105 003 243 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG -2 1940

CERTIFICATE OF BIRTH

296681

Registration District No. 511 State File No.

Prim. Registration District No. Local Registrar's No. 52

2. FULL NAME OF CHILD John Alondus Telford

3. Sex M | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term yes | 7. Legitimate? yes | 8. Date of birth Oct. 5, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: George Telford	18. Full maiden name: Geneva Buckland
10. Residence (usual place of abode) (If non-resident, give place and State): Grace, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Grace, Idaho
11. Color or race: W | 12. Age at last birthday 54 (years)	20. Color or race: W | 21. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or Country): Bountiful, Ut	22. Birthplace (city or place) (State or Country): Bountiful, Ut
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: houseiwfe
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 11 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks | 30. Cause of Stillbirth: Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 PM on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Ellis Kackley, M. D.

or Dr. Ellis Kackley, Midwife

Address Soda Springs, Idaho

Filed Aug-1-, 1940 Mrs G. G. Fitz Registrar.

299212 00-299

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonniville

City of Idaho Falls

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296696

CERTIFICATE OF BIRTH

Registration District No. 610 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 561

2. FULL NAME OF CHILD Lillian Isabelle Briggs

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth March 12, 1922 (Month, Day, Year)

FATHER

9. Full name DeForrest Gordon Briggs

10. Residence (usual place of abode) X Idaho Falls Idaho (If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Eagle Rock (State or Country) Bingham County Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work March, 1922

17. Total time (years) spent in this work 9 years

MOTHER

18. Full maiden name Vienna Lydia Briggs

19. Residence (usual place of abode) X Idaho Falls Idaho (If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) Cumberland (State or Country) Cass County Iowa.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work March, 1922

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address Idaho Falls Idaho

Give name added from a supplemental report .....

(Date of)

Filed Aug 5, 1940 Anna Bridges
Registrar.

Registrar.

APR 16 1963
FEB 24 1971

483-231 040-219

RECEIVED
AUG 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296759

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. Gamet Ave St.

Smith Maternity Home

(If born in hospital or institution give name.)

Registration District No. 142 State File No.

Prim. Registration District No. Local Registrar's No. 124

2. FULL NAME OF CHILD Joy Elizabeth Myler

3. Sex female | If plural births { 4. Twin, triplet, or other; 5. Number, in order of birth } | 6. Premature; Full term X | 7. Legitimate? yes | 8. Date of birth March 31, 1922. (Month, Day, Year)

FATHER

9. Full name William Myler

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg.

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smelter Millman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lead Industry

16. Date (month and year) last engaged in this work ..., 19...

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Charlotte Barlow

19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg

20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ..., 19...

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... { months or weeks }

30. Cause of Stillbirth { During labor; Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11:45 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) M. C. Lindsay, M. D.

or ..., Midwife

Address Kellogg, Idaho

Filed Aug. 19 1940, 193 Mrs. Helen McBride

Registrar. Registrar.

[illegible] 11-034-[illegible]

Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 297836

Reg. Dist. No. 297836

1. **PLACE OF BIRTH:** AUG 22 1940
   (a) County..... (b) City Paul
   (c) Street Address or R F.D No. Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home.....days.
   In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State..... (b) County.....
   (c) City.....
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.
   (f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Benjamin Hauck

5. Date of Birth (Month, day, year) June 11 1922

6. Sex. M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Hauck
11. Color or Race W
12. Age at time of THIS birth 43 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Goring
17. Color or Race W
18. Age at time of THIS birth 44 years
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Aug 22 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jacob Hauck, being first duly sworn, say that I am father (Related to (or) acquainted with) Benjamin Hauck (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jacob Hauck Name
1912 - 14th St Oregon City Ore P. O. Address

Subscribed and sworn to before me on this 19 day of Aug 1940

(SEAL) Guy H Pace Notary Public, residing at County Clerk
Cora L Hunt Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED cert. in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for f Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

163-122-028-893 297885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 297885
Local Reg. No.
Reg. Dist. No.

AUG 27 1940

1. PLACE OF BIRTH: (a) County Kootain (b) City Setters Idaho
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 20 days.
In THIS county 10 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootain
(c) City Setters
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Eugene Lee Jolliff
5. Date of Birth (Month, day, year) Sept 22 1922
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME A Jolliff
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Mo (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida F Hickman
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Mo (City or town) (State or foreign country)
20. Exact Occupation H W
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Usual
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name) who is related to this child as (Mother, etc.)

26. (a) Aug 27, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's OWN signature L Clanton M.D. or (D.O., Midwife, etc.)
and address Rockford Wa Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298035
Local Reg. No. 298035
Reg. Dist. No.

1. **PLACE OF BIRTH:** AUG 26 1940
(a) County Blaine (b) City Hailey
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: in Private home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 9 years 1 months 0 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Benson Ariz.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Darryl Allen Dunn

5. Date of Birth (Month, day, year) 1/16 — 22

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Fred Dunn
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Niangua (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aleth Dunn.
17. Color or Race white
18. Age at time of THIS birth 16 years
19. Birthplace Kansas City (City or town) Missouri, (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes. (c) Born alive and now dead no (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) x, who is related to this child as ..... (Mother, etc.)

26. (a) Aug 26 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.) and address Date

State of ~~Idaho~~ Ariz } ss.
County of Blaine Cochise }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Letha Fanning, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Darryl Allen Dunn (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Stetz (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Letha Fanning Name
Benson Ariz. Box 211 P. O. Address

Subscribed and sworn to before me on this 24th day of August 1940

(SEAL) Jessie E. Miller Notary Public, residing at Benson, Ariz.

my commission expires: Mar. 20th 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

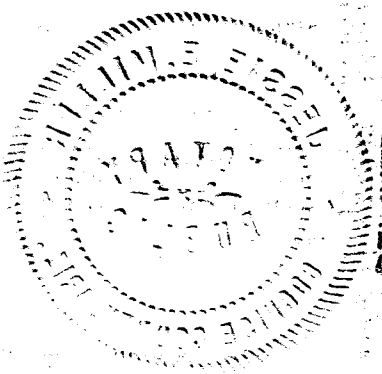
JUL 1 1965

HOLD
SEE 1922-99923
CLAIMS BROTHERS
YEAR OF BIRTH
2 MONTHS APART

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



20-99923

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 13 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

298224

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County POWER (b) City AMERICAN FALLS - IDAHO
(c) Street Address or R F.D No. —
(d) Name of Hospital or Maternity Home: — (at home)
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. In **THIS** county 1 years 7 months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County POWER
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address AM. FALLS, IDA.

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** OSCAR ROLLAND KLEMENS

5. Date of Birth (Month, day, year) 5/15/22

6. Sex. MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** GOTTFRIED KLEMENG
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace ORBILYONOFKA (City or town) RUSSIA (State or foreign country)
14. Exact Occupation F LABORER
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOUISA VOLLMER
17. Color or Race WHITE
18. Age at time of THIS birth 30 years
19. Birthplace FRIEDORF (City or town) BESSARABIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep. 13, 1940 (Date) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, GOTTFRIED KLEMENS, being first duly sworn, say that I am related to (Related to (or) acquainted with) OSCAR ROLLAND KLEMENS (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Christ Sept (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gottfried Klemens Name
Rt. #4 Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of September 1940

(SEAL) Ethel V. Riese Notary Public, residing at Nampa, Idaho

(over)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

My address is: Oscar R. Klemens
Route #4, Nampa, Idaho.
I am enclosing a money order
for a birth certificate,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214128 004-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

290 298286

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
rivate Home
(e) Mother's stay **BEFORE** delivery: SEP 15 1940
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. 10'th
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Montpelier Idaho.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Glenn Christian Baumen

5. Date of Birth (Month, day, year) Aug. 28 - 1922

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christian Baumen
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Meiringen (City or town) Switzerland (State or foreign country)
14. Exact Occupation Machinist helper
15. Industry or Business U.P. Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Bartlome
17. Color or Race white
18. Age at time of THIS birth 32 years
19. Birthplace Bolligen (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ .....
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Martha Baumann (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Aug 28 1922 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on Sept - 1941 by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of IDAHO }
County of BEAR LAKE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Martha Baumann, being first duly sworn, say that I am Related (Mother) (Related to (or) acquainted with) Glenn Christian Baumann - Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Meeks (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Baumann Name

Box 364 Montpelier Ida. P. O. Address

Subscribed and sworn to before me on this 13 day of Sept - 1940

(SEAL) Ken Alcaud Notary Public, residing at Montpelier Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-230-040-315

298 328

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298328

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Alice Schuettenhelm

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Oct. 30, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name John B. Schuettenhelm	18. Full maiden name Marie Landry
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg	19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
11. Color or race wht | 12. Age at last birthday 33 (years)	20. Color or race ..... | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Germany	22. Birthplace (city or place) (State or Country) Michigan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smelterman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 10	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child) Four
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) T. R. Mason, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 9/20 1940 Mae G. Atwood
Bureau of Vital Statistics Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

396 125 001 753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. E. State
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. E. State
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address E. State

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Virgil A. Crouch

5. Date of Birth (Month, day, year) July 25 1922

6. Sex. M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ernest Jay Crouch
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Napoleon N. Dak (City or town) (State or foreign country)
14. Exact Occupation State Inspector
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Lucille Crouch
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Fenton Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 8 9 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ernest Crouch, being first duly sworn, say that I am related to (Related to (or) acquainted with) Virgil A. Crouch (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. H. Parker (Name of attendant at birth), who attended said birth Now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Ernest Crouch Name

1307 North 10th. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of September, 1940.

(SEAL) Agnes Dunn Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-108-032-267

299787

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299787

RECEIVED OCT 1 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ____ St. Wills Hospital
(If born in hospital or institution give name.)

Registration District No. 430 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. D-[illegible] #6

2. FULL NAME OF CHILD Clarence Areon Carothers

3. Sex M

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? yes

8. Date of birth Mar 8, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward Alone Carothers	18. Full maiden name Jane Sophie Carnegie
10. Residence (usual place of abode) (If non-resident, give place and State) Roseleu Ida	19. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race W	12. Age at last birthday 32 (years)
20. Color or race ____	21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Brigham City Utah	22. Birthplace (city or place) (State or Country) Granite Co. — Montana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. self.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. self
16. Date (month and year) last engaged in this work Mar, 1922	17. Total time (years) spent in this work 12
25. Date (month and year) last engaged in this work Mar, 1922	26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 3 A. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) [signature], M. D.
or ____, Midwife
Address Shoshone Idaho

Filed Sept 30, 1940 Myrtle C. Burdell
Registrar.

10-16-40 mf

312-127-010-413

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299941

RECEIVED OCT 11 1940

1. PLACE OF BIRTH
County of Bonneville
City of
No. farm 12 miles north of St.
Idaho Falls, Idaho
(If born in hospital or institution give name.)

Registration District No. 2 State File No. 299941
Prim. Registration District No. Local Registrar's No. D # 8

2. FULL NAME OF CHILD John Jay Casper

3. Sex M
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term yes
7. Legitimate? yes
8. Date of birth Feb. 27, 1922 (Month, Day, Year)

FATHER

9. Full name Delbert Carlos Casper
10. Residence (usual place of abode) (If non-resident, give place and State) Rigby
11. Color or race white | 12. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Manan, Ida

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work Feb., 1940
17. Total time (years) spent in this work 4 yrs

MOTHER

18. Full maiden name Eva Ellen Matheson
19. Residence (usual place of abode) (If non-resident, give place and State) Rigby
20. Color or race white | 21. Age at last birthday 17 (years)
22. Birthplace (city or place) (State or Country) Colorado

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. mother's home
25. Date (month and year) last engaged in this work Feb, 1922
26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12:45 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
Registrar.

(Signed) ..... M. D.
or Mrs Minnie Belle Matheson Midwife
Address 435 N 5th St Missoula Montana.
Filed Oct 10, 1940 Myrtle C. Burdett Registrar.
Bureau of Vital Statistics

249-124-027-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299970

State File No. 299970
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County JEROME (b) City HAZELTON
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County JEROME
(c) City HAZELTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs 10 mo
(f) Mother's mailing address HAZELTON
3. **RESIDENCE OF FATHER** (city, state) HAZELTON, IDA

4. **FULL NAME OF CHILD** ~~ERNEST~~ LADDIE SMYTH
5. Date of Birth (Month, day, year) MAY 24, 1922,
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mon
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ERNEST, PERCIVAL, SMYTH
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace BATHURST, VILLAGE N.B. (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EDNA TATE.
17. Color or Race WHITE
18. Age at time of THIS birth 21 years
19. Birthplace PENSYLVANIA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as FATHER, ~~(Mother, etc.)~~ Mae G. Atwood Director

26. (a) Oct. 10, 1940 (Date received) (b) Ernest Percival Smyth (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest Percival Smyth, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Laddie Smyth (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ~~Ernest Percival Smyth~~ (Name of attendant at birth) who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ernest Percival Smyth Name
Hazelton, Idaho P. O. Address

Subscribed and sworn to before me on this seventh day of October, 1940

(SEAL) [signature] Notary Public, residing at Hazelton, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/20/40 L. B.

OCT 2 5 40

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-121 011-665

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 11 1940

CERTIFICATE OF BIRTH

301153

1. PLACE OF BIRTH
County of Boundary
City of Copeland
No. ..... St.
(If born in hospital or institution give name)

Registration District No. 100 State File No. .....
Prim. Registration District No. 2156 Local Registrar's No. .....

2. FULL NAME OF CHILD Richard Ferris Cooper

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth April 21, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Elza Cooper	18. Full maiden name Annie Elizabeth Owens
10. Residence (usual place of abode) (If non-resident, give place and State) Copeland	19. Residence (usual place of abode) (If non-resident, give place and State) Copeland Ida.
11. Color or race Wh | 12. Age at last birthday 46 (years)	20. Color or race Wh | 21. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Missouri	22. Birthplace (city or place) (State or Country) England
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 11 (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Leslie H Cooper, ~~M. D.~~ (Brother)
or ..... ~~Midwife~~
Address Bonners Ferry Idaho
Filed Oct 1, 1940 R M Bowell
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Boundary } ss.

Leslen H. Cooper being first duly sworn says that he is the Brother of Richard Ferris Cooper
(Relationship of child)*

born April 21- 1922 at Copeland, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1927 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Richard Ferris Cooper hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No medical attendance M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is Parents both deceased
(Now deceased (or) cannot be located)

Name of Affiant Leslen H. Cooper

P. O. Address Bonners Ferry Idaho

Subscribed and sworn to before me this 1 day of October, 1940

Notary Public.

Residing at Bonners Ferry, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 29 1941

455228-027-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301351

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301351
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jerome (b) City Hazelton
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED OCT 26 1940 In 1922

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City Hazelton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Hazelton, Idaho
3. **RESIDENCE OF FATHER** (city, state) Hazelton, Idaho

4. **FULL NAME OF CHILD** Anne Mendenhall
5. Date of Birth (Month, day, year) February 28, 1922
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Mecham Mendenhall
11. Color or Race American
12. Age at time of THIS birth 39 yrs.
13. Birthplace Dayton (City or town), Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Collan Perkins
17. Color or Race American
18. Age at time of THIS birth 35 years
19. Birthplace Dayton (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7 (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Oct. 26, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James M. Mendenhall, being first duly sworn, say that I am Father (Related to (or) acquainted with) Anne Mendenhall (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. H. Cutler (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Mecham Mendenhall Name
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of October, 1940

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1964

one copy 11/1/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593113 001-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301398
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: St. Alphonsus
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Star Idaho

3. **RESIDENCE OF FATHER** (city, state) Star Idaho

4. **FULL NAME OF CHILD** Richard Arlan Nicholson

5. Date of Birth (Month, day, year) June 13, 1922

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Engle Nicholson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Marshall (City or town) Minnesota (State or foreign country)
14. Exact Occupation Mgr Lumber Yard
15. Industry or Business Lumber, Retail

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Larison
17. Color or Race White
18. Age at time of THIS birth 39 years
19. Birthplace Wymore (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Nicholson (First name) (Last name), who is related to this child as Mother (Mother).

Mae G. Atwood

26. (a) Nov. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.W. Tallman M.D. or (D.O., Midwife, etc.)
and address Miami, Fla Date 2 Nov 1940

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....(Related to (or) acquainted with)
.....as.....(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1944

11/2/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Adams A415-205

City of Meadows 002-451

No. ____ St. ____

At Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 301556

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Dorothy Louise Davis

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		Full term	Yes	Mar. 5, 1922

FATHER

9. Full name: Wm. Frederick Davis

10. Residence (usual place of abode) (If non-resident, give place and State): Meadows, Ida.

11. Color or race: W | 12. Age at last birthday: 47 (years)

13. Birthplace (city or place) (State or Country): Charleston, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Rose Elizabeth Dean

19. Residence (usual place of abode) (If non-resident, give place and State): Same

20. Color or race: W | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Fishcreek, Jefferson Co. Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): Sixth (a) Born alive and now living 6th (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) Mr. Wm. Frederick Davis, Father, ~~M.D.~~

or Winkenburg, Arizona, Midwife

Address Mae G. Atwood

Filed Nov. 13, 1940 193 Mae G. Atwood

Registrar.

Bureau of Vital Statistics

AFFIDAVIT

STATE OF Idaho }
COUNTY OF Adams } ss.

I, W. F. Davis, do solemnly swear that I am the father of the child mentioned in the annexed Certificate of Birth. I have read said Certificate and the statements contained therein are true of my own knowledge.

x W. F. Davis

Subscribed and sworn to before me this 6th day of November, 1940

Earl Johnson

Notary Public for State of Idaho

Residing at New Meadows

My Commission expires June 15, 1944

STATE OF ..... }
COUNTY OF ..... } ss.

We, the undersigned, do severally solemnly swear that we are personally and well acquainted with the above named affiant and we have read the statements contained in the annexed Certificate of Birth and that said statements are true to our best knowledge and belief.

Mrs S M Rigdon Age of Witness 29

Frank J Keskie Age of Witness 30

Subscribed and sworn to before me this ..... day of ....., 19.....

Mrs. Frank Keskie, Midwife
Now deceased

.....

Notary Public for State of .....

Residing at .....

My Commission expires .....

THE DEMOCRAT, LEWISTOWN, MONT
V. S. 11—2M—1-40.

1 copy issued 11/13/40 L.B.

316-113002-217

301560

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301560

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County adams (b) City New meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County adams
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Edward Eugene La Day

5. Date of Birth (Month, day, year) May 13 1922

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence La Day

11. Color or Race W

12. Age at time of THIS birth 23 yrs.

13. Birthplace Wis (City or town) (State or foreign country)

14. Exact Occupation Barber

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Rayshaw

17. Color or Race W

18. Age at time of THIS birth 31 yrs.

19. Birthplace Colorado (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Mae G. Atwood

26. (a) Nov. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. C. La Day, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edward Eugene La (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Schuyler (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. C. La Day Signature

New Meadows, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of November, 19 40

(SEAL) Ruth Pendleton Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

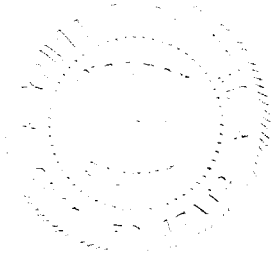
NOV 10 1965

SEP 27 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



847-112-026-593

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 30162
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Camas
(c) Street Address or R F D No. x
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home —— days.
In **THIS** county one years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Camas
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Camas Idaho

3. **RESIDENCE OF FATHER** (city, state) Camas Idaho

4. **FULL NAME OF CHILD** Chalmer A. Hughes

5. Date of Birth (Month, day, year) Sept 12 - 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Asa Rhinehart Hughes
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Palouse (City or town) Idaho (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Tracy Litteral
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as (Mother).

26. (a) Nov. 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Montana }
County of Ravalli } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Asa Hughes, being first duly sworn, say that I am Related to (or) acquainted with (Related to (or) acquainted with) Chalmer A. Hughes (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Earl Jones (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Asa Hughes ..... Name

Hamilton, Montana, Daly Acres, ... P. O. Address

Subscribed and sworn to before me on this 9th day of November, 1940

(SEAL) Anthony Hork, County Clerk and Recorder, Ravalli County, Montana, ... Notary Public, residing at .....

By Linnie L. Wagner Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Nov. 14, 1940. L.W.

259-12710032-718

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

301709

NOV 8 1940

CERTIFICATE OF BIRTH

Registration District No. 430 State File No. -

Prim. Registration District No. ..... Local Registrar's No. #13

2. FULL NAME OF CHILD John Lewis Beitia

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec 27, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Manuel Beitia	18. Full maiden name Fernanda Gays
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Ida
11. Color or race W | 12. Age at last birthday 37 (years)	20. Color or race W | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) ? (State or Country) Spain	22. Birthplace (city or place) ? (State or Country) Spain
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. self	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Dec, 1922 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work Dec, 1922 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Filed Nov. 2, 1940 Myrtle C. Burdett Registrar.

FEB 3 1942

FEB 7 1942

NOV 1 5 1974

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

011-122-005-813

301747 301747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Grace
(c) Street Address or R F D No. R.F.D. No 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
(f) Mother's mailing address Grace

3. **RESIDENCE OF FATHER** (city, state) Grace Ida

4. **FULL NAME OF CHILD** Rodney Jay Hale

5. Date of Birth (Month, day, year) 4-22-22

6. Sex. male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Nathan Harriman Hale

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Tooele Utah
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Rosetta Hale

17. Color or Race White

18. Age at time of THIS birth 42 years

19. Birthplace Mink Creek Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother etc.) Mae G Atwood

26. (a) Nov. 26, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Libbie Judd, being first duly sworn, say that I am related (Related to (or) acquainted with) Rodney Jay Hale (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H Hubbard (Name of attendant at birth), who attended said birth is no deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Libbie Judd Name

Blackfoot Ida P.O. Address

Subscribed and sworn to before me on this 25 day of Nov 1940

(SEAL) Notary Public, residing at Grace Idaho

MAR 1 3 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

572-123 003-572

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302807
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Grace
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 26 years 11 months 23 days.

NOV 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. None.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Grace, Idaho

3. **RESIDENCE OF FATHER** (city, state) Grace, Idaho

4. **FULL NAME OF CHILD** Jack Curtis Egbert

5. Date of Birth (Month, day, year) July 23, 1922

6. Sex. Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John James Egbert
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Lewiston, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Maria Egbert
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Grace, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 15, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Chelan }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle M. Egbert, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jack Curtis Egbert (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Egbert (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle M. Egbert ..... Name

Leavenworth, Washington ..... P. O. Address

Subscribed and sworn to before me on this 13th day of November, 1940.

(SEAL) Herman Howe ..... Notary Public, residing at Leavenworth, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Nov. 27, 1940. E.W.

168 126 033 595

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302959
Local Reg. No.
Reg. Dist. No.

DEC 2 1940

1. PLACE OF BIRTH
(a) County Madison (b) City Salem
(c) Street Address or R.F.D. No. Rexburg R 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Salem
(d) Street Address or R.F.D. No. Rexburg R 2
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Rexburg R 2
3. RESIDENCE of FATHER (city, state): Salem Ida.

4. FULL NAME OF CHILD Harold Blaine Johnson
5. Date of Birth (Month, day, year) Oct 26 1922
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willard Julius Johnson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Violate Nielsen
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 12 %
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Johnson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

Mae G. Atwood

26. (a) Dec. 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J. A. Ellison M.D. (D.O., Midwife, etc.)
and address St. Anthony Ida. Date 11/29/40

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 22-106804

Certified Copy Issued Dec. 9, 1940. E.M.

A854 123 028 466

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303053

DEC 6 1940

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. Mrs. Anna Tanner's St. Nursing Home, 5th ' Montana.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Hedal

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth March 23, 1922 (Month, Day, Year)

FATHER

9. Full name: Ole Hedal

10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene

11. Color or race: White | 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Fairfield, Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sawmill

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill

16. Date (month and year) last engaged in this work: March, 1923 19.....

17. Total time (years) spent in this work: 1 yr.

MOTHER

18. Full maiden name: Ethel Downs

19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene

20. Color or race: White | 21. Age at last birthday: 30 (years)

22. Birthplace (city or place) (State or Country): Prairie Farm, Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife

25. Date (month and year) last engaged in this work: Still at it 19.....

26. Total time (years) spent in this work: Still at it

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): three
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Ole Hedal, father, M. D.

or ....., Midwife

Address Coeur d'Alene, Idaho

Filed ....., 193....

Registrar.

Certified copy issued Dec. 16, 1940. E.W.

Dup of 1922-100341

DELAYED

DUP OF -
1922-100341

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DEC 6 1940

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ole Hedal being first duly sworn says that he is the father (Relationship of child)* of Robert Hedal born March 23, 1922 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert Hedal hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Anna Tanner M. D. was the Midwife medical attendant at the birth of said Robert Hedal and that the said medical attendant is address unknown.
(Now deceased (or) cannot be located)

Name of Affiant Ole Hedal, father
P. O. Address Coeur d'Alene, Idaho

Subscribed and sworn to before me this 5th day of December, 19 40.

Eugene Best
Notary Public.
Residing at Coeur d'Alene, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, giving the relationship of the affiant, as brother, sister, cousin, etc.

Notary Public for the State of Idaho
Residing at Coeur d'Alene, Idaho
My Commission Expires August 2, 1943

NOV 1 1952

415726 010-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 13 1940 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 303192
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. 218 4th St.
(d) Name of Hospital or Maternity Home: Idaho Falls General Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 2 years 3 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 218 4th St.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address same as above

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Frank Crowther Davis

5. Date of Birth (Month, day, year) Aug. 26, 1922

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Cummings Davis

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Sales & Service - new & used office equipment

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Leone Crowther

17. Color or Race white

18. Age at time of THIS birth 22 years

19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boaric acid, argarol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Dec. 13, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank C. Cummings Davis, being first duly sworn, say that I am ---related-to (Related to (or) acquainted with) Frank Crowther Davis (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. D. Junkin (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank C. Cummings Davis Name
2060 West 67th St. P. O. Address
Los Angeles, Calif.

Subscribed and sworn to before me on this 10 day of December, 1940.

(SEAL) NOTARY PUBLIC Notary Public, residing at Los Angeles, Calif.
In and for the County of Los Angeles, State of Calif. (My Commission Expires Feb. 2, 1942)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 21, 1940. E.W.

695111 006 993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303216
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R F.D No. 538 L Street
(d) Name of Hospital or Maternity Home: [redacted] Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 17 years [redacted] months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 538 L Street
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address 538 L Street

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** James Loran Field

5. Date of Birth (Month, day, year) Sept 11-1922

6. Sex. Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9 1/2

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mannasah Thomas Field
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace Taylorsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sina Riley
17. Color or Race White
18. Age at time of THIS birth 42 years
19. Birthplace Madisonville (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 7 (c) Born alive and now dead 6 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mary Field (First name) (Last name), who is related to this child as mother (Mother, etc.) Mae G. Atwood

26. (a) Dec. 17, 1940. (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California. } ss.
County of Los Angeles. }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Sina Field, being first duly sworn, say that I am ~~Mother~~ related to ~~of~~ (Related to (or) acquainted with) James Loran Field (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna J. Finely (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Sina Field Name
141 W. Olive St Baldwin Park, California P. O. Address

Subscribed and sworn to before me on this 14th day of December, 1940.

(SEAL) Mildred L. Steele Notary Public, residing at #144 W. Ramona Blvd, Baldwin Park, California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 24, 1940. E.W.

A791230014451

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
DEC 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

303225

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Route 1. St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Darrell Eugene Graham

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth August 23rd, 1922 (Month, Day, Year)

FATHER

9. Full name John Graham
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho
11. Color or race white | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Penn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work August, 1922
17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Catherine Clara Mealue
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho
20. Color or race white | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Plymouth County Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work August, 1922
26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 3 (At time of this birth and including this child) three
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)

(Signed) ____ M. D.
or Tate Graham "Mother" Midwife
Address 1405 N. Front St. Salem, Oregon

Filed Dec. 16, 1940, 193 Mae G. Atwood Registrar.
Bureau of Vital Statistics

DELAYED DUP OF 1922-105552

DELAYED

Certified Copy issued Dec. 23, 1940. E.W.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon, }
County of Marion, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Catherine Clara Graham, being first duly sworn says that she is the mother of Darrell Eugene Graham
(Relationship to child)*

born August 23, 1922, at Route 1, Nampa, Canyon County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Darrell Eugene Graham hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Leo Chilton M. D. was the ~~Midwife~~ medical attendant at the birth of said Darrell Eugene Graham and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Catherine Clara Graham
P. O. Address 1405 North Front Street, Salem, Oregon

Subscribed and sworn to before me this 13th day of December, 1940

Otto M. Bowman
NOTARY PUBLIC FOR OREGON
Notary Public.

My commission expires May 10, 1943.
Residing at Salem, Oregon, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 27 1960

165-128-032-753

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304283

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ..... St.
at home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Melvin Jones

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature 3 wks Full term ..... | 7. Legitimate? yes | 8. Date of birth Apr 28-22 193 (Month, Day, Year)

FATHER

9. Full name Harry Franklin Jones
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
11. Color or race white | 12. Age at last birthday 56 (years)
13. Birthplace (city or place) (State or Country) Coffey Co - Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work about 40 yrs

MOTHER

18. Full maiden name Tressa Margaret Peck
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Lincoln Co Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1% —
28. Number of children of this mother 2 (At time of this birth and including this child) One — (a) Born alive and now living One — (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or ....., Midwife
Address Shoshone Idaho

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Dec. 20, 1940, 193.. Mae G. Atwood
Registrar.

Bureau of Vital Statistics

Certified Copy issued Dec. 31, 1940. E.W.

433102005-791

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

IDAHO STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

DEC 30 1940

State File No. 304463
Registrar's No.

1. PLACE OF BIRTH:
(a) County Benewah
(b) City or town near Plummer (If outside city or town limits write RURAL)
(c) Name of hospital or institution: On farm 8 miles West Plummer (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: In hospital or institution Home In this community yes (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Benewah
(c) City or town Plummer (If outside city or town limits write RURAL)
(d) Street No. RX-2- (If rural give location)

3. Full name of child Leonard Earl McClellan
4. Date of birth July (Month) - 2 (Day) - 1922 (Year)
5. Sex male
6. Twin or triplet no If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Is mother married? yes

FATHER OF CHILD
9. Full name Abraham Rhea McClellan
10. Color or race White 11. Age at time of this birth 43 yrs.
12. Birthplace Bluff City (City, town, or county) Tennessee (State or foreign country)
13. (a) Usual occupation Farmer
(b) Industry or business
14. Residence Plummer Idaho RX-2-
22. Mother's mailing address for registration notice: Plummer Idaho RX-2-

MOTHER OF CHILD
15. Full maiden name Georgia Ann DesGranges
16. Color or race White 17. Age at time of this birth 30 yrs.
18. Birthplace Rockford (City, town, or county) Wash- (State or foreign country)
19. Usual occupation House keeper
20. Industry or business
21. Children born to this mother: six
(a) How many other children of this mother are now living? Four
(b) How many other children were born alive but are now dead? [illegible]
(c) How many children were born dead? one

23. I hereby certify that I attended the birth of this child who was {born alive / stillborn} at the hour of 7 A. m. on the date above stated and that the information given was furnished by _____, related to this child as _____
24. Date received by local registrar Dec. 20 1940 Mae G. Atwood
25. Registrar's own signature Mae G. Atwood
26. Date on which given name added _____ by _____ Bureau of Vital Statistics

Attendant's own signature Claude A. Lewis, M.D.
M. D., ~~midwife, or other~~ Date signed 12-16-1940
Address 1007 Weatherly Bldg, Portland Oregon.

SUPPLEMENTARY DATA BELOW ARE NOT A PART OF THE LEGAL CERTIFICATE

27. (a) PREGNANCY: Complications of _____
(b) LABOR: Complications of _____ Induced? _____
(c) Was there an operation for delivery? _____ (Yes or no) State all operations _____
(d) Did baby have any:
1. Congenital malformation? _____ Describe _____
2. Birth injury? _____ Describe _____
(e) Was a prophylactic drug used in the baby's eyes? _____ (Yes or no)
If "yes" state drug _____

TO BE ANSWERED ONLY IN CASE OF STILLBIRTH

28. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):
(a) Fetal causes _____
(b) Maternal causes _____
(c) Did child die before labor? _____ During labor? _____
(d) Did child die before operation? _____ During operation? _____

S. F. No. 817-A—1940—30M. 18715.
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Please Note—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

Certified Copy issued Jan. 7, 1941. E.W.

716-222-011-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 2 1941

State File No. 304505
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Bonners Ferry

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Amy Mary Paolucci

5. Date of Birth (Month, day, year) March 22, 1922

6. Sex.

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Rosi D. Paolucci
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Pellegrano
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Living (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 O'clock P.M. on the [illegible] and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) ~~March 22, 1926~~ (Date received) (b) E. E. Fry (Registrar's signature)

27. Given name added on Jan. 2, 1941 by Mae G. Atwood State Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Bonners Ferry Idaho Date

State of Indiana
County of Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosi Paolucci, being first duly sworn, say that I am Father (Related to (or) acquainted with) of Amy Mary Paolucci (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that E. E. Fry (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Rosi D. Paolucci Name
412 Indiana Hammond Ind. P. O. Address

Subscribed and sworn to before me on this 19 day of Nov. 1940

(SEAL) E. Brandenburg Notary Public, residing at Hammond Ind.

Com. Exp. 12-8-1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 19

1/8/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294121 022573

RECEIVED JAN 6 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304516
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Lamont
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home No days. In **THIS** county 11 years 11 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Lamont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Lamont, Idaho

3. **RESIDENCE OF FATHER** (city, state) Lamont Idaho

4. **FULL NAME OF CHILD** Owen Francis Simonds

5. Date of Birth (Month, day, year) June 21, 1922

6. Sex. Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Owen Rogers Simonds
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Nichols
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Antimony (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Father (Mother, etc.) (First name) (Last name), who is related to this child as ____

26. (a) Jan. 6, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ____ by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** [illegible] M.D. or ____ (D.O., Midwife, etc.) and address [illegible] Date

State of Colorado
County of Eagle } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Owen R. Simonds, being first duly sworn, say that I am ---related to-- (Related to (or) acquainted with) Owen Francis Simonds (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hargress (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Owen R Simonds Name

Minturn, Colorado. P. O. Address

Subscribed and sworn to before me on this 17th day of December A.D. 1940,

(SEAL) Forrest H Cave Notary Public, residing at Eagle

My Commission Expires January 21, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 13, 1941. E.W.

317727 003 796

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 31 1940

304528

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Bannock.
City of Pocatello, Idaho.
No. Lynn Bros. Hospital. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Paul Lapiola.

3. Sex Male. | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth I | 6. Premature _____ Full term Yes. | 7. Legitimate? Yes. | 8. Date of birth Nov. 27, 1932 (Month, Day, Year)

FATHER

9. Full name Sam Lapiola.
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Idaho
11. Color or race White. 12. Age at last birthday 38 (years)
13. Birthplace (city or place) Rome, Italy. (State or Country) Rome, Italy
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sub. Contractor.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Nov., 1940
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Ada Beatrice Groham.
19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Idaho
20. Color or race White. 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Austinville, Virginia. (State or Country) Virginia.
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher. public schools.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife.
25. Date (month and year) last engaged in this work 1916. To 1924
26. Total time (years) spent in this work 30.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AGNO, 3.2%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living I (b) Born alive but now dead 0 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10. P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) J. N. Lynn, M. D.
or Phy., Midwife
Address Pocatello, Idaho.

Filed Dec. 31, 1940 Mae C. Atwood Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1/13/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 6 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304580

1. **PLACE OF BIRTH**
County of Bingham
City of Shelley
No. 316 117 006 635 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Robert Allen Lawrence

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? yes
8. Date of birth Nov 17, 1922 (Month, Day, Year)

FATHER

9. Full name: George Howard Lawrence
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
11. Color or race: White | 12. Age at last birthday: 42 (years)
13. Birthplace (city or place) (State or Country): American Fork, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm
16. Date (month and year) last engaged in this work: Nov 17, 1922
17. Total time (years) spent in this work: 26

MOTHER

18. Full maiden name: Pearl Oler
19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
20. Color or race: White | 21. Age at last birthday: 36 (years)
22. Birthplace (city or place) (State or Country): American Fork, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Farm
25. Date (month and year) last engaged in this work: Nov 17, 1922
26. Total time (years) spent in this work: 17

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ✓ months or weeks
30. Cause of Stillbirth ✓ During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 7:00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Mrs Edgar A. Lawrence, Midwife
Address Shelley, Idaho.
Filed Jan 6, 1941 Mae G. Atwood Registrar.
Bureau of Vital Statistics

MAR 26 1942

NOV 9 1967

152-201 022-691

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

JAN 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304662

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Fremont
City of Ashton
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Thelma Mae Jessen

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		4		Yes	Yes	Dec 1, 1922

FATHER		MOTHER	
9. Full name	Calvin T. Jessen	18. Full maiden name	Ida Haag
10. Residence (usual place of abode) (If non-resident, give place and State)	Ashton Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Ashton Idaho
11. Color or race	White	20. Color or race	White
12. Age at last birthday	42 (years)	21. Age at last birthday	35 (years)
13. Birthplace (city or place) (State or Country)	Mt. Pleasant Utah	22. Birthplace (city or place) (State or Country)	Jeffersonville Indiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	____, 19____	25. Date (month and year) last engaged in this work	____, 19____
17. Total time (years) spent in this work	22	26. Total time (years) spent in this work	14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) C. V. Haag, M. D.

or ____, Midwife

Address Ashton Idaho

Filed Jan. 13, 1941 Clyde A. Bridger, Acting
Registrar.

Registrar.

1/17/41/ EA

962-219 082-962

RECEIVED

JAN 14 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304702

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 10 years month days.

2. **USUAL RESIDENCE of MOTHER: (At time of this birth)**
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 y yrs.
   (f) Mother's mailing address St. Anthony

3. **RESIDENCE of FATHER** (city, state): St. Anthony

4. **FULL NAME OF CHILD** Norma Marie Rose

5. Date of Birth (Month, day, year) May 19, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Cyrus Rose
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Liberty, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eda Mary Rose
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Cannonville, Utah (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:30 AM M. on the date and at the place stated above, and that personal particulars were furnished by Eda Rose (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 14 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

Acting

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Eda Rose, being first duly sworn, say that I am related to (Related to (or) acquainted with) Norma Marie Rose (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watkins (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eda Mary Rose Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of January, 1941

(SEAL) N. S. Coleman Notary Public, residing at St. Anthony, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 21, 1941. E.M.

463-124-009-281

3-5970

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

305970

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint, Ida
No. _____ St.
Page Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Dorward Rockie

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? Yes

8. Date of birth June 24, 1922 (Month, Day, Year)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

FATHER

9. Full name: William A. Rockie

10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Ida.

11. Color or race: W | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: U. S. Employee

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U.S. Dep't of Agri.

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Edith Rose Shank

19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Ida.

20. Color or race: W | 21. Age at last birthday: 31 (years)

22. Birthplace (city or place) (State or Country): Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child): Two ✓ (a) Born alive and now living 2nd. (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 7:00 Am. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. F. Page M.D., M. D.

or _____, Midwife

Address Sandpoint Ida.

Give name added from a supplemental report _____

(Date of)

Filed 2/6/41, 193__ Clyde A. Bridger Acting Registrar.

K

Registrar.

OCT 5 1942

MAY 8 1943

2/6/41 L. E.

693-212-003-921

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306093
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County BANNOCK (b) City LUND
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 8 years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City LUND
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 1/2 yrs.
(f) Mother's mailing address LUND, IDAHO

3. **RESIDENCE of FATHER** (city, state): LUND IDAHO

4. **FULL NAME OF CHILD** BERTHA EMILY WILSON

5. Date of Birth (Month, day, year) JULY 12, 1922

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM M. WILSON
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace NEW YORK CITY (City or town) NEW YORK (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMILY ISAACSON
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace WEST WEBER (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 3 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of UTAH
County of WEBER } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, EMILY ISAACSON WILSON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) BERTHA EMILY WILSON (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that AMNIE C. PETERSON (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emily Isaacson Wilson Signature
3351 Lincoln Ave, Ogden, Utah Address

Subscribed and sworn to before me on this 1st day of February, 1941

(SEAL) Mary Fowler Notary Public, residing at Ogden, Utah
My Com. Expires July 13, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-107-042-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306235
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. Yakima Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 10 years 9 month 17 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. Yakima Ave
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Filer Idaho

3. **RESIDENCE of FATHER** (city, state): Filer Idaho

4. **FULL NAME OF CHILD** Clarence William Case

5. Date of Birth (Month, day, year) July 7, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence William Case
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lewistown, Illinois (City or town) (State or foreign country)
14. Exact Occupation Live Stock Dealer
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Christine Anderson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace La Grange, Illinois (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business Home wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 6 1941 (Date received) (b) Clyde A. Bruger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs C W Case, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence William Case (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. A. Dwight (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. C. W. Case Signature

Filer Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of February, 1941

(SEAL) Jewel Hack Notary Public, residing at Filer Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/15/41 L. B.

243-115 · DID 395

United States Department of Commerce
Bureau of the Census

FEB 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306403
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) ~~Street~~ Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years 6 month 17 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? 5½ yrs.
(f) Mother's mailing address R.F.D. #5 IDAHO FALLS

3. **RESIDENCE of FATHER** (city, state). IDAHO FALLS

4. **FULL NAME OF CHILD** PRESTON HYRUM BUTIKOFER

5. Date of Birth (Month, day, year) SEPT. 15, 1922

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** RUDOLPH ARNOLD BUTIKOFER
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace LEWISVILLE (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BERTHA LUCILE LINCK
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by BERTHA LUCILE BUTIKOFER (First name) (Last name) who is related to this child as MOTHER (Mother, etc.)

26. (a) FEB 13 1941 (Date received) (b) Clyde A Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary E Humphreys M.D. (D.O., Midwife, etc.)
2265 ~~Street~~ South East, Salt Lake City, Utah Feb 8, 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 2 1974

cc 2/20/41 rmf

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-106-027-253

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306464
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Jerome (b) City
(c) Street Address or R.F.D. No. R.F.D. Jerome Ida
(d) Name of Hospital or Maternity Home
(e) Mother's stay **BEFORE** delivery: at her home
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City
(d) Street Address or R.F.D. No. R.F.D. Jerome Ida
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address R.F.D. Jerome Ida

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** David Earnest Bowser

5. Date of Birth (Month, day, year) Oct 6, 1922

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Westley Bowser
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Williamsport R D Penna (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katheryne Hannah Kehler
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Montoursville R D Penna (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 5

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 17 1941 (Date received) (b) Clyde A Bixler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Pennsylvania
County of Lycoming } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mr Charles Westley Bowser being first duly sworn, say that I am Related (Related to (or) acquainted with) David Earnest Bowser (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Piper (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mr Charles Westley Bowser Signature
R.D. #2 Loughsville Pa P.O. Address

My Commission expires March 21, 1943

Subscribed and sworn to before me on this 13th day of February, 19 41

(SEAL) Samuel R Williams Notary Public, residing at 723 Walnut St Williamsport Pa

Certified copy issued 3-7-1941. dp

MAY 22 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265 723 005 762

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 18 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306506
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Benewah (b) City Sanders
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at the home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Benewah.
(c) City Sanders
(d) Street Address or R.F.D. No. Gen. Del
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Sanders Ida.

3. RESIDENCE of FATHER (city, state): " " "

4. FULL NAME OF CHILD William Loyd Koontz

5. Date of Birth (Month, day, year) Apr 23, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Elbert Lyle Koontz
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Aztec New Mexico (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Doris L. Goss
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mythe Ark. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 11.30 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 18 1941 (Date received) (b) Acting Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bonnie L. Boulger, being first duly sworn, say that I am related (Related to (or) acquainted with) as sister to William Loyd Koontz (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Monroe (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Bonnie L Boulger Signature
Chewelah, Wash. P. O. Address

Subscribed and sworn to before me on this 17 day of February, 1941

(SEAL) Notary Public, residing at Chewelah, wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 21, 1941. E.W.

235 102 034-249

RECEIVED
FEB 19 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307603
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 2 years 4 month 20 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Paul, Idaho

3. **RESIDENCE of FATHER** (city, state): Paul, Ida.

4. **FULL NAME OF CHILD** Russell Henry Stewart

5. Date of Birth (Month, day, year) May 2, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert A. Stewart
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace St. Claire County, Missouri (City or town) (State or foreign country)
14. Exact Occupation highway employee at the time
15. Industry or Business of this birth, he is now deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Amanda Smith
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Tuscarora, Nevada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED

26. (a) FEB 19 1941 (Date received) (b) Clyde A Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Nellie Clark Wells (Name of person on certificate above), being first duly sworn, say that I am acquainted (Related to (or) acquainted with) as Russell Stewart (State relationship (or) acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Harry Adams (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Nellie Clark Signature
Paul Minidoka Co Idaho P.O. Address

Subscribed and sworn to before me on this 18th day of February 1941

(SEAL) J. E. Clark Notary Public, residing at Paul Idaho

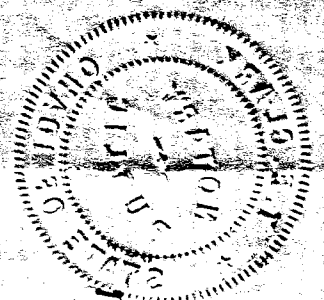
MAY 21 1948

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses contemplated in Chapter 2, Title 39, Idaho Code Annotated, which such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-103-019-599

RECEIVED

FEB 24 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307791

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Challis, Idaho

3. **RESIDENCE of FATHER** (city, state): Challis, Ida

4. **FULL NAME OF CHILD** Pete Harold Santee

5. Date of Birth (Month, day, year) 6-3-22

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Noah Santee
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Farmington (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selma Erikson
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace not known (City or town) Minn. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 24 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Selma Santee, being first duly sworn, say that I am mother related to Pete Harold Santee (Name of person on certificate above) as mother (State relationship or acquaintance) (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. L. Kirtley (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Selma Santee Signature

P. O. Address

Subscribed and sworn to before me on this 20th day of February, 19 41

(SEAL) Custer Co, Recorder Notary Public, residing at Challis, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued 3-3-1941 E.W.

959-115-028-039

United States Department of Commerce
Bureau of the Census

FEB 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307847
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Spirit Lake Idaho.

3. **RESIDENCE of FATHER** (city) state).

4. **FULL NAME OF CHILD** William Gillman Reid

5. Date of Birth (Month, day, year) Mar. 15-1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl Gillman Reid
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mitchell (City or town) So. Dakota (State or foreign country)
14. Exact Occupation Lumber Jack.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Floy Olin Strickland
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Mason (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 27 1941 (Date received) (b) Acting Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Michigan. }
County of Ingham. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Floy Olin Armstrong, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Gillman Reid (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Nelson (Name of attendant at birth), who attended said birth who cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Floy Olin Armstrong Signature
Mason Mich. RR 4 P. O. Address

Subscribed and sworn to before me on this 24th day of February, 1941.

(SEAL) Jennie A. Hood Notary Public, residing at Mason, Ingham Co. Mich.

My commission expires May 19, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1966

AUG 31 1943

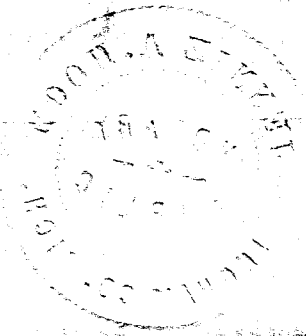
3/4/41 L. B.

OCT 10 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259-107003-315

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock.
City of Pocatello, Ida.
No. 544 E. Lander St. St.
(If born in hospital or institution give name.)

RECEIVED
MAR 6 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

307995

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ivan Lynn Knirfin.

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male.			Yes.	Jan. 7. 1922 193

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Phillip Knirfin.	Christene Matulda Javatta.
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Idaho.	Idaho.
11. Color or race / 20.	White	Indian
12. Age at last birthday (years) / 21.	30	30.
13. Birthplace (city or place) (State or Country) / 22.	Idaho.	Pocatello, Idaho.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Farming.	Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.	Life.	Life.
16. Date (month and year) last engaged in this work / 25.	, 19	, 19
17. Total time (years) spent in this work / 26.	Life.	Life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sulver Nitrate 3%.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive. at 2 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Lynn, M. D.
or Phy., Midwife
Address Pocatello, Idaho.

Give name added from a supplemental report ____ (Date of)

Filed MAR 6 1941, 193 Clyde A. Bridger Registrar.
Registrar. Acting

OCT 9 1941

219-101-017-633

RECEIVED

MAR 4 1941

308003

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308003
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Filgore (b) City Idaho
   (c) Street Address or R.F.D. No. X
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 10 days.
   In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address Filgore Idaho

3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Erwin Ray Barney

5. Date of Birth (Month, day, year) June 1 1922

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alva Joseph Barney
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Spanish Fork Utah (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Otteson
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Spanish Fork Utah (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** dead M.D. (D.O., Midwife, etc.)
and address Date

State of Utah } ss.
County of Utah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Estella B. Christopherson being first duly sworn, say that I am Related (Related to (or) acquainted with) Erwin Ray Barney (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tucker (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Estella B. Christopherson Signature
605 North 1st West Spanish Fork, Utah P. O. Address

Subscribed and sworn to before me on this 3 day of March 19 41

(SEAL) Notary Public, residing at Spanish Fork Utah

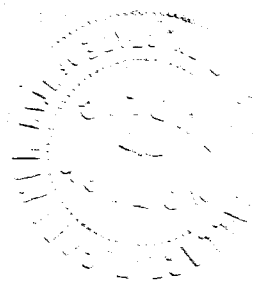
Term expires April 5 1944

3/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699-103-035-293

308053

United States Department of Commerce Bureau of the Census

RECEIVED MAR 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Nezperce (b) City Lewiston
   (c) Street Address or R.F.D. No. ---
   (d) Name of Hospital or Maternity Home: The White Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 4 hours.
   In **THIS** county ---years --month -- days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Wash. (b) County Asotin
   (c) City Clarkston
   (d) Street Address or R.F.D. No. 320 Sycamore
   (e) How long has **MOTHER** lived in Idaho? ---yrs.
   (f) Mother's mailing address Clarkston, Wash

3. **RESIDENCE of FATHER** (city, state): Clarkston, Wn.

4. **FULL NAME OF CHILD** George Junior Frick

5. Date of Birth (Month, day, year) Sept. 3, 1922

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy Term

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Emanuel Frick
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Portland, (City or town) Oregon (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Packing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Marie Bittle
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Paxton, (City or town) Illinois (State or foreign country)
20. Exact Occupation Hswf.
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at nine P.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Marie Frick (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) ---- (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ---- by ---- (Registrar's signature)

25. Attendant's **OWN** signature E.L. White M.D. (D.O., Midwife, etc.) and address Lewiston, Idaho. Date

State of ---- County of ---- } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ----, being first duly sworn, say that I am ---- (Related to (or) acquainted with) ---- (Name of person on certificate above) as ---- (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ---- (Name of attendant at birth), who attended said birth ---- (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

E. L. White M.D. attending physician — Signature

Lewiston Ida — P. O. Address

Subscribed and sworn to before me on this 28 day of Feb., 1941

(SEAL) ---- Notary Public, residing at Lewiston Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-128-022-867

United States Department of Commerce
Bureau of the Census

RECEIVED
MAR 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308054
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Newdale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 12 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Newdale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.
   (f) Mother's mailing address Dubois, Idaho

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Garth Henry Howes

5. Date of Birth (Month, day, year) April 28, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Culbert Roy Howes
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Lehi, Utah (City or town) (State or foreign country)
14. Exact Occupation Section Hand
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Leorene Hoggard
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leah Leorene Howes, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Garth Henry Howes (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Watkins (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leah Leorene Howes Signature

Dubois, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of March, 1941

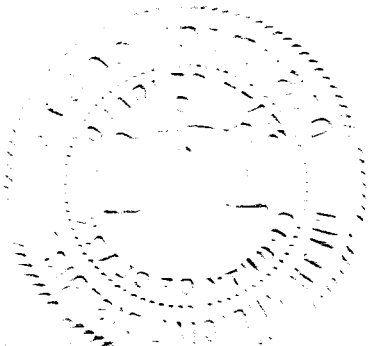
(SEAL) ..... Notary Public, residing at Dubois, Idaho

Clerk of the District Court

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



C95-220-014-699

RECEIVED

MAR 20 1941

309266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 66
Reg. Dist. No. 366

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: [illegible] Hospital Caldwell Ida
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   In **THIS** county all years life months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Ida (b) County Canyon
   (c) City Caldwell Ida
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? all life
   (f) Mother's mailing address (For registration notice):
   Caldwell Ida
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida

4. **FULL NAME OF CHILD** Buena Faye Freeman

5. Date of Birth (Month, day, year) May 20, 1922

6. Sex F.

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis George Freeman

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Farley (City or Town) Iowa (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Buena Orr (Freeman)

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Maquoketa Iowa (City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
   (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 A M. on the date
   (born alive, stillborn)
   and at the place stated above, and that personal particulars were furnished by Buena Freeman, who is
   (First name) (Last name)
   related to this child as mother
   (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D.
   (D.O., Midwife, etc.)
   and address Caldwell Ida Date 3/18/41

26. (a) 3-18-41 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on by
   (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

cc 3/31/41 RMF

613-209-003-595

309274

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

MAR 20 1941

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No. General Delivery
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address Grace, Idaho

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Bernice Watson

5. Date of Birth (Month, day, year) May 9, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph W Watson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Marysville Idaho (City or town) (State or foreign country)
14. Exact Occupation Auto Machinast
15. Industry or Business Garage Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betsy Augusta Nielson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Millville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 20 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Betsy Watson, being first duly sworn, say that I am (Related to (or) acquainted with) Bernice Watson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hubbard (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Betsy Watson Signature

1961 Holt Ave., Los Angeles, California Address

Subscribed and sworn to before me on this 19th day of March, 1941

(SEAL) Florence White Notary Public, residing at Los Angeles, Calif.

My Commission Expires Nov. 29, 1942.

3/27/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-103-026-353

309293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 20 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Roberts, Idaho.

3. **RESIDENCE of FATHER** (city, state): Roberts, Ida

4. **FULL NAME OF CHILD** Frederick Bayley Sarsar

5. Date of Birth (Month, day, year) Sept. 3, 1922

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Jacob Sarsar
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Boslove (City or town) Russia (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Dry Goods

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl H. Telford
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Lewiston Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 20 1941 (Date received) (b) Mabel H Telford (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** (Attending physician now dead) M.D. (D.O., Midwife, etc.)
and address Date

State of Tennessee
County of Shelby } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jacob Sarsar, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frederick Bayley Sarsar (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Earl D. Jones (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jacob Sarsar Signature

145 South Main St., Memphis, Tennessee. P. O. Address

Subscribed and sworn to before me on this 18th day of March, 19 41.

(SEAL) Notary Public, residing at 1014 Sterick Buildi
Memphis, Shelby County, Tennessee.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

3-26/41 Z.J.

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356 - 124 - 019 - 413

309396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Custer (b) City Leslie
(c) Street Address or R.F.D. No. no number
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 6 years 1 month ✓ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Leslie
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address 494 O'Farrell St San Pedro Cal

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Lon Lewis Jr

5. Date of Birth (Month, day, year) Mar 24 - 1922

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Lon Lewis
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Near Salt Lake Utah (City or town) (State or foreign country)
14. Exact Occupation Saw mill operator
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Frances Matthews
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Bannock Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 10.30 A M. on the date and at the place stated above, and that personal particulars were furnished by Mildred F. M. Lewis (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) March 24, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** DR FRANCIS RICHARDS M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith A Sanders, being first duly sworn, say that I am Related (Related to (or) acquainted with) Lon Lewis Jr (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR FRANCIS RICHARDS (Name of attendant at birth), who attended said birth CANNOT RE-LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Edith A. Sanders Signature
494 O'Farrell St. San Pedro Cal P. O. Address

Subscribed and sworn to before me on this 22 day of March, 19 41

(SEAL) M Damico Notary Public, residing at San Pedro Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/27/41 Z. J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-203-C 38-285

309867

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Blanchard Maternity Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 3 days.
IN THIS county 23 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address Payette, Idaho Rt #2

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Marjorie Irene Shaffer

5. Date of Birth (Month, day, year) Oct. 3-1922

6. Sex Female

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry J. Shaffer

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Scranton (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Hope A. Shearer

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Payette (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Apr. 7, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Iowa
County of Greene } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hope A. Shaffer, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. L. McDonald (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hope A. Shaffer Signature

Scranton, Iowa P. O. Address

Subscribed and sworn to before me on this 31" day of March, 1941

(SEAL) H. Mahoney Notary Public, residing at Jefferson, Iowa

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/15/41 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dup 2C 1922 - 115925

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

APR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Rt Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Council Idaho

3. RESIDENCE of FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD Maxine Charlotte Winkler

5. Date of Birth (Month, day, year) Feby 15, 1922

6. Sex Female. 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Andrew Winkler
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Council (City or town) Idaho (State or foreign country)
14. Exact Occupation Manager
15. Industry or Business Merchandise Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Augusta Nichols
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rich Hill, Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (~~born~~, alive, ~~stillborn~~) at 11, R. M. on the date and at the place stated above, and that personal particulars were furnished by George A. Winkler (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) April 14-1941 (Date received) (b) Mabel H Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature W. M. Brown M.D. (D.O., Midwife, etc.) and address Phoenix Ariz Date Apr. 7. 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
APR 21 1941

Dr. Brown's daugher recently sent us her father's records of birth which she found in going through his effects. Among these records we found the original filing of Shirley's birth certificate, but did not find Maxine's record and we are accepting this. The signature you say was procured from the attending physician does not correspond with his own personal signaturew which appear on all his records. Your maiden name on Shirley's records is given as Gussie Nichols instead of Mary Augusta, made by Dr. Brown himself. We will change this on her record. If you wish copies, return this letter with remittance of 50¢ for each copy desired. No stamps or personal checks. We believe Maxine's record should have the affidavit completed, in lieu of obtaining the M.D.'s own signature, which we do not believe is authentic. Return certificate enclosed. as you will note it is already numbered.

Bureau of Vital Statistics
Boise, Idaho

Dr. Brown has had a stroke & neither speaks or writes, so his wife signed for him, by his request, he made her understand that is what he wanted. I have misplaced her letter but am enclosing one written me by his daughter with his present address, will you please write him & verify what I say. Gussie is a nickname for Augusta, that I'm more commonly known by, please adjust all the same as I don't know which one the Doctors

Brogan Oregon
4-14-41

Bureau Vital Statistics
Boise Idaho,

Dear Sirs,- I have filled out the enclosed blanks you sent me and the attending physician has signed them, please let me know if satisfactory and if this is all that is necessary to have my daughters birth certificates filed.

RECEIVED
APR 14 1941
No money enclosed

Yours truly
(Mrs.) Ida A. Winkler

413 108 034-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309957
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address AmericanFallsIda

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Allen Wayne Dalke

5. Date of Birth (Month, day, year) March 8, 1922

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? no

FATHER OF CHILD

10. **FULL NAME** Russ Martin
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace ..... (City or town) ..... (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Dalke
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace ..... (City or town) Kansas (State or foreign country)
20. Exact Occupation laborer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mch 8-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address [illegible] Date [illegible]

State of CALIFORNIA
County of Fresno } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Finley, formerly Minnie Dalke, being first duly sworn, say that I am related (Related to (or) acquainted with) Allen Wayne Dalke (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that V.G. Logan M.D. (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie Finley, formerly Minnie Dalke Signature
Rt 1 Box 61, Reedley, California P. O. Address

Subscribed and sworn to before me on this 5th day of March 1941

(SEAL) C. W. Tuttle [signature] Notary Public, residing at Reedley, California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 22-442266

BOTH DELAYED

21K-107-10-313

309976

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) [redacted]
(d) Name of Hospital or Maternity Home: People's Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ... days. IN THIS county all year ... month ... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 225 - 9th. St.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address 225 - 9th.Street

3. RESIDENCE of FATHER (same) Idaho Falls, Idaho

4. FULL NAME OF CHILD Thomas William Sautter

5. Date of Birth (Month, day, year) Oct. 7, 1922

6. Sex Male

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy (9)

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leonard N. Sautter

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Chicago (City or town) Illinois (State or foreign country)

14. Exact Occupation Master Plumber

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lelia Etta Patterson

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Lehi (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:30 A.M. on the date and at the place stated above and that personal particulars were furnished by Leonard N. Sautter (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature John A. Mellor M.D. (Midwife, etc.) and address Idaho Falls Date April 11, 1941

26. (a) April 14 - 1941 (Date received) (b) Maurel Felder (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

State of ... } ss.
County of ... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ... (Related to (or) acquainted with) ... as ... (Name of person on certificate above) ... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ... (Name of attendant at birth), who attended said birth ... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

... Signature

... P. O. Address

Subscribed and sworn to before me on this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/21/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695 208 028 864

311158

United States Department of Commerce
Bureau of Census

RECEIVED
APR 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Rockford, Washington
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: none
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rockford, Washington
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address R. #1, Rockford, Wash and Worley, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Grace Evangeline Wing (Anderson)

5. Date of Birth (Month, day, year) April 8, 1922

6. Sex female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fayette Wing
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Steele City (City or town) Nebraska (State or foreign country)
14. Exact Occupation working on railroad section
15. Industry or Business working on railroad section

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie M. Hodges
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Volga (City or town) South Dakota (State or foreign country)
20. Exact Occupation housewife
21. Industry or ~~Business~~ housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn Apr. 8, 1922 at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elsie M. Wing (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 8 1941 (Date received) (b) Mabel V. Fiedler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Stella Wing. M.D. (D.O., Midwife, etc.)
and address Chester, Wash. Date 4/5/41

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie M. Wing, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Grace Evangeline Wing (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Stella Wing (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elsie M. Wing Signature
R. #8, Spokane, Washington P. O. Address

Subscribed and sworn to before me on this 5th day of April, 1941

(SEAL) ____ Notary Public, residing at Dishman, Washington

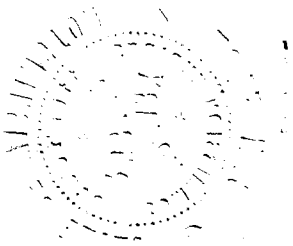
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/26/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



298-212-025-243

311296

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 25 1941

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Harpster
   (c) Street Address or R.F.D. No. Harpster Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 4 years 2 month 0 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Harpster
   (d) Street Address or R.F.D. No. Harpster Idaho
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address Harpster Idaho
3. **RESIDENCE of FATHER** (city, state): Harpster Idaho

4. **FULL NAME OF CHILD** Audrey Esther Bryant

5. Date of Birth (Month, day, year) November 12, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mon. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester Francis Bryant
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Pullman (City or town) Washington (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lesley Evelyn Bullock
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grangeville Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Lester (First name) Bryant (Last name), who is related to this child as father (Mother, etc.)

26. (a) Apr 25 - 1941 (Date received) (b) Maud Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Sylvanus E. Bryant (D.O., Midwife, etc.)
and address Harpster Ida. Date Nov. 12, 1922

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/30/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 118 022 212

RECEIVED
MAY 3 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311521
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. RFD 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 7 years 7 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address St Anthony R1

3. RESIDENCE of FATHER (city, state) St. A. Idaho

4. FULL NAME OF CHILD James Baker Farrimond
5. Date of Birth (Month, day, year) Nov. 18, 1922
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME John William Farrimond	16. FULL MAIDEN NAME Millie Baker Farrimond
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 41 yrs.	18. Age at time of THIS birth 26 yrs.
13. Birthplace Wigan (City or town) England (State or foreign country)	19. Birthplace Williamson (City or town) Orange Co Texas (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation
15. Industry or Business Farmer	21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 3-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Millie B. Farrimond, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Baker Farrimond (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. Frank Watkins (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Millie B. Farrimond Signature
St Anthony, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of May 1941

(SEAL) C. Kumsey ~~Notary Public~~, residing at ST. ANTHONY, IDA.
Clerk of District Court.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/10/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-121-023-964

311618

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311618**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Gem (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Sweet Idaho

3. **RESIDENCE of FATHER** (city, state) Sweet Ida

4. **FULL NAME OF CHILD** Ray Alan Rinearson

5. Date of Birth (Month, day, year) May 21 - 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Leonard Rinearson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Horseshoe Bend Idaho (City or town) (State or foreign country)
14. Exact Occupation farming and milling
15. Industry or Business lumber business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Harriet Rouse
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Grinnell Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 10 - 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mary Rainey M.D. (D.O., Midwife, etc.)
and address Homedale Ida May 6

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-208-001-244

311622

United States Department of Commerce
Bureau of Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH MAY 13 1941
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Payette

3. RESIDENCE of FATHER (city, state) Payette

4. FULL NAME OF CHILD CAROLYN SARAH NORRIS

5. Date of Birth (Month, day, year) Sept. 8, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John H. Norris
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Winnebago City, (City or town) Minnesota (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Kummer
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Missoula (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 PM M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 13, 1941 (Date received) (b) Maud F. Keleher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of ADA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John H. Norris, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carolyn Sarah Norris (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Biwer (Name of attendant at birth), who attended said birth is physically unable to sign (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John H Norris Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of May, 19 41

(SEAL) Myrna L. Brewer Notary Public, residing at Payette

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 24 1942

JUN 22 1944

cc 5-13-41 PBA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-109-026-414

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census
BENEWAH CO

(Be sure the information is as of date of birth of THIS child)

MAY 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311664
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County BENEWAH (b) City Garfield, Wash.
(c) Street Address or R F D No. ~
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No. ~
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** NORMAN MADISON FREED

5. Date of Birth (Month, day, year) Sept 9, 1922.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Norman Casper Freed
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Chicago Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Helen Madison
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Moscow, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 8 - 1941 (Date received) (b) Mabel F Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Freed being first duly sworn, say that I am mother (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harrison (Name of attendant at birth) who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Elizabeth Freed Name
409 W. Arbor Vitae Inglewood P. O. Address

Subscribed and sworn to before me on this 17 day of April, 1941

(SEAL) Myrle Chambers Notary Public, residing at Inglewood, Calif.

My Commission Expires Nov. 2, 1942

ADD BENEWAH CO PLACE OF BIRTH PER 1941 QUERY

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1952

141-109. 029816

311737

United States
Department of Commerce
Bureau of the Census

MAY 12 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 35
Reg. Dist. No. 208

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Latah (b) City Princeton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 30 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City Princeton
   (d) Street Address or R.F.D. No. I Pullalik
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.
   (f) Mother's mailing address (For registration notice): R F D I (Street or R. F. D.) Pullalik (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Pullalik

4. **FULL NAME OF CHILD** Lisle Edgar Adair

5. Date of Birth (Month, day, year) May 9-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Monroe Adair

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Palouse (City or Town) Wn. (State or foreign country)

14. Exact Occupation Store Keeper

15. Industry or Business Own Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Belle Hawkins

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Avon (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by x Stella Adair (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 8- 1941 (Date received) (b) Mrs F C Gibson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** J.W. Thompson M.D. (D.O., Midwife, etc.)
and address Moscow. Date 5/8/41.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

DECEASED

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

815-213-022-815

311743

United States
Department of Commerce
Bureau of the Census

MAY 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311743
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ..... (b) City St. Anthony
(c) Street Address or R.F.D. No. Do not remember
(d) Name of Hospital or Maternity Home: None Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years one months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City Plano
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Selma Teletha Hansen

5. Date of Birth (Month, day, year) November 13, 1922

6. Sex. Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Hintze Hansen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Tropic (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dagny Matilda Hansen
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Odense (City or town) Denmark (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 8:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Dagny Hansen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 4, 1941 (Date received) (b) Marvel F. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of New York
County of Queens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Dagny Matilda Hansen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Selma Teletha Hansen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watkins (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. A. H. Hansen Dagny Matilda Hansen Name

45-16 193rd St., Flushing, Long Island, N. Y. P. O. Address

Subscribed and sworn to before me on this 30th day of April, 1941

(SEAL) Clyde D. Sandgren Notary Public, residing at Bayside, N. Y.

CLYDE D. SANDGREN, Notary Public, Queens Co.
Queens Co. Clk's No. 1384, Reg. No. 411
N. Y. Certificate filed in Westchester County
Commission Expires March 30, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5/16/41 L. B.

It was as queer and unusual - as a Smith in America marrying another Smith. Consequently my mothers name before + after her marriage was + is DAGNY MATILDA

HANSEN

295-223 029-239

311929

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Genesee

3. RESIDENCE of FATHER (city, state) Genesee

4. FULL NAME OF CHILD Helen Clarice Bierer

5. Date of Birth (Month, day, year) July 23-1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Adolph Nick Bierer
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Springwater (City or town) Ore (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Catherine Stricker
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Genesee (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 5:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Matilda C Stricker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 19-1941 (Date received) (b) Mabel H Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Walter A Burg M.D. (D.O., Midwife, etc.) and address Uniontown Wn Date May 7-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/28/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-130-242-256

312999

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Addison Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Addison Ave
(e) How long has MOTHER lived in Idaho? life yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Larry Barnett Stanley

5. Date of Birth (Month, day, year) June 30, 1922

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Stanley Sr
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Springfield, Mass (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Hardware Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Dolly Eunice Snodgrass
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Albion, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 26 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wm. H. Stanley, Sr, being first duly sworn, say that I am related to (Related to (or) acquainted with) Larry Stanley (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. F. Pike (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Wm. H. Stanley Sr. Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of May 1941

(SEAL) H. A. Reynolds Notary Public, residing at Pocatello Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-230-203-194

U. S. P. H. S.
Federal Security Agency

AMENDED - DECEMBER 6, 1948
(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. 313203
Local Reg. No. 56
Reg. Dist. No. 511

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Kelley
   (c) Street address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Bannock
   (c) City Bancroft
   (d) Street address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 28 yrs.
   (f) Mother's mailing address (for registration notice): (Street or R.F.D.) Bancroft, Idaho (Postoffice)

3. **RESIDENCE OF FATHER** Bancroft, Idaho (City, State)

4. **FULL NAME OF CHILD** Leona Cora Robison

5. **DATE OF BIRTH** August 30, 1922 (Month, day, year)

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

FATHER OF CHILD

10. **FULL NAME** Ray Holmes Robison

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Sigourney, Ia. (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Elizabeth Armstrong

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Whatcheer, Iowa (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date .....

23. Name prophylactic used to prevent Ophthamia Neonatorum .....

24. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Blanche Robison (First name) (Last name), who is related to this child as Mother, (Mother, etc.)

27. (a) May 27, 1941 (Date received) (b) Mrs. Fitz (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** Sarah Jane Grimes, M.D. (D.O., Midwife, etc.)
and address Bancroft, Ida. Date 5/27/41

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

313203

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 56
Reg. Dist. No. 511

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 28 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Bancroft, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address (For registration notice):
Bancroft Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Bancroft,

4. **FULL NAME OF CHILD** Cora Leona Robison

5. Date of Birth (Month, day, year) Aug- 3-1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ray Holmes Robison

11. Color or Race W

12. Age at time of THIS birth 46 yrs.

13. Birthplace Sigourney, Ia
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Elizabeth Armstrong

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Thatcheer, Iowa
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, at 6:10 A M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Blanche Robison, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

26. (a) May-27-1941 (b) Mrs. H. G. Fitz
(Date received) (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's **OWN signature** Sarah Jane Grimes
(D.O., Midwife, etc.)
and address Bancroft, Ida Date May-27-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

c.c. 6/11/41. w.h.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 313203

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Cora Leona	Leona Cora
Date of Birth	August 3, 1922	August 30, 1922
Place of Birth	Bancroft, Idaho	Kelley, Idaho

Subscribed and sworn to before me this 3rd day of December, 1948

Charles W. Shanklin

Notary Public, residing at Bancroft Ida

My commission expires Nov 20-1951

(Seal)

Signed Blanche E Robison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bancroft Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Bannock Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of December, 1948

Charles W. Shanklin

Notary Public, residing at Bancroft Idaho

My commission expires Nov 20 1951

(Seal)

Signed Francis M. Whitworth
(Signature of Any Credible Person)

Bancroft Idaho
(Street Address, City, State)

Paid 10 [illegible]

DEC 7 1948

355-108-006-651

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313213
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Idaho Falls General Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 7 days. IN THIS county 0 years 0 month 12 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Montana (b) County Silver Bow
(c) City Butte
(d) Street Address or R.F.D. No. 1005 Cobban St
(e) How long has MOTHER lived in Idaho? 0 yrs.
(f) Mother's mailing address Brigham City Utah

3. RESIDENCE of FATHER (city, state) Montana

4. FULL NAME OF CHILD Billy Billy Lee

5. Date of Birth (Month, day, year) 11-8-'22

6. Sex M

7. Twin or Triplet 0

If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Parley Delroy Lee
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Oakley - Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter.
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Marie Weaset
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Anaconda. Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 yes
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 31 - 1941 (Date received) (b) Mabel H. Fisher (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature C. H. Cline M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Montana } ss.
County of Silver Bow }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Parley P. Lee, being first duly sworn, say that I am Father (Related to (or) acquainted with) Billy Lee (Name of person on certificate above) as Father (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1941 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cline (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Parley P. Lee Signature
1005 Cobban St. Butte Mont. P. O. Address

Subscribed and sworn to before me on this 2nd day of May, 1941

(SEAL) Fred A. Lehn. Notary Public for the State of Montana, residing at Butte, Montana

My Commission Expires March 31, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6/17, 1941 L. B.

289-225-033-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 28 1941

State File No. 313298
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years 6 months 13 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Rexburg Idaho.

3. **RESIDENCE OF FATHER** (city, State) Rexburg, Ida.

4. **FULL NAME OF CHILD** Mona Marie Shields.

5. Date of Birth (Month, day, year) Jan. 25, 1922

6. Sex Female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest McKay Shields
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Petrolia, Ontario Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mona Estelle Mitchell
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Dallas City, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 11 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** G. G. Espe M.D. or ..... (D.O., Midwife, etc.) and address Burley, Ida Date 6-10-41

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mona Estelle Shields, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mona Marie Shields (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. G. Espe (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mona Estelle Shields Name
403 - 14th No. Seattle Wash. P. O. Address

Subscribed and sworn to before me on this 24 day of May - 1941

(SEAL) Mary B. Cummings Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

641-214 001 253

Copy.

313350

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JUN 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 2310 Woodlawn Ave.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice): 2310 Woodlawn Ave., Boise, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frances Patricia O'Donnell

5. Date of Birth (Month, day, year) July 14, 1932

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Joseph O'Donnell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Rock Springs (City or Town) Wyoming (State or foreign country)
14. Exact Occupation Mgr - Bertiaux Water Supply
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Ann Ketcher
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Emmettsburg (City or Town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Arg. Nit. 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Frances O'Donnell (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 7 1941 (Date received) (b) Marvel H. Elder (Registrar's signature)

25. Attendant's **OWN signature** V. N. Brayton M.D. (D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

AUG 1 4 1957

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

719-205003-219

313377

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JUN 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 262
Reg. Dist. No. 570

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello.
   (c) Street Address or R.F.D. No. 705 So. Io St.
   (d) Name of Hospital or Maternity Home: Lynn Bros. Hospital.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 1 days.
   In **THIS** county 23 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho. (b) County Bannock.
   (c) City Pocatello.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address (For registration notice): 705 So. Io. Th. St. Pocatello, Idaho.
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) 28

4. **FULL NAME OF CHILD** Mary Lois Garbett.

5. Date of Birth (Month, day, year) Dec. 5, 1922.

6. Sex Female.

7. Twin or Triplet: One.

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Alfred Garbett.

11. Color or Race White.

12. Age at time of THIS birth 28 yrs.

13. Birthplace Salt Lake City. Utah.
(City or Town) (State or foreign country)

14. Exact Occupation Electrician.

15. Industry or Business Electrician.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leora Adelia Barrett.

17. Color or Race White.

18. Age at time of THIS birth 22 yrs.

19. Birthplace Idaho.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 2%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive. (born alive, stillborn) at 4. A. M. on the date and at the place stated above, and that personal particulars were furnished by Leora Adelia Garbett (First name) (Last name) who is related to this child as Mother. (Mother, etc.)

26. (a) June. 5 1941. (Date received) (b) J C Ray (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** H. W. Lynn M.D. (D.O., Midwife, etc.)
and address Pocatello, Ida. Date 6-5-41

c.c. 6/16/41. w.h.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None.

(b) Labor: Complications: None.

Induced? No.

(c) Was there an operation for delivery? No.

State all operations: None.

(d) Did baby have any:

(1) Congenital Malformation? None.

Describe: None.

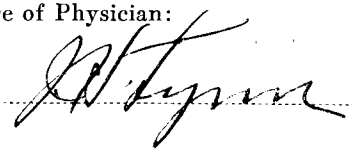
(2) Birth Injury? None.

Describe: None.

(3) Was mother given a Wasserman before delivery?

No.

(4) Signature of Physician:



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313424

United States
Department of Commerce JUN 11 1941
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Caldwell Sanitarium
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address (For registration notice): Mountain Home, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Mt. Home, Idaho

4. **FULL NAME OF CHILD** John Howard W.Black, Jr.

5. Date of Birth (Month, day, year) Oct. 5, 1922

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Howard Black

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Springfield, Mo. (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie P. Allen

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Competition, Mo. (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by John Black (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) June 11-1941 (Date received) (b) Mabel H Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** C M Kaley M.D. (R.D., Midwife, etc.)
C. M. Kaley, M. D.
and address Caldwell Date 6-7-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of none

(b) Labor: Complications: none

Induced? no

(c) Was there an operation for delivery? no

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? no

Describe:

(2) Birth Injury? no

Describe:

(3) Was mother given a Wasserman before delivery? no

(4) Signature of Physician:

C. M. Kaley

C. M. Kaley, M. D.

613 106 019 493

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 11 1941

State File No. 313460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Stanley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Stanley Ida.

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** William Bartlett Falls

5. Date of Birth (Month, day, year) May 6 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bartlett Falls

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Challis (City or town) Idaho (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Lena Miller

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Sumner (City or town) Mo. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead) (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Bartlett Falls (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUN 11 1941 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bartlett Falls, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Bartlett Falls (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C.L. Curtley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bartlett Falls Signature
2565 Corinne St. L.A. Calif. P. O. Address

Subscribed and sworn to before me on this 2nd day of June, 1941

(SEAL) E. C. Walton Notary Public, residing at 2975 Bedford St. Los Angeles Calif.
my Com Exp July 17-1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/19/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-203-025855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313507

State File No.
Local Reg. No.
Reg. Dist. No.

JUN 13 1941

1. **PLACE OF BIRTH:**
(a) County FREMONT (b) City KOOSKIA
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. In **THIS** county 18 years 7 months 17 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County IDAHO
(c) City KOOSKIA
(d) Street Address or R.F.D. No. ONE
(e) How long has **MOTHER** lived in Idaho? ALL yrs.
(f) Mother's mailing address KOOSKIA, IDAHO

3. **RESIDENCE OF FATHER** (city, state) KOOSKIA, IDAHO

4. **FULL NAME OF CHILD** ~~MARIE~~ ELEANOR MARIE HAIGHT

5. Date of Birth (Month, day, year) SEPT 3, 1922

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES MELVIN HAIGHT
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace OSAGE (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MABEL OLEA HENDREN
17. Color or Race WHITE
18. Age at time of THIS birth 18 years
19. Birthplace GRANGEVILLE (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by — (First name) (Last name), who is related to this child as — (Mother, etc.)

26. (a) JUN 13 1941 (Date received) (b) — (Registrar's signature)

27. Given name added on — by — (Registrar's signature)

25. Attendant's **OWN signature** — M.D. or — (D.O., Midwife, etc.)
and address — Date

State of IDAHO }
County of LEWIS } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MABEL OLEA HAIGHT, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) ELEANOR MARIE HAIGHT (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. FRED BOWLER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Mabel Olea Haight — Name

KAMIAH, IDAHO — P. O. Address

Subscribed and sworn to before me on this 14TH day of MAY, 1941

(SEAL) Richard H. Mitchell — Notary Public, residing at NEZPERCE, IDA.

K

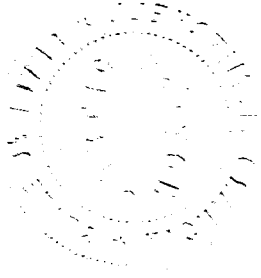
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/19/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219125 019 294

313618

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ~~313618~~
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county 1 years 1 month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Challis Idaho

4. **FULL NAME OF CHILD** Lawrence Spencer Barrett

5. Date of Birth (Month, day, year) March 25, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Gordon Barrett
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Wamego (City or town) Kansas (State or foreign country)
14. Exact Occupation Teacher (Supt. Schools)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Mary Simonsen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 4-1941 (Date received) (b) Mabel T. Eldredge (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Blanche S. Barrett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lawrence Spencer Barrett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kirtley (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Blanche S. Barrett Signature

2107 Cleveland- Caldwell, Idaho P. O. Address

(SEAL)

Subscribed and sworn to before me on this 2nd day of June, 1941.

Lois Wilson Notary Public, residing at Caldwell, Idaho

P. C. 4/24/41

FEB 25 1965

JUN 18 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-101-031-863

United States Department of Commerce
Bureau of Census

RECEIVED JUN 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313634
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 10 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Kamiah Ida

3. **RESIDENCE of FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Jerry David Lyon

5. Date of Birth (Month, day, year) 7-1-22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Loyd William Lyon
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Swan (City or town) Iowa (State or foreign country)
14. Exact Occupation U.S.F.S. cook
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Hollingsworth
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Galena (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nora Lyon (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) JUN 16 1941 (Date received) (b) Mabel M. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** [illegible] M.D. (D.O., Midwife, etc.)
and address Kamiah Date 6/9/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-207-010-697

United States
Department of Commerce
Bureau of Census

RECEIVED
JUN 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313636
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 3rd Street
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 3 years — month Residence days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3rd Street
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Bette June Wells
5. Date of Birth (Month, day, year) August 7th 1922
6. Sex F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME John Frances Wells	16. FULL MAIDEN NAME Vera Ruth Wiggins
11. Color or Race W	17 Color or Race W
12. Age at time of THIS birth 33 yrs.	18. Age at time of THIS birth 24 yrs.
13. Birthplace Van Wert (City or town) Ohio (State or foreign country)	19. Birthplace Bloomfield (City or town) Iowa (State or foreign country)
14. Exact Occupation Garage Mechanic	20. Exact Occupation Housewife
15. Industry or Business Mitry Bros. Garage	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at RECEIVED stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 16 1941 (Date received) (b) Mabel F. Eldfer (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Florence Mabel Rauch, being first duly sworn, say that I am Related to of (Related to (or) acquainted with) Bette June Wells (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Junk - Francis Shultz (Name of attendant at birth), who attended said birth as Doctor and Nurse, now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs. Florence Mabel Rauch. Signature
P.O. Box - 294 - Twin Falls Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of June, 1941

(SEAL) O. A. Barrie Probate Judge ~~Notary Public~~, residing at Twin Falls County, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

915 210 006 194

PLACE OF BIRTH

Form V. S. [illegible] 7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

314864

County of Bingham

City of Shelley

Registration District No. ..... File No. 314864

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lola Randall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	1 10 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester Randall	Jessie Armstrong
RESIDENCE	Shelley	Shelley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Ogden Utah	S. L. City Utah
OCCUPATION	Mail Clerk	House keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report.

..... 19 .....

Registrar

Filed JUNE 19 41

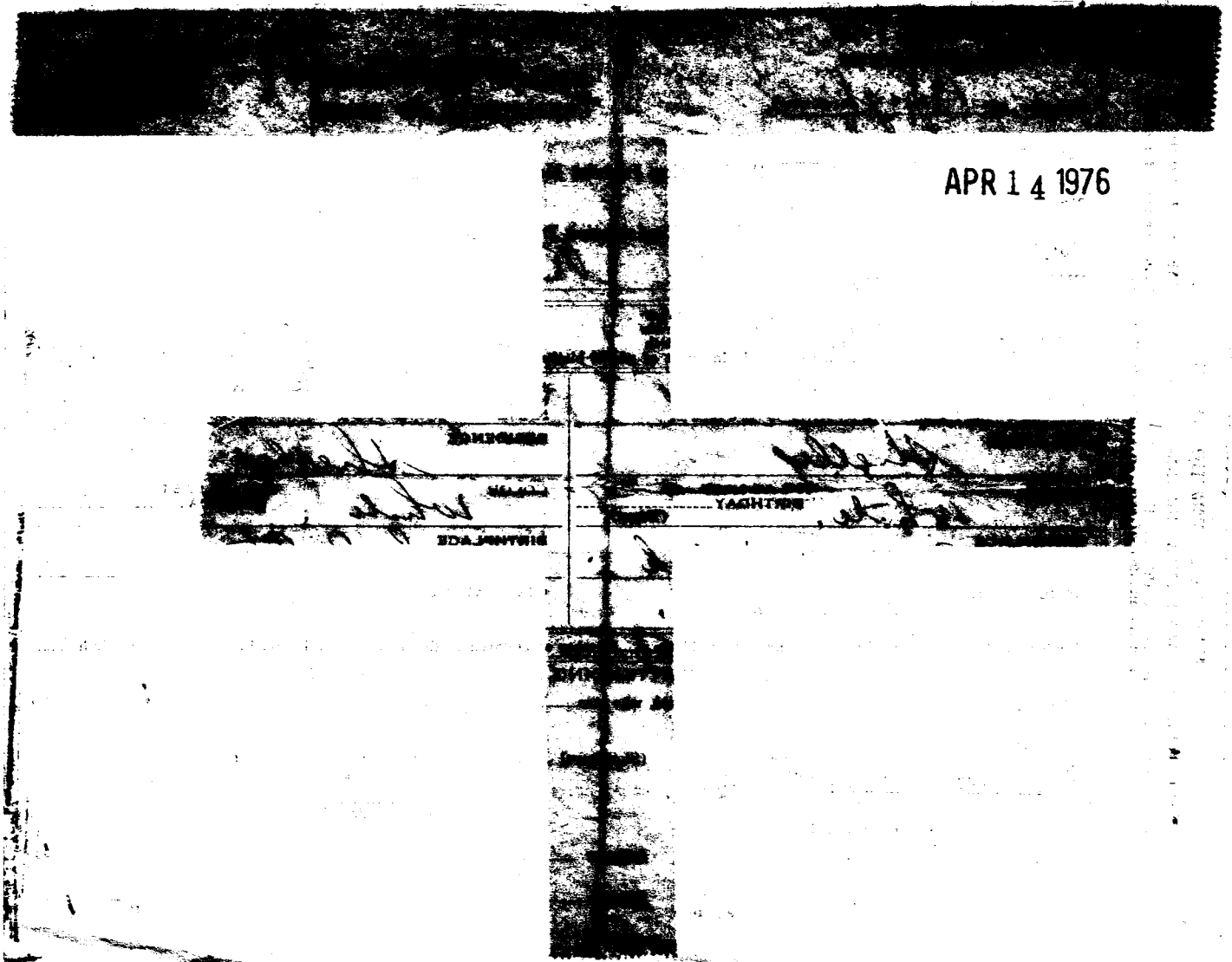
Registrar

MARGIN RESERVED FOR BINDING.

* WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



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314867

United States
Department of Commerce JUN 23 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home none days. IN THIS county 10 years 11 month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Shoshone, Idaho

3. RESIDENCE of FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Harlan James Joy
5. Date of Birth (Month, day year) August 9, 1922
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Mortimor Joy
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Saguache, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Gertrude Files
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Touchet, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 6-00 A.M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Alma Gertrude Joy (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 23 1941 (Date received) (b) Mabel F. Geeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alma Gertrude Joy, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harlan James Joy (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Melissia Mills (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alma Gertrude Joy Signature
Touchet Washington P. O. Address

Subscribed and sworn to before me on this 20th day of June, 1941
(SEAL) H. J. Hanson Notary Public, residing at Touchet Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

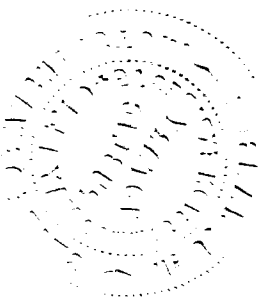
FEB 7 1942

DEC 20 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



766-103 006-766

314892

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUN 23 1941

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D.No. no Pine
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) as above

4. FULL NAME OF CHILD Edgar LaVell Goodwin

5. Date of Birth (Month, day year) Mar 3 1922

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Joseph Edgar Goodwin
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Builder
15. Industry or Business Building & Contracting

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Parsons Goodwin
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Blackfoot Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo Silvol 20 % Sol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ..... (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at ..... M, on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Helen P. Goodwin (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) JUN 23 1941 (Date received) (b) Maurel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature W. E. Patrick M.D. (D.O., Midwife, etc.) and address Blackfoot Idaho Date 6-20-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

022

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 314942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Blaine La Vern Hackett (Name on Original Certificate) who was born (Was Born or Died) on Dec. 31, 1922 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on Feb. 4, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Year of birth	1923	1922
Mother's age	20	19 years

Subscribed and sworn to before me this 29th day of April, 1942
Edward L. McCook
Notary Public, residing at Temple Ct, Cal.
My commission expires October 24th, 1942
(Seal)

Signed David L. Hackett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
603 N. Hart Ave., Temple City, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California. } ss.
County of Los Angeles. }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of May, 1942
Lloyd O'Brien
Notary Public, residing at Alhambra. Calif.
My commission expires My Commission Expires May 3rd, 1943
(Seal)

Signed x Erma J. Champion
(Signature of Any Credible Person Other Than Previous Year)
1520 So 4th, Alhambra, Calif.
(Street Address, City, State)

MAY 11 1942

MAY 1 3 1942

863731 022 195 AMENDED ITEMS 5 & 18 01/18/2019 AJT

United States Department of Commerce Bureau of the Census

JUN 25 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 314942

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. In THIS county 1 years 9 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address St anthony

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Blaine La Vern Hackett

5. Date of Birth (Month, day, year) Dec 31-22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9,

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David La Vern Hackett
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Riverton (City or town) Utah (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Arnold
17. Color or Race White
18. Age at time of THIS birth 19 20 yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes or no
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 25 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature J Franklin Watkins M.D. (D.O., Midwife, etc.)
and address 5414 North Kingsley Los Angeles, Cal

June 23-1941

State of }
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO CERTIFICATE FACE-OTHER CHANGE NOT MARKED AMENDED 01/18/2019 AJT

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-225008-893

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

3150 48

State File No. 315048
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D.No. ---
(d) Name of Hospital or Maternity Home: Born at home of parents
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ... days. IN THIS county ... years ... month ... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D.No. ---
(e) How long has MOTHER lived in Idaho? 37 yrs.
(f) Mother's mailing address Sweet, Idaho

3. RESIDENCE of FATHER (city, state) Sweet, Ida.

4. FULL NAME OF CHILD Esther Marie Beckman

5. Date of Birth (Month, day year) Aug. 25, 1922

6. Sex F

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Clarence Beckman
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sylvan Grove, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Inez Hilbert
17. Color or Race W
18. Age at time of THIS birth 23 yrs
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 8:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Moss (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) Aug. 25, 1922 (Date received) (b) ... (Registrar's signature)

27. Given name added on Aug. 25, 1922 by ... (Registrar's signature)

25. Attendant's OWN signature Not living M.D. (D.O., Midwife, etc.)
and address ... Date ...

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Moss, being first duly sworn, say that I am related to (Related to (or) acquainted with) Esther Marie Beckman (Name of person on certificate above) as an aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Davie Biggers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs Ethel Moss Signature

Rt. 2, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of July, 19 41

(SEAL) Robert W. Lee Jr. Notary Public, residing at Rexburg, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

MAR 0 7 2003

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

165-125010-493

United States
Department of Commerce
Bureau of Census

JUL 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315133
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Ida Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Her own home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years 2 month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Falls Idaho Falls
(d) Street Address or R.F.D.No. ~~Twin~~ Falls
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Box 57 & Ida Falls

3. RESIDENCE of FATHER (city, state) Ida Falls Ida

4. FULL NAME OF CHILD Lesley Wayne Jones
5. Date of Birth (Month, day year) March 25, 1922
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Emmett Jones	16. FULL MAIDEN NAME Lillie Miller Jones
11. Color or Race white 12. Age at time of THIS birth 33 yrs.	17. Color or Race white 18. Age at time of THIS birth 29 yrs
13. Birthplace Batesville, Indiana (City or town) (State or foreign country)	19. Birthplace Wear, Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation housewife
15. Industry or Business Farm	21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lillie (First name) Jones (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 1 1941 (Date received) (b) Malvin F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ~~Lillie Jones~~ M.D. (D.O., Midwife, etc.) and address Curtis Ave Date March 25, 1922

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillie Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lesley Wayne Jones (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hollister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lillie Jones Signature
Idaho Falls Ida Box 574 P. O. Address

Subscribed and sworn to before me on this 30th day of June, 1941
(SEAL) John Freebaum Notary Public, residing at Idaho Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

264-125-040942

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 30 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315140
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County SHOSHONE (b) City Kellogg
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At home birth at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 1 years 0 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address General Delivery Kellogg

3. RESIDENCE of FATHER (city, state) Kellogg Idaho

4. FULL NAME OF CHILD Walter Henry Bomersheim

5. Date of Birth (Month, day year) May 25, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Mr. Wm. Bomersheim
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation ~~Brewery Worker~~ Smelter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Rukgaber
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Northport, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 25, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J. R. Neeson M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

315-116-286-231

United States
Department of Commerce
Bureau of the Census

JUN 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315149
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Jefferson City Rigby
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home: (own Home)
(e) Mother's stay BEFORE delivery:
~~In Hospital or Maternity Home xxxx days~~
In THIS county 18 years --- month --- days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. One
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address 2044 Corley Dr. Whittier
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Wayne Arthur Tanner
5. Date of Birth (Month, day, year) September 16, 1922
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Leroy Tanner
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Rigby (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha May Staten
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Springville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha M. Tanner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 21 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson M.D. M.D. (D.O., Midwife, etc.)
and address Rigby Idaho Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha M. Tanner, being first duly sworn, say that I am related to (Related to (or) acquainted with) WAYNE ARTHUR TANNER (Name of person on certificate above) as the mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. A. Anderson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha M. Tanner Signature
2044 Corley Dr., Whittier, California P. O. Address

Subscribed and sworn to before me on this 12th day of June, 1941

(SEAL) Paul L. Dulin Notary Public, residing at 2619 Montezuma Ave., Alhambra, California

My Commission Expires Aug. 1st, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

SEP 22 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-213-031-431

315174

United States
Department of Commerce JUL 2 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Born at own Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Winchester Idaho

3. RESIDENCE of FATHER (city, state) Winchester Ida

4. FULL NAME OF CHILD Wilma Rose Moore

5. Date of Birth (Month, day year) Jan 13 - 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William Ambrose Moore	16. FULL MAIDEN NAME Rose Emma McAulay
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 25 yrs.	18. Age at time of THIS birth 25 yrs
13. Birthplace Mussell Fork Missouri (City or town) (State or foreign country)	19. Birthplace Spangle Wash (City or town) (State or foreign country)
14. Exact Occupation Saw Mill Worker	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 2-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Moore, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Wilma Rose Moore (Name of person on certificate above) daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Kelly (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rose Moore Signature
Winchester, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of June, 1941

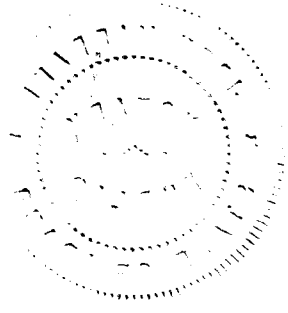
(SEAL) J M Hardah Notary Public, residing at Winchester, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



14-01-4

442-120-015-235

RECEIVED JUL 8 1941

315304

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Soda Springs, Ida.

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Grant Wilber Dubach

5. Date of Birth (Month, day year) July 20, 1922.

6. Sex m

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John James Dubach
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Burn, Idaho (City or town) (State or foreign country)
14. Exact Occupation sheepman
15. Industry or Business raising sheep

MOTHER OF CHILD

16. FULL MAIDEN NAME Orpha Myrtle Stevens
17. Color or Race white
18. Age at time of THIS birth 29 yrs
19. Birthplace Rockville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to ~~prevent Ophthalmia~~ Neonatorum Nitrate Silver (4th
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Orpha Myrtle Dubach (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED JUL 8 1941

26. (a) JUL 8 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Ellis Mackley M.D. (D.O., Midwife, etc.) and address Soda Springs, Idaho Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

263-122-003-599

RECEIVED JUL 8 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315318
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonniville (b) City Pocatello
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. none
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonniville
(c) City Pocatello
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs yrs.
(f) Mother's mailing address Pocatello

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Fabian Solis

5. Date of Birth (Month, day year) Jan' 22 1922

6. Sex M

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Juan Solis
11. Color or Race W
12. Age at time of THIS birth 26 yrs.
13. Birthplace Durango Mexico (City or town) (State or foreign country)
14. Exact Occupation Laboror
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Natividad Errera
17. Color or Race W
18. Age at time of THIS birth 19 yrs
19. Birthplace Durango Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Mid-wife in attendance and not now being able to locate (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED JUL 8 1941

26. (a) ..... (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Montana
County of Phillips } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fabian Solis, being first duly sworn, say that I am The Child in question Parents moved to Durango, and mid-wife that attended birth can now not be located I make as the above statements of my own accord (Name of person on certificate above) (State relationship or acquaintance) (Related to or acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fabian Solis Signature

P. O. Address

Subscribed and sworn to before me on this 7th day of July 1941

(SEAL) O. F. Habedong Notary Public, residing at Malta

NOTARY PUBLIC for the State of Montana, Residing at Malta, Montana. My Commission expires October 5th, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

259-21810 29-859

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315350
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
A. L. Home Genesee
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Genesee Idaho

4. **FULL NAME OF CHILD** Gayle Georgean Bershaw

5. Date of Birth (Month, day year) July 15, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene E. Bershaw
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Genesee (City or town) Idaho (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Elizabeth Herfoth
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Uniontown (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at about 6:10 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 11-1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eugene E. Bershaw, being first duly sworn, say that I am related (Related to (or) acquainted with) Gayle Georgean Bershaw (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Toomey (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eugene E. Bershaw Signature

408- 6th Ave., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of July, 1941

(SEAL) Leo McCarty Notary Public, residing at Lewiston, Idaho

7-17-41

FEB 17 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

168-125-029-795

United States
Department of Commerce JUL 10 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315400
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Onaway
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Ida LaPard Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
IN **THIS** county 25 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No. 519 N. Jefferson
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE of FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Ernest Alvin St. John

5. Date of Birth (Month, day year) Oct. 25, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert St. John

11. Color or Race white

12. Age at time of THIS birth 51 yrs.

13. Birthplace Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business Carpenteringfor self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Pierce

17. Color or Race white

18. Age at time of THIS birth 36 yrs

19. Birthplace England
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 10-1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive Foster, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Alvin St. John (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George LaPard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Olive Pierce Foster Signature

521 N. Jefferson, Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of July, 19 41

Notary Public, residing at

(SEAL)

Notary Public in for the State of Idaho
Residing at Moscow, Idaho
My Commission Expires Dec. 19, 1942

Laurence E. Hoff

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

236-108 010-295

315407

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 12 1941

1. PLACE OF BIRTH
(a) County BONNEVILLE (b) City IONA
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLI
(c) City IONA
(d) Street Address or R.F.D.No. 35
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address RUPERT IDAHO

3. RESIDENCE of FATHER (city, state) RUPERT

4. FULL NAME OF CHILD AARON RAYSTODDARD

5. Date of Birth (Month, day year) 5-8th- 1922

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy regular

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME MI LTON CHESTER STODDARD
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LILLIE MAY KING
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs
19. Birthplace UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 12-1941 (Date received) (b) Mabel T Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of IDAHO
County of MINIDOKA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LILLIE MAY STODDARD, being first duly sworn, say that I am MOTHER (Related to (or) acquainted with) AARON RAY STODDARD (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chap. NO 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that NO Physician (Name of attendant at birth), who attended said birth MID WIFE DEAD (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Lillie may King Stoddard Signature

..... P. O. Address

Subscribed and sworn to before me on this 9th day of July, 1941

(SEAL)

H A Bowyer Probate Judge Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

SEP 21 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

3N478

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

315428

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. R. R. 4 St.
958 107-00955
(If born in hospital or institution give name.)

JUL 10 1941

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Veva Ellen Reynwald

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth July 7, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Henry Reynwald	18. Full maiden name: Juanita Sarah Reed
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Ida.
11. Color or race: white 12. Age at last birthday: 55 (years)	20. Color or race: white 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Rodney Ont. Canada	22. Birthplace (city or place) (State or Country): Creston Nebraska
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work: 7	26. Total time (years) spent in this work: 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 6 (At time of this birth and including this child)
(a) Born alive and now living: 6 (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Mrs John H Reynwald, M. D.
or ____, Midwife
Address ____

Filed July 10, 1941 Mabel H Geller
Registrar.

____
Registrar.

STATE OF IDAHO)
COUNTY OF BONNEVILLE) SS.

Subscribed and sworn to before me this 10th day of July, 1941.

Eileen Stumbo

Notary Public
Residing at Idaho Falls, Idaho
My commission expires 7-10-44

14-61-4

366-126 001 819

315492

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315492
Local Reg. No.
Reg. Dist. No.

JUL 21 1941

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D.No. 1906 Idaho St
   (d) Name of Hospital or Maternity Home: 1906 Idaho
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D.No. 1906 Idaho St
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address 1906 Idaho
3. **RESIDENCE of FATHER** (city, state) Ida

4. **FULL NAME OF CHILD** Robert William Cooper
5. Date of Birth (Month, day year) July 26-1922
6. Sex boy
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Howard Cooper
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Delano (City or town) Minnesota (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu May Harbaugh
17. Color or Race white
18. Age at time of THIS birth 23 yrs
19. Birthplace Saginaw (City or town) Mich (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 21 1941 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lulu May Harbaugh, being first duly sworn, say that I am related (Related to (or) acquainted with) William Howard Cooper (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Bower (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lulu May Harbaugh Signature
Boise Idaho P.O. Address

Subscribed and sworn to before me on this 21 day of July 1941

(SEAL) L. M. Greene Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-24-41

AUG 16 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

291112-021-381

#315506

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 25 1941

State File No. 315506
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 60 days.
IN THIS county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Fairfield
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Gordon Paul Krahn

5. Date of Birth (Month, day year) June 12, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Paul Wm Krahn

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Warsaw (City or town) Mich. (State or foreign country)

14. Exact Occupation Ice Cream maker

15. Industry or Business Creamery

MOTHER OF CHILD

16. FULL MAIDEN NAME Vilate Thatcher

17. Color or Race white

18. Age at time of THIS birth 23 yrs

19. Birthplace Preston (City or town) Idaho (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) July 25-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature A. R. Oulter M.D. (D.O. Midwife, etc.) and address Preston Ida Date 7-23-41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

395-102 035 386

315513

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315513
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewiston (b) City Winchester Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewiston
(c) City Winchester
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Winchester Ida

3. **RESIDENCE of FATHER** (city, state) Ida

4. **FULL NAME OF CHILD** William Gene Livingston

5. Date of Birth (Month, day year) Feb 2 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Forrest O. Livingston

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Lorimor (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Madge Thomas

17. Color or Race White

18. Age at time of THIS birth 20 yrs

19. Birthplace Macksburg (City or town) Iowa (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Madge Livingston, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
William Gene Livingston (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Gloskin (MD) (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura Madge Livingston Signature

2115 E. Fourth - Bend - Ore P. O. Address

Subscribed and sworn to before me on this 25th day of July 1941

(SEAL) Mary E. Hansen Notary Public, residing at Bend, Ore.

Comm. Expires 8-18-41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

855-117-001 369

#315519 315519

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
St. Alphonsus Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days.
IN THIS county 8 years 10 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. R.F.D.#1
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address # R.F.D. #1

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leslie Hogan Henderson

5. Date of Birth (Month, day year) 7/17/22

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Alexander Henderson

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Cadiz, Ohio (City or town) (State or foreign country)

14. Exact Occupation Tool Dresser

15 Industry or Business Private Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucretia Torrence

17. Color or Race White

18. Age at time of THIS birth $\frac{39}{40}$ 41 yrs

19. Birthplace Rankin (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10
(c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 29 1941 (Date received) (b) Mabel Heiser (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of ____ } ss.
County of ____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucretia Torrence Henderson being first duly sworn, say that I am Mother (Related to (or) acquainted with) Leslie Hogan Henderson (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Leona Collister (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucretia T. Henderson Signature

R1 Boise P. O. Address

Subscribed and sworn to before me on this 26th day of June 1944.

(SEAL) Florence LaSalle Notary Public, residing at Boise, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

239-118-029-258

315529

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 18 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City ## Genesee
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home # days ## IN THIS county # years # month # days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D.No. ##
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Genesee, Idaho

3. RESIDENCE of FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD James Gerald Springer

5. Date of Birth (Month, day year) 7-18-1922

6. Sex Male

7. Twin or Triplet ##

If so—born 1st, 2nd, 3rd ##

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Edgar Springer
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Oberlin (City or town), Ohio (State or foreign country)
14. Exact Occupation Warehousman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Kehoe
17. Color or Race White
18. Age at time of THIS birth 36 yrs
19. Birthplace Gagetown (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver-nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by Julia Marie Springer (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) JUL 18 1941 (Date received) (b) Mabel H Ecker (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Ida Mayer M.D. (D.O. Midwife, etc.) and address Genesee, Idaho Date 7/16/1941

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

415-129-012-155

315550

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JUL 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 670

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Butte (b) City Leslie
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Butte
   (c) City Leslie
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Clayton Daniels

5. Date of Birth (Month, day, year) Dec 29-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas William Daniels
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Malad Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Stella Jenkins
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Farmington Utah (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at 8-91 M. on the date (born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Mrs Daniels (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) June 8-1941 (Date received) (b) Mary G. Dietrich (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Stella Evans M.D. ~~(D.O., Midwife, etc.)~~
and address Darlington Date June 4-1941

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

415-29-012-155

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bonneville }

Certificate No. 315550

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for William Clayton Daniels (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 29, 1922, (DATE OF EVENT)
in Leslie, Butte Co., Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Blessing Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 4 1923 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
birth date	Dec. 29, 1923	December 29, 1922

Subscribed and sworn to before me this 20th
day of January, 1942.

Notary Public, residing at Idaho Falls.
My commission expires Sept. 20, 1945.
(SEAL)

Signed Jennie Daniels Harris Mother.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 31

396-112-010-493

United States
Department of Commerce
Bureau of the Census

JUN 25 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315551
Local Reg. No. 406
Reg. Dist. No. 610

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: @ home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice): Rt 2 Box 158 Canyonville, Oregon
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Clinton Francis Crow

5. **DATE OF BIRTH** (Month, day, year) Jan. 12-1922

6. Sex M-

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm Joseph Crow

11. Color or Race W-

12. Age at time of THIS birth 29 yrs.

13. Birthplace Colorado
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fay Lucile Mitchell

17. Color or Race W-

18. Age at time of THIS birth 24 yrs.

19. Birthplace Lenox, Iowa
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 oc A. M. on the date and at the place stated above, and that personal particulars were furnished by Fay (First name) Crow (Last name), who is related to this child as mother (Mother, etc.)

26. (a) June 18-1941 (Date received) (b) Anna Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** N. S. Spencer M.D. (D.O., Midwife, etc.)
and address Idaho Falls Ida. Date June 19 41

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

652-220 015 553

United States
Department of Commerce
Bureau of the Census

JUL 14 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315562
Local Reg. No. 64
Reg. Dist. No. 52

1. **PLACE OF BIRTH:**
(a) County Caribou (b) City Soda Spgs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address (For registration notice): 2054 Orchard Ave., Ogden, Ut
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Oakland Cal.

4. **FULL NAME OF CHILD** Wanda L. West

5. Date of Birth (Month, day, year) Jan. 20, 1922

6. Sex Fe

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence J. West

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Veda Nelson

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace ~~to~~ Riverdale, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living ~~0~~ 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 A. M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Veda Nelson, who is
(First name) (Last name)
related to this child as mother
(Mother, etc.)

26. (a) July 11, 1941 (b) Dr Russell Tigert
(Date received) (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's signature)

25. Attendant's **OWN signature** Russell Tigert, M.D.
(D.O., Midwife, etc.)
and address Soda Springs Idaho Date July 11, '41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 2 3 1972

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United States Department of Commerce
Bureau of Census

JUL 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315564
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Newdale
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Newdale
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Newdale Ida.

3. RESIDENCE of FATHER (city, state) Newdale Ida.

4. FULL NAME OF CHILD Mack William Meibaur

5. Date of Birth (Month, day year) Dec. 22. 1922

6. Sex male 7. Twin or Trip'et no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Darryl Henr. Meibaur
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophie Pfeifer
17. Color or Race white 18. Age at time of THIS birth 33 yrs
19. Birthplace Lotzwyl Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5. a.M. on the date and at the place stated above, and that personal particulars were furnished by Sophie Meibaur (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Mary H. Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Bertha Meibaur Midwife (D.O., Midwife, etc.) and address Newdale Ida. Date July 16th 1941

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ... , being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ..... , 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/24/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

666-106-002-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 15 1941

State File No. 315591
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Adams (b) City Tamarack
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City Tamarack, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marion Lynn Woods

5. Date of Birth (Month, day, year) Feb. 6, 1922

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marion Sylvanus Woods
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Cove (City or town) Oregon (State or foreign country)
14. Exact Occupation Running livery barn
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Lane
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Baker (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At the time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah C. Lane (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

26. (a) JUL 15 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah C. Lane, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marion Lynn Woods (Name of person on certificate above) as grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I attended said birth ~~who attended~~ (Name of attendant at birth) ~~said birth~~ as midwife (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah C Lane Name

Council, Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of July, 1941

(SEAL) Matilda Moser ~~Notary Public~~, residing at Council, Idaho
Clerk District Court

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/24/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763 101 028 219

315602

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 14 1941

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D.No. Box 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D.No. Box 1
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.
   (f) Mother's mailing address Rathdrum Ida

3. **RESIDENCE of FATHER** (city, state) Rathdrum Ida

4. **FULL NAME OF CHILD** Martin Poleson

5. Date of Birth (Month, day year) March 1, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Asa Poleson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ridgeway, Missouri (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Wynona Barnes
17. Color or Race white
18. Age at time of THIS birth 21 yrs
19. Birthplace Mohawk Village Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 a. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. N. A. Poleson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Martin Poleson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Henry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. N. A. Poleson Signature

Rathdrum, Ida P. O. Address

Subscribed and sworn to before me this 12 day of July 1941

(SEAL) ..... Notary Public, residing at Rathdrum Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/2741

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

113-216 016 249

316779

United States Department of Commerce
Bureau of Census

JUL 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1988
Local Reg. No. 2188
Reg. Dist. No. 471

1. PLACE OF BIRTH
(a) County Cassia (b) City Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 31 years ..... month ..... days

2. **USUAL RESIDENCE** of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba.
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Albion, Ida

3. **RESIDENCE** of FATHER (city, state) Albion, Ida.

4. **FULL NAME OF CHILD** Emma Jacobsen

5. Date of Birth (Month, day year) 12/16/22

6. Sex F. 7. Twin or Trip'let - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lawrence Jacobsen
11. Color or Race W. 12. Age at time of THIS birth 46 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Smith
17. Color or Race W. 18. Age at time of THIS birth 40 yrs
19. Birthplace Hilliard, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 A M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude Jacobsen (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) JUL 21 1941 (Date received) (b) Mabel M Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** C. I. Sater M.D. (D.O., Midwife, etc.)
and address Albion Idaho Date 7/18/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

168-126-037-663

316833

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Given Springs
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Given Springs
(d) Street Address or R.F.D.No. 2
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Homedale Idaho

3. RESIDENCE of FATHER (city, state) Homedale

4. FULL NAME OF CHILD Carroll Sam Johnstone

5. Date of Birth (Month, day year) 8/26/22

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Johnstone
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Glascow, Scotland (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Madgelena Wolfe
17. Color or Race white
18. Age at time of THIS birth 30 yrs
19. Birthplace Long Grove, Illinois (City or town) (State or foreign country)
20. Exact Occupation House [illegible] Work
21. Industry or Business Clerking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 21-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Erma Johnstone, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carroll Sam Johnstone (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gue (Name of attendant at birth), who attended said birth is now deceased (or) cannot be located, and that this birth has not been previously recorded.

Erma Johnstone Signature
Murphy, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of July, 1941

(SEAL) Leona F Harvey Notary Public, residing at Marsing Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

294-127-003-843

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316842
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Central
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 11 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Grace Idaho

3. RESIDENCE of FATHER (~~city, state~~) dead

4. FULL NAME OF CHILD Lowell Alma Simonson

5. Date of Birth (Month, day year) Mar 27-1922

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alma O. Simonson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Brigham Utah (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Hutchison
17. Color or Race white
18. Age at time of THIS birth 29 yrs
19. Birthplace Wellsville Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 23-1941 (Date received) (b) Maud F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Simonson, being first duly sworn, say that I am related to (~~mother~~) (Related to (or) acquainted with) Lowell Alma Simonson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Hubbard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Simonson Signature

P. O. Address

Subscribed and sworn to before me on this 1st day of July 1941

(SEAL) Harald B Lowe Notary Public, residing at Grace Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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643-109-010-243

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316882
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City —
(c) Street Address or R.F.D.No. 5
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 39 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City ✓
(d) Street Address or R.F.D.No. 5
(e) How long has MOTHER lived in Idaho? 39 yrs.
(f) Mother's mailing address R.F.D. #2

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Delbert J. Wilkins
5. Date of Birth (Month, day year) Sept-9-22
6. Sex Male
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wm Henry Wilkins
11. Color or Race W
12. Age at time of THIS birth 50 yrs.
13. Birthplace Salt Lake Co Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Butler
17. Color or Race W
18. Age at time of THIS birth 40 yrs
19. Birthplace Salt Lake Co Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at one A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 29 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H D Spencer M.D. (D.O., Midwife, etc.)
and address Idaho Falls Ida Date July-26-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

275-126-028-391

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUL 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317058
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Post Falls
(c) ~~Street Address or~~ R.F.D.No. 1
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Post Falls
(d) ~~Street Address or~~ R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Post Falls, Idaho

3. RESIDENCE of FATHER (city, state) Post Falls, Idaho

4. FULL NAME OF CHILD Spencer, Robert Winston
5. Date of Birth (Month, day year) 5/26/1922
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Spencer, Kenneth Dale
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Santa Rosa, California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Crane, Mabelle
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Macomb, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol albuminate of argentum 1% sol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 28 1941 (Date received) (b) Mabel M Keller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H H Kunsk M.D. (D.O., Midwife, etc.)
and address Rt 5-Spokane Date 5-26-22

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
(Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

3 18 - 130 - 001-284

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. 317099
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 1321 Manito
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Glenn Squier Layshure

5. Date of Birth (Month, day year) Dec 30, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Roy Franklin Layshure
11. Color or Race Wh
12. Age at time of THIS birth 35 yrs.
13. Birthplace ¼e Pleasanton, Kansas (City or town) (State or foreign country)
14. Exact Occupation Freight Conductor
15. Industry or Business Boise Valley traction Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Elizabeth Squier
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Denning, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20 % Argyrol
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Roy F. Layshure (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature M. Calloway M.D. (D.O., Midwife, etc.)
and address Boise, Idaho Date Aug 7, 1941

26. (a) August 7, 1941 (Date received) (b) Mabel M Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493426-004-295

317217

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317217
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Lady Springs
(c) Street Address or R.F.D.No. gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days.

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Lada Springs
(d) Street Address or R.F.D.No. Gen Del.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Gen. Del.

3. **RESIDENCE of FATHER** (city, state) Ida.

4. **FULL NAME OF CHILD** Charley Ellis Miller

5. Date of Birth (Month, day year) May 26, 1922

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charley Henry Miller
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vernie May Pennington
17. Color or Race White
18. Age at time of THIS birth 37 yrs
19. Birthplace Ill. (City or town) (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 1
(c) Born alive and now dead 5 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 6 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wash
County of Wash } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vernie Miller, being first duly sworn, say that I am his Mother (Related to (or) acquainted with)
as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Ernest Hoffman who attended
(Name of attendant at birth)
said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

X Vernie Miller Signature
1265 16th ave south seattle Wash. P. O. Address

Subscribed and sworn to before me on this 5th day of August, 1941

(SEAL) Roy E Bird Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF WASHINGTON,
County of King } ss. No.

AFFIDAVIT

Before me personally appeared Vernie Miller

who, being first duly sworn, on oath says:

That She is Clarley Ellis Miller Mother

address 12615
16th Ave South
Seattle Washington

Vernie Miller

Subscribed and sworn to before me this 3rd day of November, 1941

Joseph Bird
Notary Seattle

No.....

AFFIDAVIT OF

.....

In the Matter of

.....

.....

.....

.....

.....

MAR 2 1945

335-124-014-239

#317269

317269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

AUG 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. R#
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In THIS county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Meridian
   (d) Street Address or R.F.D. No. R# 2
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address (For registration notice): Meridian, Idaho - R2
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** Morris Edwin Stewart

5. Date of Birth (Month, day, year) Sept 24, 1922

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Phillip Arthur Stewart

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Oregon
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Stickler

17. Color or Race W

18. Age at time of THIS birth 30 yrs.

19. Birthplace Butte, Montana
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Hatcher, who is
(First name) (Last name)
related to this child as .....
(Mother, etc.)

AUG 11 1941

26. (a) ..... (b) Mary H. Keller
(Date received) (Registrar's signature)

25. Attendant's **OWN signature** Alfred Bundy Jr. M.D.
(D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by .....
(Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

JAN 1 6

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

155-205-009-745

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 7 1941

State File No. 317358
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Sand Point (b) City Newport
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home -- days. IN THIS county years Six month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Sand Point
(c) City Newport
(d) Street Address or R.F.D.No. None
(e) How long has MOTHER lived in Idaho? 6 mos yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Newport, Idaho

4. FULL NAME OF CHILD Myrtle Virginia Jensen

5. Date of Birth (Month, day year) May 5, 1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry George Jensen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Deer Park, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Signe Gunderson
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Grand View, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 7 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Wisconsin
County of Ashland } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Signe Jensen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Myrtle Virginia Jensen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Signe Jensen Signature
Ashland, Wisconsin P. O. Address

Subscribed and sworn to before me on this 29 day of July, 1941

(SEAL) Jane G. MacDonald Notary Public, residing at Ashland, Wisconsin
Notary Public, Ashland County, Wis.
My commission expires [illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

219-111-003-613

United States
Department of Commerce
Bureau of the Census

RECEIVED
AUG 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317396
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County BANNOCK (b) City McCAMMON
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County BANNOCK
(c) City McCAMMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address McCAMMON, Ida.

3. **RESIDENCE OF FATHER** (city, state) McCAMMON, Ida.

4. **FULL NAME OF CHILD** JOHN CLIFFORD BARRON

5. Date of Birth (Month, day, year) 6-11-1922

6. Sex. Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CLIFFORD LEON BARRON
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace McCAMMON (City or town) Idaho (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business MERCANTILE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IRENE DAY WATT
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace LAYTON (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Clifford Leon Barron (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) Aug 9-1941 (Date received) (b) Mabel F Eeifer X (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. or..... (D.O., Midwife, etc.)
and address Mt View Wyo Date June 11 1941

State of..... } ss.
County of..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-129 003-219 # 318921

318921

United States
Department of Commerce
Bureau of Census

SEP - 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
(f) Mother's mailing address Same —

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Arthur N. Junior Galeazzi

5. Date of Birth (Month, day year) March 29, 1922

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Arthur N. Galeazzi
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vincy Jane Barlow
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% agno 3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Vincy Jane (First name) Barlow (Last name), who is related to this child as mother (Mother, etc)

26. (a) SEP - 3 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J R Young M.D. (D.O., Midwife, etc.)
and address Pocatello Ida Date 8/29-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, [illegible], being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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556-119 042 285

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318997
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D. No. I
(d) Name of Hospital or Maternity Home: Parent's home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Twin Falls, Idaho

3. RESIDENCE of FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Kenneth Jay Nefzger

5. Date of Birth (Month, day year) March 19, 1922

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ervin Elroy Nefzger
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Fayette (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ethelyn Sherlock
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Greenmountain (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 25-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary E. Nefzger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Jay Nefzger (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. D. Weaver, Md. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E. Nefzger Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of August, 1941

(SEAL) F. W. Black Notary Public, residing at Twin Falls, Ida

My Commission Expires Jan. 16 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1942

DELAYED REGISTRATION LAW

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259 121 003-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 26 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319050
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: Pocatello General Hosp.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 days.
In **THIS** county 1 years months 8 yrs. days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Richard Virgil Burgstrom

5. Date of Birth (Month, day, year) July 21 1922

6. Sex M

7. Twin or Triplet 7 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Richard Bernard Burgstrom

11. Color or Race W

12. Age at time of THIS birth 21 yrs.

13. Birthplace Rock Island Ill. (City or town) (State or foreign country)

14. Exact Occupation Truck Driver

15. Industry or Business Garrett Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Edith Downey

17. Color or Race W

18. Age at time of THIS birth 18 years

19. Birthplace East St. Louis Illinois (City or town) (State or foreign country)

20. Exact Occupation Wife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag Nos.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 12 30 Noon M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 26 1941 (Date received) (b) Mabel F. Eeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. or (D.O., Midwife, etc.) and address Pocatello Date 8/22/41

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-39-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

955-206043-619

United States
Department of Commerce
Bureau of Census

AUG 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319096
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address Cascade Idaho

3. RESIDENCE of FATHER (city, state) Cascade Idaho

4. FULL NAME OF CHILD Margaret Marie Reed

5. Date of Birth (Month, day year) Mar. 6, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wm L. Reed
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace San Antonio (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer & stock man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Louise Warren
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Kendrick (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by W. L. Reed (First name) (Last name), who is related to this child as father (Mother, etc.) no doctor or midwife available

26. (a) AUG 28 1941 (Date received) (b) Mabel T. Elifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature W. L. Reed ~~M.D.~~ ~~(D.O. Midwife, etc.)~~
and address Sweet, Idaho Date Aug. 26-1941

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

129-124 010-289

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

AUG 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319118
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 139-13th Street
   (d) Name of Hospital or Maternity Home: People's Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 1 days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 139 - 13th St.
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address (For registration notice): 139-13th Street (Street or R. F. D.) Idaho Falls, Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** John Akimoto

5. Date of Birth (Month, day, year) Sept. 24, 1922

6. Sex Male

7. Twin or Triplet none

If so—born 1st, 2nd, 3rd none

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Masanori Akimoto

11. Color or Race Japanese

12. Age at time of THIS birth 47 yrs.

13. Birthplace Japan (City or Town) (State or foreign country)

14. Exact Occupation Labor Superintendant of the Utah Idaho Sugar Co.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Miki Shiratori

17. Color or Race Japanese

18. Age at time of THIS birth 33 yrs.

19. Birthplace Japan (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 0

photostat 8/31/45

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Miki Shiratori (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 27-1941 (Date received) (b) Mabel E Eddy (Registrar's signature)

25. Attendant's **OWN signature** John O. Mellar M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's Signature)

MAR 31 1945

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations: None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery? No

(4) Signature of Physician:

John O. Mellar

819 121 010 819

United States
Department of Commerce
Bureau of the Census

SEP - 3 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319177
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 10 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City Idaho Falls Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address (For registration notice): Idaho Falls (Street or R. F. D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Henry Harris
5. Date of Birth (Month, day, year) 12/21/22
6. Sex Male
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Watson Harris
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Unknown (City or Town) Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Harris
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Snyder (City or Town) Texas (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 p. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP - 3 1941 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** G. A. Aupperle D.O. ~~M.D.~~ (D.O., Midwife, etc.)
and address Date

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JUL 7 1952

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

395124002-695

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319181
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Adams (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home No days.
IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Indian Valley

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Wilson D.K. Lindsay

5. Date of Birth (Month, day, year) Jan 24 1922

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Tilford Lindsay
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Indian Valley Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Freitag
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) AUG 23 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Lindsay Hutchison, being first duly sworn, say that I am Aunt (Related to (or) acquainted with) Wilson D.K. Lindsay (Name of person on certificate above) as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Flora Linder (Name of attendant at birth), who attended said birth is now dead (~~is now deceased~~ (or) cannot be located) and that this birth has not been previously recorded.

Pearl Lindsay Hutchison Signature
1511 Iowa St. Bellingham, Wn P. O. Address

Subscribed and sworn to before me on this 22 day of Aug 1941.

(SEAL) [signature] Notary Public, residing at Bellingham

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-722-015-643

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 71
Reg. Dist. No. 570

SEP - 3 1941

1. **PLACE OF BIRTH:**
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 3 years 7 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address (For registration notice): McCammon, Ida
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) McCammon

4. **FULL NAME OF CHILD** Dale B. Palfreyman

5. Date of Birth (Month, day, year) Sept. 27, 1922

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ivan Gibson Palfreyman
11. Color or Race W 12. Age at time of THIS birth 31 yrs.
13. Birthplace Springville, Utah (City or Town) (State or foreign country)
14. Exact Occupation Range rider
15. Industry or Business Cattle business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Fullmer
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Springville, Utah (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
    (c) Born alive and now dead 1 (d) Stillborn 0

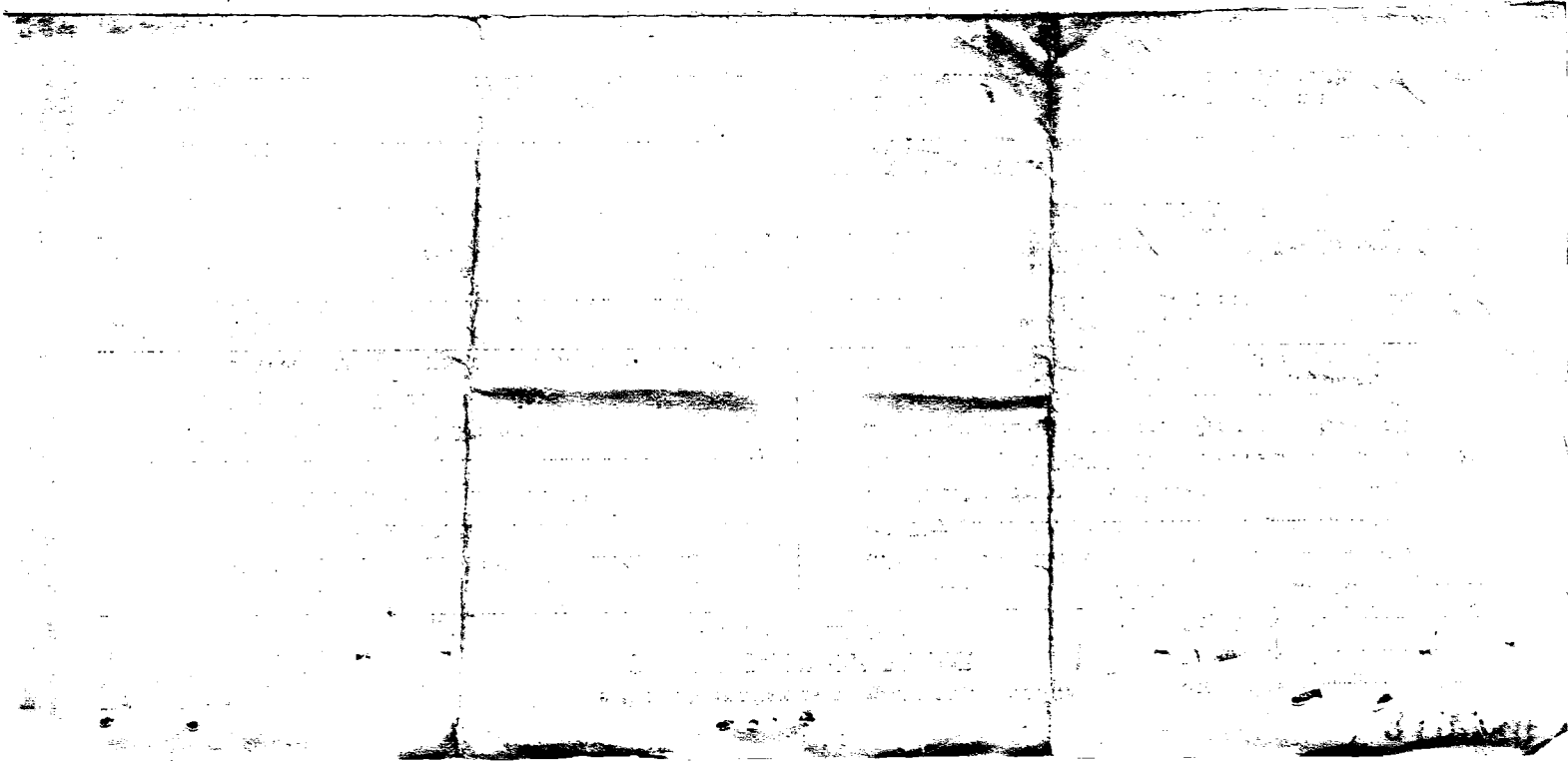
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Olive Palfreyman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Russell Tyler M.D. (D.O., Midwife, etc.)
    and address Soda Springs Idaho Date 8/9/41

26. (a) Aug. 9 1941 (Date received) (b) Dr Russell Tyler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure this information is as of date of birth of THIS child)

AUG 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 31280
Local Reg. No. 71
Reg. Dist. No. 570

1. PLACE OF BIRTH
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address McCammon, Ida.

3. RESIDENCE of FATHER (city, state) McCammon, Ida.

4. FULL NAME OF CHILD Dale B. Palfreyman

5. Date of Birth (Month, day year) Sept. 22. 1922

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ivan Gibson Palfreyman
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation range rider in
15 Industry or Business cattle business

MOTHER OF CHILD

16. FULL MAIDEN NAME Oline K. Fullmer
17. Color or Race White **18.** Age at time of THIS birth 30 yrs
19. Birthplace Springville Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date AUG 6 1941 and at the place stated above, and that personal particulars were furnished by Oline Palfreyman (First name) (Last name) who is related as this child is mother (Mother, etc.)

26. (a) Aug. 9, '41 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Russell Tigert M.D. (D.O., Midwife, etc.)
and address Soda Springs Idaho Date 8/9/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

APR 24 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

769-111-037-613

3 19308

319308

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 8 1941

State File No. 319308
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 19 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Bruneau, Idaho.

3. RESIDENCE of FATHER (city, state) Bruneau, Idaho

4. FULL NAME OF CHILD Harris LeRoy Portlock

5. Date of Birth (Month, day year) March 11, 1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Murrel Portlock
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bruneau, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business In Owyhee

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Wallace
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Tillamook, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Blanche Portlock (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 8 1941 (Date received) (b) Marvel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Times Bldg Portland Or. Date 8-26-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-12-41

NOV 24 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819.116022.133

United States Department of Commerce Bureau of Census

SEP - 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319376
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address bed last April

3. RESIDENCE of FATHER (city, state) Marysville, Ida

4. FULL NAME OF CHILD J. Orden Harris

5. Date of Birth (Month, day year) Aug. 16, 1922

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oral McGee Harris
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Fairfield (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer at Driggs, Idaho.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Alldredge
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Deseret (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ralph M. Bingham (First name) (Last name), who is related to this child as old friend to family (Mother, etc.)
26. (a) SEP - 4 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature E. L. Hargis M.D. (Midwife, etc.) and address Ashton Idaho Date 9-2-41

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ralph M. Bingham, being first duly sworn, say that I am an Old Acquaint anc (Related to (or) acquainted with) of J. Orden Harris (Name of person on certificate above) as old acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. L. Hargis (Name of attendant at birth), who attended said birth cant be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ralph M. Bingham Signature
6654 Lemon Ave, North Long Beach Calif. P. O. Address

Subscribed and sworn to before me on this 2 day of September, 19 41
(SEAL) Edward J. Bryan Notary Public, residing at Long Beach Calif.
My commission Expires July 25-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-108-042-155

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 11 1941

State File No. 319399

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Twin Falls (b) City Berger

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 7 years – month – days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls

(c) City Berger

(d) ~~Street Address~~ or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 7 yrs.

(f) Mother's mailing address Twin Falls, Idah

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Forrest Clinton Thompson

5. Date of Birth (Month, day year) 8-8-22

6. Sex Male

7. Twin or – Triplet – If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Thompson

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Lamar (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Ann Annis

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Stillwater, Oklahoma (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Jacob Thompson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Walter H. Euler (Registrar's signature)

25. Attendant's **OWN** signature Jacob Thompson – (M.D., Midwife, etc.)

and address Made delivery Date

27. Given name added on by (Registrar's signature)

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this 10th day of September, 19 41

(SEAL) Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-12-41

FEB 25 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

510 105 015 514

319411

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 81
Reg. Dist. No. 520

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.
   (f) Mother's mailing address (For registration notice): 1743 23rd St. (Street or R. F. D.) Ogden (Postoffice) Utah

3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Howard Taylor

5. Date of Birth (Month, day, year) Nov. 5, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred H. Taylor

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Utah (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lois Campbell

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Soda Springs, Idaho (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:35 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lois Campbell (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Aug. 13, 1941 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

25. Attendant's **OWN signature** Russell Tigert, M.D. (M.D., Midwife, etc.)
and address Soda Springs Idaho Date 8-13-41.

27. Given name added on ..... by ..... (Registrar's signature)

318-209 018-315

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319530

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Grofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Grofino Ida

3. RESIDENCE of FATHER (city, state) Grofino Ida

4. FULL NAME OF CHILD Bertha Bell Taylor

5. Date of Birth (Month, day year) Aug 9 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Thompson Taylor
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Earnestine Canada
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Fairfield (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 12 (c) Born alive and now dead 2 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 4 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Lillie E Taylor (First name) (Last name) who is related to this child as Mother (Mother, etc.)
26. (a) SEP 13 1941 (Date received) (b) Mark H Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Clearwater } ss.

I, Mrs. Lillie E Taylor, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Bertha Bell Taylor (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Lillie E Taylor Signature

White Bird Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of September 1941

(SEAL)

Notary Public, residing at White Bird Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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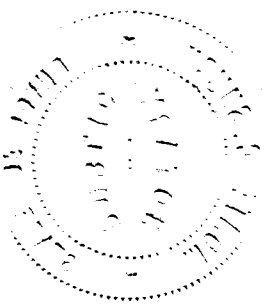

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United States Department of Commerce Bureau of Census SEP 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319620
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jerome (b) City Hazelton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Hazelton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Hazelton

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Howard Milton Wells

5. Date of Birth (Month, day year) April 30 1922

6. Sex Mal

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Newton Alsinus Wells
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fairview (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer on Twin Falls district
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mayme Lalumander
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Denver (City or town) Colo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 18 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature E. L. Berry M.D. (P.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mayme Wells, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Howard Milton Wells (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. L. Berry (Name of attendant at birth) who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mayme Wells Signature
351 - 5th Ave Twin Falls Ida P. O. Address

Subscribed and sworn to before me on this 16 day of September 1941
(SEAL) Thomas R. White Notary Public, residing at Twin Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-104 038 814

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319643
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 1 years 0 month 10 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Payette Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Kinsey William Robinson
5. Date of Birth (Month, day, year) 9-4-22
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kinsey Mayfield Robinson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mankato Minn (City or town) (State or foreign country)
14. Exact Occupation Division Engineer
15. Industry or Business Idaho Power Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth E. Hamby
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Montrose Colo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Kinsey M. Robinson (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) Sept 19 1941 (Date received) (b) Mabel H. Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** J. R. Howard M.D. (D.O., Midwife, etc.)
and address Payette Ida. Date 9/5/41

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

DUP OF 32-105432

236-115 027-431

United States
Department of Commerce
Bureau of Census

SEP 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319644
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home had Midwife
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ?
(c) City Jerome
(d) Street Address or R.F.D. No. Gen delivery
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address 87 Stillwater Ave
3. RESIDENCE of FATHER Divorced (city, state) Fallon, Ne

4. FULL NAME OF CHILD JOSEPH EARL STOKER
5. Date of Birth (Month, day, year) June 15, 1922
6. Sex male
7. Twin or Triplet -- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME JOSEPH STOKER	16. FULL MAIDEN NAME LEILA PEARL Mc JUNKIN
11. Color or Race white 12. Age at time of THIS birth 20 yrs.	17 Color or Race white 18. Age at time of THIS birth 17 yrs.
13. Birthplace Ardmore (City or town) Oklahoma (State or foreign country)	19. Birthplace Pikville (City or town) (State or foreign country)
14. Exact Occupation Cook	20. Exact Occupation waitress
15. Industry or Business --	21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at seven A.M. on the date and at the place stated above, and that personal particulars were furnished by Leila Pearl Tredennick (First name) (Last name) who is related to this child as MOTHER (Mother, etc.)

SEP 8 1941

26. (a) ..... (Date received) (b) Mabel T Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Midwife (Deceased) M.D. (D.O., Midwife, etc.) and address Date

State of NEVADA
County of CHURCHILL } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LEILA PEARL TREDENNICK, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of JOSEPH EARL STOKER (Name of person on certificate above) as my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife, name unknown (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leila Pearl Tredennick Signature
87 Stillwater Ave Fallon, Nevada P. O. Address

Subscribed and sworn to before me on this 4th day of September, 1941

(SEAL) Geo W Forbes Notary Public, residing at Fallon, Nevada

GEO. W. FORBES Notary Public Churchill Co. Nev.

My Commission Expires August 18, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414 129 036 792

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 15 1941

State File No. 319652
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. none
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D.No. none
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Malad Ida

3. RESIDENCE of FATHER (city, state) ✓ ✓

4. FULL NAME OF CHILD Sidney Gibbons Mansfield
5. Date of Birth (Month, day year) 8-29-22
6. Sex male
7. ~~Twin or Triplet~~ one If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Heber C Mansfield	16. FULL MAIDEN NAME	Annie LaVern Gibbons
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	31 yrs.	18. Age at time of THIS birth	25 yrs
13. Birthplace (City or town)	Malad Idaho (State or foreign country)	19. Birthplace (City or town)	Ogden Utah (State or foreign country)
14. Exact Occupation	Carman	20. Exact Occupation	House wife
15. Industry or Business	Union Pacific RR	21. Industry or Business	Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born ~~alive, stillborn~~) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by LaVern Mansfield (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Sept 15-1941 (Date received) (b) Mabel F. Elder (Registrar's signature) SEP 15 1941
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature x Emma Price. ~~M.D.~~ (~~D.O.~~, Midwife, etc.)
and address Samaria Ida Date 8-11-41 x

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Heber C. Mansfield, being first duly sworn, say that I am father-related (Related to (or) acquainted with) Sidney Gibbons Mansfield (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Emma Price, Midwife (Name of attendant at birth), who attended said birth is alive and has signed the above certificate and that this birth has not been previously recorded.

[redacted] Heber C Mansfield Signature
2549 Madison Ave P. O. Address

Subscri[redacted] to before me on this 10th day of Sept, 1941
([redacted] Betty Stewart Notary Public, residing at Ogden, Utah.

My Commission Expires Mar. 23, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

125-164-028-757

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Worley

No. ..... St.

(If born in hospital or institution give name.)

SEP 5 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

320982

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Geo Albert Akers

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4 | 6. Premature ..... Full term ..... | 7. Legitimate? Yes. | 8. Date of birth Dec 4, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Geo C Akers	18. Full maiden name Irene Pexsa
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race wht | 12. Age at last birthday 30 (years)	20. Color or race wht | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) N Virg	22. Birthplace (city or place) (State or Country) Minn
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work ✓, 19.. | 17. Total time (years) spent in this work ✓	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nit

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks | 30. Cause of stillbirth 0 Before labor 0 During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) L Clauston, M. D.

or ....., Midwife

Address Rockford Wa

Give name added from a supplemental report .....
(Date of)

Filed Sept 5-1941 193.. Mabel F Elder
Registrar.

MAR 1 6 1965

FEB 2 4 1944

4/5-230-022-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 320985

OFFICIAL SEAL 1983 — LINDA SUTHERLAND — NOTARY PUBLIC — STATE OF IDAHO — PRINCIPAL OFFICE IN ORANGE CO. CALIF. — My Commission Expires Mar. 11, 1983

REGISTRANT

1. Registrant's Full Name at Birth: DONNA DAVIS
2. Date of Birth (month) (day) (year): MARCH 30 1922
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth — a. County: ST. ANTHONY FREMONT — b. City or Town of Birth: ST. ANTHONY

FATHER

6. Full Name of Father: LEW WALLACE DAVIS
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: ETHYLYN CAROLYN RICE DAVIS
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donna Davis Scoville
11. Present Address of Registrant: 15711 BUTTERFIELD WESTMINSTER, CALIF.

NOTARY

Subscribed and sworn to before me on: June 10 1981

12. Signature of Notary: Linda Sutherland Jones
13. Notary Commission expires: 3-11 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School transcript	Fremont Co. Jt. School Dist Idaho	June 1981	May ,17,1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar30,1922 / St. Anthony, Idaho	--------	Lew W. Davis	
SUPPORTING RECORD 2.	Affidavit for Marriage Lic.	State of Idaho Fremont Co.	Dec 20, 1949	-----
	age 27yrs / St. Anthony, Ida	----------	---------	
SUPPORTING RECORD 3.	Certificate of Baptism	LDS Church, Idaho	Baptized July25,1930	Baptized July 25, 1930
	Mar30,1922 / St. Anthony,Idaho	Ethel C. Rice	Lew W. Davis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TEresa L. Cleverly	JUL 21 1981

FORM BH 56067

BURIAL # 320902-05 61

SCOVILLE

JUL 21 1981

415-230-022-415

320985

United States Department of Commerce Bureau of Census — (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 17 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. - Home
IN **THIS** county 30 years 9 month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address St Anthony Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Donna Davis

5. Date of Birth (Month, day year) 3-30-1921

6. Sex girl **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lew W Davis
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethelyn Rice Davis
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Parker (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) Ralph H Edler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lew W Davis, being first duly sworn, say that I am father (Related to (or) acquainted with) Donna Davis (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Mullen (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lew W Davis Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of September 19 41
(SEAL) Notary Public, residing at St Anthony Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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SEP 3 1941

691-109 014691

321016

United States Department of Commerce Bureau of Census

(Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 24 1941

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
IN **THIS** county 22 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Marsing
(d) Street Address or R.F.D. No. City
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address.....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Stanley Floyd Franks.

5. Date of Birth (Month, day year) May 9, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Ernest D. Franks.
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Caldwell (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evaluena Marie Franks.
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Caldwell (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living.....
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive/stillborn) at 9:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Evaluena Franks (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature and address G W Montgomery M.D. (D.O., Midwife, etc.) Date

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 3 1957

NOV 5 19

NOV 16 1942

SEP 2 2 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X

453/123 033-155

321043

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1941

RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In our own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 years
(f) Mother's mailing address Rexburg Idaho

3. RESIDENCE of FATHER (city, state) Rexburg Ida.

4. FULL NAME OF CHILD Donald J. Metcalf

5. Date of Birth (Month, day year) 12/23/1922

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Lester Metcalf

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Gunnison (City or town) Utah (State or foreign country)

14. Exact Occupation School Teacher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Gustava Jensen

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Gunnison (City or town) Utah (State or foreign country)

20. Exact Occupation School Teacher & House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Metcalf (Last name), who is related to this child as mother.

26. (a) Sept 22-1941 (Date received) (b) Mary H Metcalf (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Sadie Baker Nurse. M.D. (D.O., Midwife, etc.)
and address Rexburg, Ida. Date Sept. 23/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

MAY 9 1984

MAY 8 SEP 2 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-117 003-255

321145

United States Department of Commerce Bureau of Census (Be sure the information is as of date of birth of THIS child) SEP 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6-0 yrs.
(f) Mother's mailing address Cleveland

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Homer Leon Nielson

5. Date of Birth (Month, day year) Sept-17-1941

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edgar A. Nielson

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Brigham (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Bona Bevins

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Hooper (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 19 1941 (Date received) (b) Maud F Elder (Mother, etc) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Bannock }

I, Catherine B. Nielson, being first duly sworn, say that I am mother (Related to (or) acquainted with) Homer Leon Nielson (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Wm. Husband (Name of attendant at birth), who attended said birth dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this 17 day of Sept, 1941.

(SEAL)

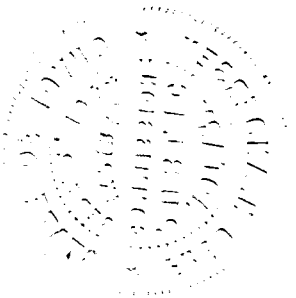
Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



275-211 010-469

321196

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 days.
In **THIS** county 7 years 2 month 16 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Rt. 5
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Rt 5

3. **RESIDENCE of FATHER** (city, state): Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Betty Marie Spealman

5. Date of Birth (Month, day, year) Jan 11, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Henry Spealman
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Longmont (City or town) Colo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Morse
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Eddyville (City or town) Ill. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4 9 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Eunice Spealman (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) Sept 22 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** J E Rogers M.D. (D.O., Midwife, etc.)
and address Pocatello Ida Date Sept 20. 41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

321206

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 918-224-001-331 St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Violet Eliz. Zahler

3. Sex F. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth 4-24-, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Otto Zahler	18. Full maiden name Marion Clarke
10. Residence (usual place of abode) (If non-resident, give place and State) Boise R.D.	19. Residence (usual place of abode) (If non-resident, give place and State) Boise R.D.
11. Color or race W | 12. Age at last birthday 22 (years)	20. Color or race W | 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or Country) Okla.	22. Birthplace (city or place) (State or Country) Wis.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at — m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. Callaway, M. D.

or ....., Midwife

Address Boise Idaho

Give name added from a supplemental report .....
(Date of)

Filed Sept 30, 1941 Mabel F. Eeder
Registrar.

Registrar.

10-1-41

566-112-014-469

OCT 2 1941

321214

321214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

OCT 1

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 445
Reg. Dist. No. 362

RECEIVED

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 4 years 2 months 8 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. N. St. North
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address (For registration notice): General Delivery, Nampa, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Thomas Iradell Cowley

5. Date of Birth (Month, day, year) June 12, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar Walter Cowley

11. Color or Race white

12. Age at time of THIS birth 47 yrs.

13. Birthplace Logan, (City or Town) Utah (State or foreign country)

14. Exact Occupation Plasterer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence G. Morgan

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Grove City, (City or Town) Oklahoma (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Florence Cowley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sept. 30-1941 (Date received) (b) Lyda Rodgers (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Thos. E. Mangum M.D. (D.O., Midwife, etc.)
and address Nampa Idaho Date 9/29/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

866-102026-216

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321275

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Craig Arvine Hooper		2. Date Of Birth (month) August (day) 2, (year) 1922	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Roberts
FATHER	6. Full Name of Father: Robert William Hooper		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Hattie May Sawyer		9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Craig A. Hooper	11. Present Address of Registrant: 810 Shelley St. Idaho Falls, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 2 1978	12. Signature of Notary: Betty Christensen	13. Notary Commission expires: May 11 1981	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	LDS Church	Date Issued: Mar.3,1951	Date Orig. Entry: baptized Mar.3,1951
	Date of Birth: Aug.2,1922 / Birth Place: Roberts, Idaho	Full Name of Mother: Hattie May Sawyer	Name of Father: Robert William Hooper	
SUPPORTING RECORD 2.	Type of Document: Marriage record	By whom issued and signed: Bonneville County, Idaho	Date Issued: on file	Date Orig. Entry: May25,1948
	Date of Birth: Age: 25 / Birth Place: Roberts, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Military discharge	By whom issued and signed: U.S. Armed Services	Date Issued: Jan4,1946	Date Orig. Entry: inducted Jan20,1943
	Date of Birth: Aug.2,1922 / Birth Place: Roberts, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

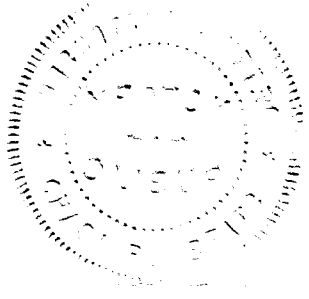
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 12 1978

FORM BH 56067

#184241

Cooper



866-132026-216

321275

United States
Department of Commerce AUG 28 [illegible]
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home address
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No. none since
(e) How long has **MOTHER** lived in Idaho? 1914 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Craig Arvine Hooper
5. Date of Birth (Month, day, year) October 2, 1922
6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert William Hooper
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Stockport, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie May Sawyer ~~Hooper~~
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Bolling Green, Kentucky (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 28 [illegible] (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Mrs Kate Balmer M.D. (D.O., Midwife, etc.) and address Roberts Idaho Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie May Sawyer Hooper, being first duly sworn, say that I am mother (Related to (or) acquainted with) Craig Arvine Hooper (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Balmer (Name of attendant at birth), who attended said birth believe she is living (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie May Sawyer Hooper Signature
1690 Curtis Ave. Idaho Falls, Idaho P. O. Address

My Commission Expires June 26th, 1943.

Subscribed and sworn to before me on this 29th day of May, 1941

(SEAL) Myrtle H. Chamberlain Notary Public, residing at Idaho Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1978

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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555 117 043 455

321304

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 8 1941

State File No.
Local Reg. No. 43
Reg. Dist. No. 310

1. **PLACE OF BIRTH**
(a) County Valley (b) City Alpha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 6 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Alpha
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Stibnite Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Jimmie Jean Newell

5. Date of Birth (Month, day, year) Nov 17-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Warren Newell

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Huntington (City or town) Oregon (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella May Lunney

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Kellogg (City or town) Idaho (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 3:[illegible] P M. on the date and at the place stated above, and that personal particulars were furnished by Stella Newell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 30 (Date received) (b) Myrtle Gardner (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Bertrude M. Kerby M.D. (D.O., Midwife, etc.) and address Emmett Ida Date

State of [illegible] ss.
County of Valley

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Warren Newell, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Jimmie Jean Newell (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Bertrude M. Kerby (Name of attendant at birth), who attended said birth, ~~is now deceased (or) cannot be located~~ resides at Emmett Ida. and that this birth **has not been previously recorded.**

William Warren Newell Signature

Stibnite Idaho P. O. Address

Subscribed and sworn to before me on this 25-K day of June, 1941

(SEAL) [illegible] Notary Public, residing at Yellow Pine Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1943

APR 16 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366-213008-245 #321608

United States
Department of Commerce
Bureau of Census

OCT 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321608
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise RECEIVED (b) City Quartzburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 year 9 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Quartzburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address 1519 N. 25th St. Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD La Verne Coonrod

5. Date of Birth (Month, day year) June 13, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christopher Columbus Coonrod
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Roseberry (City or town) Idaho (State or foreign country)
14. Exact Occupation Auditor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Elizabeth Bunch
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Garden Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of silver
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Rose Bunch (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Mabel Fleeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature G. G. Fitz M.D. (D.O., Midwife, etc.)
and address Oct-11-41 Date Bancroft Ida

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

351603

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X466122027864

321688

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 14 1941 RECEIVED

1. PLACE OF BIRTH
(a) County Jerome (b) City or Twp. R.F.D. #1
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Oregon (b) County Wallowa
(c) City Enterprise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 mos.
(f) Mother's mailing address Enterprise Ore.

3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD Robert Houston Downing

5. Date of Birth (Month, day year) 12-22-22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey F. Downing

11. Color or Race W.

12. Age at time of THIS birth 29 yrs.

13. Birthplace Wallowa (City or town) Oregon (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Eulalie Daisy Houston

17. Color or Race W

18. Age at time of THIS birth 21 yrs.

19. Birthplace Lagrand (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was female (born alive, stillborn) at 11:45 A. M. on the date and at the place stated above, and that personal particulars were furnished by Eulalie Downing (First name) (Last name), who is related to this child as mother (Mother, etc)

26. (a) OCT 14 1941 (Date received) RECEIVED (b) Mabel H. Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Jerome }

I, Eulalie D. Downing, being first duly sworn, say that I am Robert H. Houston Downing (Related to (or) acquainted with) Robert H. Houston Downing (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. J. Geller (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eulalie Daisy Downing Signature

Jerome Idaho R. I. P. O. Address

Subscribed and sworn to before me on this 11th day of October, 19 41

(SEAL) C. Epperson Notary Public, residing at Jerome, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

526 126 022.299

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321694
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Claude Thompson

5. Date of Birth (Month, day year) 10/26/22

6. Sex: Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Mancil Thompson

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace St. Anthony, (City or town) Idaho (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Ann Birks

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Cache Valley, (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 14 1941 (Date received) (b) Mabel M. Keller (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rosa Birks Thompson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Claude Thompson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watkins (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Rose ann Birks Thompson
Signature
P. O. Address

Subscribed and sworn to before me on this 10 day of Oct, 19 41

(SEAL) Kathryn Coffin Notary Public residing at
Clerk of District Court Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231 112-035-134

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321735
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perces (b) City Lewiston
(c) Street Address or ~~R.F.D. No.~~ 24 11th st.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perces
(c) City Lewiston
(d) Street Address or ~~R.F.D. No.~~ 24 11th.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Nez. Grangeville
3. RESIDENCE of FATHER (city, state) Then. Lewiston.

4. FULL NAME OF CHILD Peter Fred Klaus Jr.
5. Date of Birth (Month, day year) Sept. 12-1922
6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? —

FATHER OF CHILD
10. FULL NAME Peter Fred Klaus Sr.
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Carrol Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME May Arebelle Aldrich
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 1 — A. M. on the date and at the place stated above, and that personal particulars were furnished by Peter F. Klaus. (First name) (Last name), who is related to this child as

26. (a) OCT 15 1941 (Date received) (b) Mother, etc. (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Idaho. }

I, Peter F. Klaus, being first duly sworn, say that I am acquainted Related (Related to (or) acquainted with) Peter Fred Klaus Jr. (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. (Name of attendant at birth), who attended said birth is Now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Peter Fred Klaus Signature
Grangeville Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of Oct. 19 41
(SEAL) H. W. Johnson Notary Public, residing at Grangeville Ida

OCT 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-212029-437

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321816

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Stayed at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county — years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Genesee Idaho

3. RESIDENCE of FATHER (city, state) Genesee Idaho

4. FULL NAME OF CHILD Leona Margaret Edwards

5. Date of Birth (Month, day year) August 12, 1922

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Joseph Edwards
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Genesee Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Mc Phail Knox
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Glascow Scotland (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argarol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Margaret Edwards (First name) (Last name) who is related to this child as Mother (Mother, etc)
26. (a) Oct 15 1941 (Date received) (b) Mabel T. Eddy (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)
25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Edwards, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leona Margaret Edwards (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rouse (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mrs Margaret Edwards Signature

Genesee Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of October, 1941

(SEAL) ____ Notary Public, residing at Genesee, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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349-202-042-693

United States
Department of Commerce
Bureau of the Census

OCT 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

321865

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Murtaugh
(c) Street Address or R F.D No. Route # 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Twin Falls,
(c) City Murtaugh.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address Murtaugh, Idaho

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Dorothy Lucile Turner

5. Date of Birth (Month, day, year) Dec. 2nd 1922

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy x

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dalphurd Roy Turner
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Berryville, Ark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lillian Willis
17. Color or Race W
18. Age at time of THIS birth 28 years
19. Birthplace Henrietta Texas (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10.15 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs R.D. Turner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 11-th 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs R.D. Turner, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Lucile Turner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. D. R. Turner Name
Murtaugh. Idaho Rt # 1 P. O. Address

Subscribed and sworn to before me on this 11th day of October 1941

(SEAL) [signature] Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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313129-003-255

DELAYED

321907

United States
Department of Commerce
Bureau of Census

OCT 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years 3 month 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Grace Idaho

3. RESIDENCE of FATHER (city, state) Grace Idaho

4. FULL NAME OF CHILD Sydney Luther Cate Jr.

5. Date of Birth (Month, day year) Oct. 29, 1922

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sydney Luther Cate

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Tate Co (City or town) Mississippi (State or foreign country)

14. Exact Occupation Civil Engineer

15. Industry or Business Phoenix Construction Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Kenward

17. Color or Race White

18. Age at time of THIS birth 27 yrs

19. Birthplace Provo (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ruth (First name) Cate (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 18 1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Irene S Westenfelder (D.O. Midwife, etc.)
and address Grace Ida Date Oct 12 1941

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 1 6 2017

DELAYED REGISTRATION LAW

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251/128 035 853

321927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston OCT 20 1941
No. Main St.
(If born in hospital or institution give name.)

Registration District No. 1009 State File No.
Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD Gale Comfort Knapp

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth 0 | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 28, 1922 (Month, Day, Year)

FATHER

9. Full name Manley W. Knapp
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Idaho
11. Color or race White | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Florence P. ~~Knapp~~ Helm
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ..., 19...
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead no (c) Stillborn no
29. If stillborn, period of gestation ... months or weeks
30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)
... Registrar.

(Signed) ..., M. D.
or Mrs. Mary M. Knapp, Midwife
Address 312 Adams St. Lewiston,
Filed Jan. 21, '36 J. M. Lyle, 193...
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

915-205-031-319

322979

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 234

Local Reg. No.

Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH.
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Kamiah, Idaho
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home - days. IN THIS county Always yrs month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Kamiah, Idaho

3. RESIDENCE of FATHER (city, state) Kamiah, Ida.

4. FULL NAME OF CHILD Eleanor Irene Rankin

5. Date of Birth (Month, day year) Dec. 5, '22

6. Sex F **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Gamble Rankin

11. Color or Race white **12.** Age at time of THIS birth 30 yrs.

13. Birthplace Co. Down (City or town) Ireland (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Cordia Silveretta Carter

17. Color or Race white **18.** Age at time of THIS birth 24 yrs.

19. Birthplace PeeDee (City or town) Missouri (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Cordia Rankin (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sept. 23, 1941 (Date received) (b) Beulah Brown (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Kamiah Date 9/15/41

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 212-108-029-214

323107

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 27 1941

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Residence of parents.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Genesee, Idaho

3. RESIDENCE of FATHER (city, state) Genesee, Ida

4. FULL NAME OF CHILD Darrell Wade Baker

5. Date of Birth (Month, day year) July 8, 1922

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rufus Leonard Baker

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Sherwood (City or town) Oregon (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertie Beulah Sams

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Tenessee (City or town) (State or foreign country)

20. Exact Occupation Farm Housewife

21. Industry or Business Farm Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known now.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at daytime M. on the date and at the place stated above, and that personal particulars were furnished by Rufus L. Baker (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Maud I. Keller (Registrar's signature)

RECEIVED OCT 27 1941

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Naz Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rufus Leonard Baker, being first duly sworn, say that I am father of (Related to (or) acquainted with) Darrell Wade Baker and was present at time of birth (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Toomey (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rufus Leonard Baker Signature
P.O. Box 216, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of October, 1941.
(SEAL) Glenn W. Hall Notary Public, residing at Lewiston, Idaho

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JAN 3 0 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-113-006-795

OCT 29 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323274

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Shelley

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD William Ray Jensen

5. Date of Birth (Month, day year) 7/13/1922

6. Sex Mo

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David William Jensen

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Colonia Diaz (City or town) Mexico (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Pierce

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Colonia Diaz (City or town) Mexico (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 29 1941 (Date received) (b) (Mother, etc.) Carl T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Montana } ss.
County of Lake }

I, Georgia A. Pierce, being first duly sworn, say that I am Related (Related to (or) acquainted with) William Ray Jensen (Name of person on certificate above) as Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Georgia A. Pierce Signature

..... P. O. Address

Subscribed and sworn to before me on this 29 day of Oct, 1941.

(SEAL) J. K. Beckwith Notary Public, residing at St. Gnatius Mont

My commission Expires 6/5/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-126-041-632

323332

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 29 1941

1. PLACE OF BIRTH
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: home
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida. (b) County Teton
(c) City Tetonia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Tetonia Ida

3. RESIDENCE of FATHER (city, state) "

4. FULL NAME OF CHILD Ralph Hill Daines.

5. Date of Birth (Month, day year) Dec. 26. 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? no

FATHER OF CHILD

10. **FULL NAME** Malcolm Hill Daines
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Franklin Ida. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alethea Olsen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Grace Idaho (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At the time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 29 1941 (Date received) (b) Nevel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alethea Olsen Daines, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Ralph Hill Daines (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Rammel (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Alethea O. Daines Signature
408 E 2nd South P. O. Address

8-45 Subscribed and sworn to before me on this ..... day of Oct. 27, 1941
(SEAL) Nevel F. Daines Notary Public, residing at Logan Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X753-104-236-284

323340

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Roy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Roy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Hendell Ida Box 26

3. RESIDENCE of FATHER (city, state) Hendell Ida

4. FULL NAME OF CHILD Earl Welden Petersen

5. Date of Birth (Month, day year) 10/31/1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Nels Petersen
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Evangeline Simpson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 31 1941 (Date received) (b) Walter H Edelman (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Peter Nels Petersen, being first duly sworn, say that I am Father (Related to (or) acquainted with) Earl Welden Peterson (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has **not** been previously recorded.

Peter Nels Peterson Signature
Hendell, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of October 1941

(SEAL) G. D. McQueary Notary Public, residing at Hendell, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-109-022-266

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

(If born in hospital or institution give name.)

OCT 29 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 323347

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lloyd Fredrick Kearney
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	September - 9th 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? Ag no 3 1%

Number of child of this mother, including present birth one (a) Born alive and now living one

Born alive but now dead none Stillborn .....

FATHER	MOTHER
FULL NAME Thomas Fredrick Kearney	FULL MAIDEN NAME Bertha Mae Bowman
Residence (Usual place of abode) St. Anthony, Ida	Residence (Usual place of abode) St. Anthony, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 29 (Years)	Color or race white Age at last Birthday 21 (Years)
Birthplace Wilford - Idaho (City and State or County)	Birthplace Beaver City - Nebraska (City and State or County)
Occupation Laborer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } X at ..... M. on the date above stated.

(Signature) John R Gray MMD
Physician
(Physician or midwife)

Address on above Idaho St. Anthony Ida
Pvt. Monterey Calif.

Filed Oct 29 - 1941 Mabel I Eeder

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1941

295-21-009-993

323353

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

NOV 1 1941

RECEIVED

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 514 N. Second
(d) Name of Hospital or [redacted]: Page Hospital (Dr. O.F.Page) Now Community Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 4 years 7 month ? days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. S.Boyer Ave.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address same as above

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Ada May Breckenridge

5. Date of Birth (Month, day year) November 13, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Laurence Breckenridge

11. Color or Race white

12. Age at time of THIS birth 37 yrs.

13. Birthplace Mercer (City or town) Pennsylvania (State or foreign country)

14. Exact Occupation City Sup't. Schools

15. Industry or Business Education

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Anna Riland

17. Color or Race white

18. Age at time of THIS birth 37 yrs.

19. Birthplace Dubuque (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) NOV 1 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Oregon
County of Hood River } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, James Laurence Breckenridge, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Ada May Breckenridge (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O.F.Page (Name of attendant at birth), who attended said birth (Is now deceased (or [redacted])) and that this birth **has not been previously recorded.**

James Laurence Breckenridge Signature

Hood River, Oregon P. O. Address

Subscribed and sworn to before me on this 31st day of October, 1941.

(SEAL) J.M. Breckenridge Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264 107 026-113

323575

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1941 RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Labelle
(c) Street Address or R.F.D. No. RFD No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Labelle
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Pocatello RFD 1

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jack William Southworth

5. Date of Birth (Month, day year) Oct. 7, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Edward Southworth

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Wilford, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business self

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Ann Jackson

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace West Weber, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Eliza Ann Southworth (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) OCT 25 1941 (Date received) (b) Maud H Edelen (Registrar's signature)

27. Given name added on RECEIVED by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Jefferson } ss.

I, Joseph Edward Southworth, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Jack William Southworth (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jones (Name of Attendant at birth), who attended said birth deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Joseph Edward Southworth Signature
Route #1 Pocatello Ida. P. O. Address

Subscribed and sworn to before me on this 25 day of October, 1941
(SEAL) E J Kelly, Notary Public, residing at Pocatello Ida.

The only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 56, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 86-126005-512

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323598
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Benewah (b) City Tensed,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County Benewah.
(c) City Tensed,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs. yrs.
(f) Mother's mailing address Tensed, Idaho.

3. RESIDENCE of FATHER (city, state) Tensed, Idaho

4. FULL NAME OF CHILD Byron Forest Howard

5. Date of Birth (Month, day year) Nov. 26, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Lewis Howard
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Portland Oregon. (City or town) (State or foreign country)
14. Exact Occupation Laborer in Timber
15. Industry or Business Logging.

MOTHER OF CHILD

16. FULL MAIDEN NAME Zeltia Ellen East
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Paintersville Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business in own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 25% Sol Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Zeltia Howard (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) NOV 8 1941 (Date received) (b) Maud E Keleher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature C. B Glazier M.D. (D.O., Midwife, etc.)
and address Tekoa, Wash. Date Nov. 5, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature
.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau~~ of Vital ~~Statistics for~~ the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169 124010-135

323698

United States
Department of Commerce
Bureau of Census

NOV 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Cedar & Alva
(d) Name of Hospital or Maternity Home: Spencer Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Marvin Jacob Jorgensen

5. Date of Birth (Month, day year) March 24, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans Peter Jorgensen
11. Color or Race W.
12. Age at time of THIS birth 36 yrs.
13. Birthplace — (City or town) Denmark (State or foreign country)
14. Exact Occupation Harborer
15. Industry or Business Creamery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Alvilda
17. Color or Race W.
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living ..... (c) Born alive and now dead 4 (d) Stillborn 2
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Carrie (First name) Jorgensen (Last name), who is related to this child as mother (Mother, etc.)
26. (a) Nov 12-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature H. Spencer M.D. (D.O., Midwife, etc.) and address Idaho Falls Ida Date Oct 20-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

#323815

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 25 1941

1. PLACE OF BIRTH

County of Gem
City of Emmett
No. Boise Ave. St.
165-122-023-796
(If born in hospital or institution give name.)

Registration District No. _____ State File No. 323815
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Leroy Jones

3. Sex M | If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth _____ | 6. Premature _____ Full term x | 7. Legitimate? Yes | 8. Date of birth March 22, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Joseph M. Jones	18. Full maiden name Lenore Proctor
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Idaho
11. Color or race White | 12. Age at last birthday 27 (years)	20. Color or race White | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Tunupa, Idaho	22. Birthplace (city or place) (State or Country) Maxburg, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work _____, 1927 | 17. Total time (years) spent in this work 6 yrs	25. Date (month and year) last engaged in this work Nov, 1941 | 26. Total time (years) spent in this work 19 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agnus Sol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Burton O Clark, M. D.
or BURTON O. CLARK, M.D., ~~Chi~~, ~~Midwife~~
Address Veterans Administration, Boise, Idaho

Give name added from a supplemental report _____
(Date of)

Filed NOV 25 1941, 193 Mabel F Elder
Registrar.

Registrar.

Nurse Mary Lark

[redacted]

CERTIFICATE OF BIRTH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 15 1951

STATE OF IDAHO

622-204-011-913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323891
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bonners Ferry Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 8 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Bonners Ferry Ida

3. RESIDENCE of FATHER (city) Bonners Ferry

4. FULL NAME OF CHILD Shirley Jane Osborn

5. Date of Birth (Month, day, year) Jan. 4 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alonzo Osborn
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Buda (City or town) Nebraska (State or foreign country)
14. Exact Occupation Deputy Sheriff
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta L. Rath
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Nameoki (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Henrietta Osborn (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henrietta Osborn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Shirley Jane Osborn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. E. Fry (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Henrietta L. Osborn Signature
Bonners Ferry Idaho, Box 283 P. O. Address

My Commission Expires 2nd Monday January 1943.

Subscribed and sworn to before me on this 8th day of November 1941

(SEAL) E B Schlotter ~~Notary Public~~, residing at BONNERS FERRY, IDAHO

PROBATE JUDGE

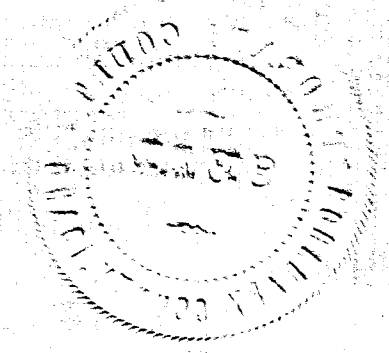
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



212-126-002-365

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323901
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Adams (b) City Fruitvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 17 years 3 month 16 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City near Fruitvale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.
   (f) Mother's mailing address Fruitvale, Ida

3. **RESIDENCE of FATHER** (city, state) Fruitvale Idaho

4. **FULL NAME OF CHILD** Lindel Wayne Baker

5. Date of Birth (Month, day year) June 25, 1922

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ernest Baker
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Adelphi, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ella Longenecker
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Delphi, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Care of family

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mary M Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Adams }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Ella Baker, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Lindel Wayne Baker (Name of person on certificate above) as a mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. Brown (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Mrs Ella Baker Signature
Fruitvale Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of October, 19 41.
(SEAL) H. A. Carr Notary Public, residing at Council, Idaho
My commission expires April 9, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-105-035-699

United States
Department of Commerce
Bureau of the Census

NOV 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323905
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City P.O. Southwick
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓ Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month 30 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Robert Ray Taylor
5. Date of Birth (Month, day, year) Nov. 5-1922
6. Sex Male
7. ~~Twin or Triplet~~ If so—born 1st, ~~2nd~~, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman Allen Taylor
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Princeton Idaho (City or town) (State or foreign country)
14. Exact Occupation Lumber worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Ella Wright
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Nez Perce Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Young, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Ray Taylor (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

✓ Louise Young Signature
..... P. O. Address

Subscribed and sworn to before me on this 13 day of November, 1941

(SEAL) Philip Weisgerber Notary Public, residing at

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 1)

Where the birth of a child born prior to the effective date of Chapter 181, 1941 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and time prescribed in Chapter 3, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father nor mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-107-026-796

NOV 17 1941

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323914
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carlos Wilson Park

5. Date of Birth of Child (Month, day, year) June 7 - 1922

6. Sex M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Henry Park.
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Fairfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Probart
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Springville (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 19 years, and that Sam Price M. D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Park Signature
Rt. # 5 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of November, 1941.

(SEAL) W. L. Brewrink CLERK OF THE DISTRICT COURT By C. A. Williams Deputy Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1941 by Mabel F. Elder, Registrar.

RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

262-107001-418

323915

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Unknown
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 231-U-6th St
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Payette Idaho

3. RESIDENCE of FATHER (city, state) Payette Ida

4. FULL NAME OF CHILD William Howard Bosch

5. Date of Birth (Month, day year) Feb. 7 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William John Bosch
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wheaton (City or town) Minn (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Wrecking Yard Owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Viola Mahoney
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Western (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov 19-1941 (Date received) (b) Maud Fleifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Unknown M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

~~I~~, We, William John Bosch and Maud Viola Bosch being first duly sworn, say that ~~I am~~ we are related to (Related to (or) acquainted with) William Howard Bosch (Name of person on certificate above) as adopted parents (State relationship or acquaintance), whose birth certificate appears above, and that ~~I~~ we desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of ~~my~~ our knowledge. ~~I~~ We further state that unknown (Name of attendant at birth), who attended said birth — (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William John Bosch — Maud Viola Bosch Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of November, 1941
(SEAL) Helen F. Dunn Notary Public, residing at Payette, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4 365-122-006-263

323946

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address 840 - 11 St.

3. RESIDENCE of FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Doyle Bolander Longhurst

5. Date of Birth (Month, day year) Oct. 22 - 1922

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Philip A. Longhurst
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Iona (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna M. Bolander
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Living (born alive, stillborn) at 7 a M. on the date and at the place stated above and that personal particulars were furnished by Anna Bolander (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 19 1941 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature I. P. Egbert M.D. (O.D., Midwife, etc.)
and address Arco Ida. Date Nov. 1 - 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature
.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-125-0272 3/19

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Franklin Garold Yowell

5. Date of Birth of Child (Month, day, year) Jan. 25, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cashious Franklin Yowell
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ontario, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Lela Garrison
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Baker, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 19 years, and that Dr. Piper (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Lela Dodge (Nee Yowell) Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of November, 19 41

(SEAL) Frank M. Betts Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1941 by Mabel Betts, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 24 1941

251-118-040-235

324043

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Pine Creek
   (c) Street Address or R.F.D. No. Kellogg, Star Route
   (d) Name of Hospital of Maternity Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   4011 W. Heroy Ave, Spokane, Wash.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Clifford Daniel Leaver

5. **DATE OF BIRTH** (Month, day, year) February 18-1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full Term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clifford M. Leaver

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Washington (City or Town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude E. Stewart

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace England (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
   (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude (First name) Leaver (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 24-1941 (Date received) (b) Mabel Hyde Leffler (Registrar's signature)

25. Attendant's **OWN signature** W. C. Lindsay M.D. (D.O., Midwife, etc.)
and address Kellogg Date Idaho

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 21 1976

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

493-104-019-168

324044

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED NOV 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 324044
Local Reg. No. 274
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 29 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Challis Idaho

3. RESIDENCE of FATHER (city, state) Challis Idaho

4. FULL NAME OF CHILD William LeRoy Millick

5. Date of Birth (Month, day year) Oct - 4 - 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Earl Millick
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Challis Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Cassandra Johnson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Challis Idaho (City or town) (State or foreign country)
20. Exact Occupation home keeper.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Millick (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Nov. 13 1941 (Date received) (b) Edna McKenney (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Custer }

I, Lillian Millick, being first duly sworn, say that I am mother (Related to (or) acquainted with) William LeRoy Millick (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Kerby (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillian Millick Signature
Challis Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of Nov. 1941

(SEAL) J. L. Lloyd Custer Co. Recorder Notary Public, residing at Challis Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 204 014 619

325060

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Middleton Ida.

3. RESIDENCE of FATHER (city, state) Middleton Ida.

4. FULL NAME OF CHILD Jessiene Alavine Knight

5. Date of Birth (Month, day year) Sept 4-1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Arthur Knight

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Greenstop (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eddith Ward

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace London (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) NOV 22 1941 (Date received) RECEIVED (b) Mabel H Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Eddith Knight, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jessiene Alavine Knight (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cody (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Eddith Knight Signature
Caldwell Idaho R.1. P. O. Address

Subscribed and sworn to before me on this 21st day of November 1941

(SEAL) Ina Dille Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-23 016-713

325086

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Cassia (b) City Heglar
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 12 years 3 month 10 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Heglar
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address Heglar Idaho

3. **RESIDENCE of FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Rachel Marie Jensen

5. Date of Birth (Month, day year) July 13 22

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eldon Claude Jensen
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Wakefield (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Louisa Palmer
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Creston (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elsie Louisa Jensen, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Rachel Marie Jensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary K. Watkins (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elsie Louisa Jensen Signature

..... P. O. Address

Subscribed and sworn to before me on this 22 day of November, 1941

(SEAL) [signature] Notary Public, residing at Burley, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-L-4-11

169 104 014 693

325 126

325126

United States Department of Commerce
Bureau of the Census

DEC 1 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Huston
   (c) Street Address or R.F.D. No. R.F.D 4
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 8 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Huston
   (d) Street Address or R.F.D. No. R.F.D 4
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address (For registration notice):
   R.F.D 4 (Street or R.F.D.) Huston (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alvin La Vern Jordan.

5. **DATE OF BIRTH** (Month, day, year) April 4-1923

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charlie Jordan

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Linton (City or Town) Indiana (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lou Williams

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Huntsville (City or Town) Ala. (State or foreign country)

20. Exact Occupation Home maker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2:00 a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs E Williams (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 1 1941 (Date Received) (b) Mabel Tester (Registrar's signature)

25. Attendant's **OWN signature** Mrs E Williams M.D. (D.O., ~~Midwife~~, etc.)
and address Nampa attendant Date Nov 29 '41

27. Given name added on ..... by ..... (Registrar's signature)

JUL 7 1966

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

818-131-026-986

325239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Menan Idaho

3. **RESIDENCE of FATHER** (city, state) Menan Idaho

4. **FULL NAME OF CHILD** Douglas Earl Hay

5. Date of Birth (Month, day, year) Dec. 31 - 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Edward Hay

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Ogden (City or town) utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business agriculture.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wanda alice Rhoades

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Teton city (City or town) Idaho (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nitrate of silver

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 28 1941 (Date received) (b) Maud H Calder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert Edward Hay being first duly sworn, say that I am ~~(Related to (or) acquainted with)~~ Douglas Earl Hay (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Earl D. Jones (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Robert Edward Hay Signature

Chinook Montana P. O. Address

Subscribed and sworn to before me on this 26th day of November, 1941.

(SEAL) Harry L. Brown Notary Public, residing at Chinook, Mont.

my commission expire Jan. 9 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1941

JAN 14 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter [redacted] been recorded, or in case of failure to [redacted]curred subsequent to such date, such [redacted]d by the local registrar for record in [redacted]or the purposes and upon prescribed in [redacted]Annotated, when such report is accom- [redacted]ttending physician or midwife, or by [redacted]ner of the child, or if neither father or [redacted]or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-103-029-229

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325240
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. RFD
(d) ~~Name of Hospital or Maternity Home:~~ at home on Farm
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 24½ yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Ida

4. FULL NAME OF CHILD Donald Francis Scharnhorst

5. Date of Birth of Child (Month, day, year) 8-3-22

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis D Scharnhorst
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Genesee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary J Sprenger
17. Color or Race White
18. Age at time of THIS birth 24½ yrs.
19. Birthplace Genesee (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 19 years, and that C. F. Tuomy (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis D Scharnhorst Signature
Genesee Ida P. O. Address

Subscribed and sworn to before me this 26 day of November, 1941

(SEAL) [signature] Notary Public, residing at Genesee Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 28 1941 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-228-003-212

325246

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH NOV 29 1941
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 3 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Lago, Idaho

4. FULL NAME OF CHILD Dorothy Hansen

5. Date of Birth of Child (Month, day, year) Oct. 28, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Peter Hansen
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Lago (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Adelia Babcock Bassett
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lago (City or town) on Farm Idaho (State or foreign country)
20. Exact Occupation Lived on Farm
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 19 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lutie Swensen Signature

P. O. Address

Subscribed and sworn to before me this ____ day of NOV 28 1941, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 29 1941 by Maud H Ender, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

69k-119-025-815

325299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Boles
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Boles
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Boles, Idaho

4. FULL NAME OF CHILD La Vaughn Frost

5. Date of Birth of Child (Month, day, year) August 19-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Frost
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Somerset (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Lee Hanks
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Linn (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that Ella B. Williams (First name) (Last name) who attended this birth now deceased (Is ~~now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle L. Frost Signature

Rt. 2 Lewiston Ida. P. O. Address

Subscribed and sworn to before me this 29 day of Nov., 1941

(SEAL) E. D. Hoffman Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 3-1941 by Mabel I. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-225-035-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325309
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick Ida

4. FULL NAME OF CHILD Emma Odetta Betts

5. Date of Birth of Child (Month, day, year) Jan. 25, 1922

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Cleo Alonson Betts
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Hillsdale (City or town) Mich. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ola Bertha Lincoln
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Clifton (City or town) Iowa (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 19 years, and that Mrs. (First name) Martin (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ola Betts Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of Nov., 19 41

(SEAL) Notary Public, residing at Clarkston, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 3-1941 by Mabel L Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

841-111-003841

325337

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325337

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneck (b) City Central
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneck
(c) City Central
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Central Idaho

3. RESIDENCE of FATHER (city, state) Central

4. FULL NAME OF CHILD Millard Max Qualman

5. Date of Birth (Month, day year) Oct 11. 1922

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Qualman
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Della Decker Qualman
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace May (City or town) Texas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) DEC 8 1941 (Date received) (b) Maud Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Della L. Qualman, being first duly sworn, say that I am Related (Related to (or) acquainted with) Millard Max Qualman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hubbard (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Della Qualman Signature

P. O. Address

Subscribed and sworn to before me on this 6 day of Dec 19 41

(SEAL) Maud Keller Notary Public, residing at Boise

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 7 1941

791-131-033-292

325429

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mr. Henry Graf
(e) Mother's stay **BEFORE** delivery IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Richard Graf

5. Date of Birth of Child (Month, day, year) 1st 31st 22

6. Sex M.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henery Graf
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace New Wiemer (City or town) Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bishoff
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace New Wiemer (City or town) Russia (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 18 years, and that Katherine Elizabeth Bischoff (First name) (Last name) attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John A Bowe Signature
726 Indiana St P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1941

(SEAL) N. D. Jensen Notary Public, residing at Rupert Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1972
MAR 8 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

DEC 5 1941

665-122-027-619

325453

United States
Department of Commerce
Bureau of the Census

DEC 5

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome Idaho
(c) City
(d) Street Address or R.F.D. No. No. 3
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Glenn Ellis Owens

5. Date of Birth of Child (Month, day, year) 3-22-22

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward ~~Ellis~~ Owens
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace St David (City or town) Arizona (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clois Warner
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Coyote (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE Deceased

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 19 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Clois Owens Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 4th day of December, 1941

(SEAL) William T. Comstock, Notary Public Probate Judge & Ex-Officio Clerk

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-103-034-869

United States
Department of Commerce
Bureau of Census

DEC 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325491
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Minidoka, 2 mi. N. (b) City Paul,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Borned at residence.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years 11 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County Minidoka
(c) City Paul: 2 mi. north.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Paul, Idaho.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Alex Sander Knopp,

5. Date of Birth (Month, day year) 10-3-22.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mt.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Knopp
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Fronk, (City or town) Russia. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Katherine Hortune.
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Fronk, (City or town) Russia. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Henry Knopp, father (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Henry Knopp M.D. father. (D.O.) and address Paul, Idaho. Date 12-5-41.

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

DEC 6 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-116-016-281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325598
Local Reg. No.
Reg. Dist. No.

DEC 5 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 3 months 6 days 15

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Ida.

4. FULL NAME OF CHILD Virgil James Clark

5. Date of Birth of Child (Month, day, year) June 16, 1927

6. Sex - Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Lewis Clark

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Albion (City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian ~~Clark~~ Shangle

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Albion (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 19 years, and that Dr. Percy (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Clark Signature
Albion, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of Dec., 1941.

(SEAL) ____ Notary Public, residing at Albion Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1941 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 1946

DEC 8 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-125-cd-367 325687

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325687
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ada (b) City Eagle
(c) Street Address or R.F.D. No. Eagle
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ada years 30 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City Eagle
(d) Street Address or R.F.D. No. Eagle
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Lapwia Ida

4. FULL NAME OF CHILD Delwyn Dexter Hoffman.

5. Date of Birth of Child (Month, day, year) Jan 28 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Theodore Hoffman
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Lapwia (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence May Copeland
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Mayview (City or town) Wash. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~none~~ don't know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Boise Ida Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 15-1941 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-128-001-295 325773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325773
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ada (b) City near Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City country near Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Raymond Claude Rose

5. Date of Birth of Child (Month, day, year) Dec. 28-1922

6. Sex BOY

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Judson Rose
11. Color or Race white American
12. Age at time of THIS birth 48 yrs.
13. Birthplace Beaver City (City or town) Utah (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Bingman
17. Color or Race white American
18. Age at time of THIS birth 41 yrs.
19. Birthplace Laclede (City or town) Missouri (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Anna E. Rose (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 19 years, and that Emma (First name) Rose (Last name), who attended this birth X now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E. Rose Signature

P. O. Address

Subscribed and sworn to before me this 15 day of December, 1941

(SEAL) Cecil Ennis Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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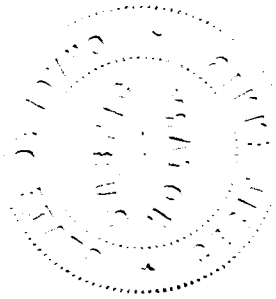
DEC 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



325802

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 17 1941 STATE OF IDAHO

State File No. 325802
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R#4
(d) Name of Hospital or Maternity Home: Mercy Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R #4
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Ralph Bernard Wissel

5. Date of Birth of Child (Month, day, year) July 8, 1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Frank Wissel
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Charleston, Ill (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora V. Morgan
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Bement, Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 19 years, and that Mrs. H. C. Robinson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Wissel Mitchell Signature
312-5th ave. So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of December, 1941

(SEAL) [signature] Notary Public, residing at Nampa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

523-117001-712

325807

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325807
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or ~~Maternity Home~~ St. Lukes
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 4140 Farrell
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Robert Irene Estell

5. Date of Birth of Child (Month, day, year) 1-17-1922

6. Sex M.

7. ~~Twin or~~ ~~Triplet~~ ~~If so born~~ 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claire Gaylord Estell
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mankato Minnesota (City or town) (State or foreign country)
14. Exact Occupation Saw mill worker
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Velma Gasser
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace Cripple Creek Colo (City or town) (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:50 P. M. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Ethel Estell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edward T Bruce M.D. Midwife Address Boise Ida Date 1/18/22

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 17 - 1941 by Mabel H Eckles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 12 1941

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

X 219-101-006165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 16 1941
STATE OF IDAHO

State File No. 325908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Bone
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: per mothers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ozone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD David Levi Barzee

5. Date of Birth of Child (Month, day, year) Jan 1, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Levi Darious Barzee
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ferron, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inza Elisifeth Jones
17. Color or Race Wh.
18. Age at time of THIS birth 21 yrs.
19. Birthplace Holden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Olive Stringham Jones (First name) (Last name) who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address Bone Idaho — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for years, and that Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inza Barzee Signature
Star Route Bone Idaho P. O. Address

Subscribed and sworn to before me this 13 day of December, 1941

(SEAL) Eileen Stumbo Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 6 1975

DEC 2 2 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365709-026917 325918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325918
Local Reg. No. 226
Reg. Dist. No. 641

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Ida.

4. FULL NAME OF CHILD Elvin Rapp Connell

5. Date of Birth of Child (Month, day, year) Sept 9, 1922

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Samuel Connell
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Washington Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Rapp.
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (Born alive, stillborn) at 9A M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Rapp (First name) Connell (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson MD M.D. Midwife Address Rigby, Idaho Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 15, 1941 by Mrs A B Eckersell, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X255731 026 255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326029
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years 9 months no days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Keith Bennett

5. Date of Birth of Child (Month, day, year) Aug. 31st, 1922 1922

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 9th 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bash L. Bennett
11. Color or Race white 12. Age at time of THIS birth 55 yrs.
13. Birthplace Fontanelle, Iowa. (City or town) (State or foreign country)
14. Exact Occupation lawyer
15. Industry or Business Lawyer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice E. Bennett
17. Color or Race white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Cambria, Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5. P M. on the date and at the place stated above, and that personal particulars were furnished by Bash L. Bennett (First name) (Last name), who is related to this child as father. (Mother, etc.)

25. Attendant's **OWN** signature H. H. Anderson M.D. M.D. Address Rigby, Idaho Date Dec. 16th. 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Mabel H. Eagle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

SEP 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dale DeLynn Logsdon

5. Date of Birth of Child (Month, day, year) July 25, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ora Sherman Logsdon
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Grenola, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Murrell Edith Buckles
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Can't recall Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at alive M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Murrell E. Logsdon (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Simenton M.D. ~~M.D.~~ ~~Midwife~~ Address M.D. Date 12-17-41

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 19 years, and that Dr. Simenton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Murrel Logsdon Signature
Route #1, Toppenish, Washington P. O. Address

Subscribed and sworn to before me this 6th day of December, 1941

(SEAL) Mrs L. H. Young Notary Public, residing at Toppenish

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941

APR 1 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if ~~neither~~ father or mother ~~of the child is living or~~ accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326124
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. McCammon
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 8 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BANNOCK
(c) City McCAMMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon Idaho

4. FULL NAME OF CHILD Sherman Boyd Rowe

5. Date of Birth of Child (Month, day, year) February 9, 1922

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sherman Washburn Rowe
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace McCammon (City or town) Idaho (State or foreign country)
14. Exact Occupation City Marshall
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eulalia Hansen
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace McCammon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:47 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Sherman Rowe (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 19 years, and that Dr. E. A. Lilley (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Eulalia Rowe Signature
McCammon P. O. Address

Subscribed and sworn to before me this 26 day of December, 19 41
(SEAL) J. F. Whitney Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 31 - 1941 by ____, Registrar.

AUG 5 1969

MAY 21 1942

DELAYED [illegible] **N LAW**

(1937 Session Law [illegible] 39, Section 4)

[illegible] midwife, or by affidavits of the [illegible] mother of the child, or if neither father or mother of the [illegible] living or accessible, of the nearest of kin or guardian, or [illegible] having direct knowledge in the premises.

X 356-12-3035-391

327101

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 21 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No. Box 72
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Leland Ida

4. FULL NAME OF CHILD Harvey Albert Thornton

5. Date of Birth of Child (Month, day, year) June 23-1922

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse James Thornton
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Leland (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Dell Craig
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Leland (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above and that personal particulars were furnished by Hazel (First name) Craig (Last name) Thornton, who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Hazel Thornton M.D. Midwife Address Leland, Idaho Date 12-18-41

State of Idaho } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 19 years, and that Dr. (First name) Kelley (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hazel Thornton Signature
Leland Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Dec., 1941.
(SEAL) [illegible] Notary Public, residing at Kendrick Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1941 by Mabel H Geddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 07 2014

DEC 23 1941

DEC 27 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 815-131-026-243

327112

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 16 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Level Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Level
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Level Ida

4. FULL NAME OF CHILD Melvin S. Hansen

5. Date of Birth of Child (Month, day, year) Dec 31 1922

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8 months

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Verl Hansen
11. Color or Race American
12. Age at time of THIS birth 26 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Sullivan
17. Color or Race American
18. Age at time of THIS birth 21 yrs.
19. Birthplace St George Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at birth M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Myrl Hansen, M.D. Midwife Address Preston Ida Date Dec 10

State of Ida.
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 19 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. James V. Hansen Signature
Preston Ida R.2 P. O. Address

Subscribed and sworn to before me this 12 day of Dec, 1941

(SEAL) Arthur W. Clark Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel H. Epsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844-105-242-229 327159

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327159
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Amsterdam
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Amsterdam
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ronald Harry Huddleston

5. Date of Birth of Child (Month, day, year) April 5-1922

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Silas Monroe Huddleston
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Stillwater, (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Farmhand and Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Velma Mary Skinner
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Stillwater, (City or town) Oklahoma (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Celesta Human (First name) (Last name), who is related to this child as Not related (Mother, etc.)

25. Attendant's **OWN** signature Celesta Human. M.D. Midwife Address Eden, Idaho Date Dec. 21

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 22 1941 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 10 [illegible] Laws has not been recorded, or in case of [illegible] occurred subsequent to such [illegible] filed by the local registrar for [illegible] for the purposes and uses prescribed [illegible] Code Annotated, when such report is [illegible] of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844-205 & 42-229 327160

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327160
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Amsterdam
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Amsterdam
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donna Mary Huddleston

5. Date of Birth of Child (Month, day, year) April 5-1922

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Silas Monroe Huddleston
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Stillwater, Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Farmhand and mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Velma Mary Skinner
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Stillwater, Oklahoma (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Celesta Human (First name) (Last name), who is related to this child as not related (Mother, etc.)

25. Attendant's **OWN** signature Celesta Human Midwife Address Eden, Idaho Date Dec. 21

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on December 22-1941 by ..... Registrar.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[illegible] prior to the effective date of [illegible] not been recorded, or in case of [illegible] occurred subsequent to such date such report may be recorded or filed by the local registrar for [illegible] Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-112-015-252

327162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327162
Local Reg. No.
Reg. Dist. No. 52

1. **PLACE OF BIRTH:**
(a) County Caribou (b) City near Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ... In **THIS** county ... years ... months ... days: stayed at home

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City near Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ... yrs.
(f) Mother's mailing address (For registration notice): Soda Springs Ida
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Spgs Ida

4. **FULL NAME OF CHILD** George Guy Hawker

5. **DATE OF BIRTH** (Month, day, year) Dec. 12, 1922

6. Sex male

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Samuel Hawker

11. Color or Race White

12. Age at time of **THIS** birth 37 yrs.

13. Birthplace Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Bybee

17. Color or Race White

18. Age at time of **THIS** birth 37 yrs.

19. Birthplace Utah
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ... M. on the date DEC 26 1941 and at the place stated above, and that personal particulars were furnished by George Guy Hawker (First name) (Last name), who is related to this child as self (Mother, etc.)

26. (a) DEC 26 1941 (Date received) Clyde A Bridges Actg (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** Russell Tyler M.D. (D.O., Midwife, etc.)
and address Soda Springs Ida Date 12-3-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

K

DEC

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

813-105-001-365 327164

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327164
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2601 Madison St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? — yrs.

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD George Melburn Halterman
5. Date of Birth of Child (Month, day, year) Aug 5-1922
6. Sex M
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy full term
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Elijah Halterman
11. Color or Race W
12. Age at time of THIS birth 50 yrs.
13. Birthplace (City or town) Ill. (State or foreign country)
14. Exact Occupation Junk buyer
15. Industry or Business Idaho Junk House

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Myrtle Long
17. Color or Race W
18. Age at time of THIS birth 40 yrs.
19. Birthplace SEDALIA MO (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol.
23. Number of children of this mother: (a) At time of birth and including this child 96. (b) Born alive and now living 67

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Edna (First name) Bebb (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. ~~Midwife~~ Address Boise Ida Date 12-23-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 26, 1941 by Clyde A Bridger Acting, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-215-022-296

327242

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 22 1941

1. **PLACE OF BIRTH:**
   (a) County Freemont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Freemont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address (For registration notice): Mother dead (Father) RD 2 Driggs, Idaho.
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Neva Bates

5. Date of Birth (Month, day, year) Nov. 15, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest George Bates

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Lyman, Idaho. (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Stockraiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Brown

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Fall River, Idaho (City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ernest G Bates (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Clyde A Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Jeanette A Brown M.D. (D.O., Midwife, etc.)
and address St Anthony Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

K

JAN 13 1943

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

613-213-027-395 327319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Private residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 6 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Ida.

4. FULL NAME OF CHILD Frances Margaret Walker

5. Date of Birth of Child (Month, day, year) Sept.13,1922

6. Sex Female

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Frederick Walker
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Afton, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Lind
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Chicago, Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE Attendant, deceased

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 19 years, and that Charles F. Zellar (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Lind Walker Signature
1512 N. 26th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941

(SEAL) [signature] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 29 - 1941 by Mabel F. Eede, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 11 7 028 - 734

United States — (Be sure the information is as of date of birth of THIS child) — State File No. 327438
Department of Commerce — CERTIFICATE OF BIRTH — Local Reg. No.
Bureau of the Census — STATE OF IDAHO — Reg. Dist. No.
DEC 10 1941

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 810 Montana Ave
(d) Name of Hospital or Maternity Home: At Home - 810 Montana Ave
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Idaho
(d) Street Address or R.F.D. No. 810 Montana Ave
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida.

4. **FULL NAME OF CHILD** Arthur Haroldson

5. Date of Birth of Child (Month, day, year) Feb 19, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Romayne Haroldson
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation machinest
15. Industry or Business Diamond drill machinest

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dolores Ethyl Emma Plumb Haroldson
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Marinette, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 8:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by ALICE C. SEEVER, (First name) (Last name), who is related to this child as AUNT. (Mother, etc.)

25. Attendant's **OWN** signature Alice C. Seever M.D. Midwife Address 922 ST MARIES AVE, COEUR D'ALENE, IDA Date 12/6.41

State of IDAHO, County of KOOTENAI, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48, years of age, that I have known this person for 19, years, and that W. H. HOLDEN, MD, (First name) (Last name), who attended this birth IS NOW DECEASED. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice C. Seever Signature

922 ST MARIES AVE., COEUR D'ALENE, IDAHO, P. O. Address

Subscribed and sworn to before me this 6TH day of DECEMBER, 19 41.

(SEAL) [illegible] Notary Public, residing at COEUR D'ALENE, IDA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X

862-128 033 613

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 2 1942 STATE OF IDAHO

State File No. 327710
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Ranch home of the parties
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No. 1.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar City, Idaho.

4. FULL NAME OF CHILD Romeo Yokoyama

5. Date of Birth of Child (Month, day, year) 6/28/22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Yoshitoro Yokoyama
11. Color or Race Japanese
12. Age at time of THIS birth 44 yrs.
13. Birthplace Nakatsuka (City or town) Japan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Kay Watanabe
17. Color or Race Japanese
18. Age at time of THIS birth 29 yrs.
19. Birthplace Namiye (City or town) Japan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 19 years, and that Dr. (First name) Sheip (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

2 Photostat copies 1/5/42

Yoshitoro Yokoyama Signature

Route #1, Ontario, Oregon. P. O. Address

Subscribed and sworn to before me this 31st day of December, 19 41.

(SEAL) John H. Marnes Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mabel H. Keefer, Registrar.

JAN 5 194[illegible]

NOV 21 19[illegible]

FEB 2 195[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 22-104746

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United States
Department of Commerce
Bureau of the Census

JAN 6 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327732
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Alfred Elroy Scott

5. Date of Birth of Child (Month, day, year) October 5, 1922

6. Sex W

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Scott
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace ----, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Blanche Coffman
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ness City, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 19 years, and that Doctor Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Scott Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1942

(SEAL) Myrna L. Brewer Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+47 167 027 417

327762

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH JAN 2 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mr + Mrs John McIntyre (Home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City
(d) Street Address or R.F.D. No. 2 (Canyon Side)
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Ida.

4. FULL NAME OF CHILD John Birney Daggett Jr

5. Date of Birth of Child (Month, day, year) July 7, 1922

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Birney Daggett Sr
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace LaGrange (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Isabelle Maxwell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for FF19 years, and that Dr Edward H Piper (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret M. Daggett Signature
Mesa, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941.

(SEAL) John O Duncan Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 108-021-261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327824
Local Reg. No. 182
Reg. Dist. No. 541

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Winder
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Winder Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Swainston Dursteler

5. Date of Birth of Child (Month, day, year) Mar 8 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arnold Dursteler
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Whitney Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Swaniston
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Whitney Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Dursteler (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for life years, and that Dr. Bettensen (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Dursteler Signature
Preston, Idaho, R. #1 P. O. Address

Subscribed and sworn to before me this 29 day of Dec., 1941
(SEAL) [signature] Notary Public, residing at Preston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 28 1941 by G. W. Slater, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

ıere the birth of a child born prior to the effective date of ter 191, 1911 Session Laws, has not been recorded, or in case of 'e to report any birth which has occurred subsequent to such such report may be received and filed by the local registrar for d in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-110035-796

327835

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 3 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Watson Burton Davis

5. Date of Birth of Child (Month, day, year) July 10, 1922

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William D. Davis
11. Color or Race W **12.** Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola E. Gifford
17. Color or Race W **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Hotspringe S.D. (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 19 years, and that Dr. (First name) Seley (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola E. Davis Signature
211 Idaho St Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 30th day of December, 1941

(SEAL) Leo McCarty Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mabel H. Eckler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1968

FEB 28 1968
MAY 7 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

327871

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 26 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Southwick
(c) Street Address or R.F.D. No. 1 box 10
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Southwick
(d) Street Address or R.F.D. No. 1 box 10
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick - Idaho

4. FULL NAME OF CHILD Chester Lesley Martin

5. Date of Birth of Child (Month, day, year) July 10 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Ben Martin
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Barton Co. Kansas (City or town) (State or foreign country)
14. Exact Occupation Common Labourer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Violet Williams
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Near Yakima Wash. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Attendant is Dead M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 19 years, and that Mary Jane Martin (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Roy B. Martin Signature
Southwick Idaho. P. O. Address

Subscribed and sworn to before me this 19 day of Dec, 19 41.

(SEAL) W R Anderson Notary Public, residing at Southwick Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

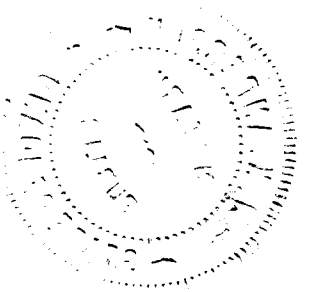
Received for filing on DEC 26 1941 by Mabel Heafer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DECEASED

45-107-22-9[illegible]

327904

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327904
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Route #1 Pingree
(d) Name of Hospital or Maternity Home: born at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot, Idaho
(d) Street Address or R.F.D. No. Route #1 Pingree
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nick DeGuilio

5. Date of Birth of Child (Month, day, year) Mar. 7, 1922

6. Sex Male

7. Twin or Triplet XX

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gus DeGuilio
11. Color or Race Italian
12. Age at time of THIS birth 39 yrs.
13. **Birthplace** Castro Dei Volsci Roma Italy (City or town) (State or foreign country)
14. **Exact Occupation** Farming
15. Industry or Business ~~XXXX~~ Farm of Irons

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Fossi
17. Color or Race Italian
18. Age at time of THIS birth 41 yrs.
19. Birthplace Castro Dei Volsci Roma Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XXXX

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) deceased of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 19 years, and that Mary (First name) Fossi (Last name), who attended this birth is unable to write her name (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gus DeGuilio Signature

Route #1, Pingree, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of December, 19 41.

(SEAL)

Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Maurice H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 986-230-022-2249

United States Department of Commerce
Bureau of the Census

JAN 5 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327962
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. # 2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City, Town, or Location Hamer, Idaho
(d) Street Address or R.F.D. No. R.F.D. no 2
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Alice Rhodehouse

5. Date of Birth of Child (Month, day, year) June 30, 1922

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Rhodehouse
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Oxford Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lettie Smith
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Dr Tazewell Co. Va. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Iodine 2%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 19 years, and that Dr Geo F Reed (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lettie S Rhodehouse Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 2 day of Jan, 1942

(SEAL) O K Mecham Probate Judge Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel H Linder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759 112 819 154

327975

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home on farm
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Challis

3. RESIDENCE of FATHER (city, state) Challis Idaho

4. FULL NAME OF CHILD James Gerrish

5. Date of Birth (Month, day year) July 12-1922

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Karlton Henry Gerrish

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Hammond (City or town) Indiana (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Anderson

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Murray (City or town) Utah (State or foreign country)

20. Exact Occupation House Wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Mary K Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho } ss.
County of Custer }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Irene Pfeiffer, being first duly sworn, say that I am related with (Related to (or) acquainted with) James Gerish (Name of person on certificate above) as cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Kirtley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Irene Pfeiffer Signature

Challis, Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of December, 19 41

(SEAL)

Notary Public, residing at Challis, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

951 [illegible] 001 279

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328038
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 114 N. Spgs. Ave
(d) Name of Hospital or Maternity Home: St. Alphonsus
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 114 N. Spgs. Ave.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD Nathan Lyon Reade

5. Date of Birth of Child (Month, day, year) 6-9-1922

6. Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st. **8.** No. months of Pregnacy 8 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph L. Reade
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Attleboro Mass. (City or town) (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Hope Springer
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Silver City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was formaline (Born alive, stillborn) at 3 A M. on the date and at the place stated above and ~~that~~ personal particulars were furnished by Ralph Reade (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M. N. Tallman M.D. ~~Midwife~~ Address Miami, Fla Date Dec 24-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942 766 126 022 3 8 6

328096

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328096
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 2nd Lived
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leland Lester Powell

5. Date of Birth (Month, day year) January 26 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Agustus Powell
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lenoir (City or town) North Carolina (State or foreign country)
14. Exact Occupation Teamster at Gov. Exp. Sta
15. Industry or Business Ag Crop Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lela Jane Lyon
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rockwood (City or town) Oregon (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 6 1942 (Date received) (b) Mabel Holden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Clark }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs F.A. Powell, being first duly sworn, say that I am related (Related to (or) acquainted with) Leland Lester Powell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watkins (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs F. A. Powell Signature
Dubois Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of January 1942
(SEAL) John N. Keys Notary Public, residing at Dubois Idaho
My Com expires apr 18, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce JAN 13 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328232
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 420 12th ave N.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa Ida.
(d) Street Address or R.F.D. No. 420-12th ave. N.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD Jack Lewis Baldwin

5. Date of Birth of Child (Month, day, year) Jan. 15-1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Benjamin Lane Baldwin
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Roseburg Oregon (City or town) (State or foreign country)
14. Exact Occupation Railroad Brakeman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lorena Sloper
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Boise Ida. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2.30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Benjamin L Baldwin (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J H Mussay M.D. ~~Midwife~~ Address Nampa Date Idaho

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel L Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1922-102229

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United States Department of Commerce
Bureau of the Census

JAN 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328233
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Prairie
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ~~##~~ 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dwain Sedwick Rudge

5. Date of Birth of Child (Month, day, year) April, 11 1922 1922

6. Sex male **7. Twin or Triplet** If so—born 1st, 2nd, 3rd **8. No. months of Pregnacy** **9. Legitimate?**

FATHER OF CHILD

10. FULL NAME Sedwick Orren Rudge
11. Color or Race White **12. Age at time of THIS birth** 28 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Irene Engelman
17. Color or Race White **18. Age at time of THIS birth** 22 yrs.
19. Birthplace Newport (City or town) Wash. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Mrs Frank Jacobs ~~Midwife~~ Address Boise Ida 214 Fourth St Date Jan. 13

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel A. Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

328233

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 23 1922

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 29 Main
   (d) Name of Hospital of Maternity Home: Born at Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City Prairie
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.
   (f) Mother's mailing address (For registration notice): Mrs. Home, c/o Prairie Stage
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Prairie Ida

4. **FULL NAME OF CHILD** Dwain Sedwick Rudge

5. **DATE OF BIRTH** (Month, day, year) April 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sedwick Orrin Rudge

11. Color or Race White

12. Age at time of **THIS** birth 30 yrs.

13. Birthplace Boise (City or Town) Idaho (State or foreign country)

14. Exact Occupation Rancher

15. Industry Business stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Irene Engelman

17. Color or Race white

18. Age at time of **THIS** birth 22 yrs.

19. Birthplace Yakima County (City or Town) Washington (State or foreign country)

20. Exact Occupation house-keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
   (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. O Rudge (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 23 1922 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** O. H. Parker M.D. (D.O., Midwife, etc.)
and address Boise Idaho Date 1-23-22

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME; DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon ~~conviction thereof, shall be fined~~ not ~~less than $10 nor~~ more ~~than~~ ~~$300.~~

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 328233
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Dwaine Sedwick Rudge (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Apr. 11, 1923 (DATE OF EVENT)
in Boise, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Aunt (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date of birth	Apr. 11, 1923	Apr 11, 1922

Subscribed and sworn to before me this 23rd
day of January 1942
Marion E. Ow
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(SEAL)

Signed Mrs. Frank Jacobs
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 22 1942

JAN 7 1942

328297

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328297
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Salem
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 2 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Salem
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salem Idaho

4. **FULL NAME OF CHILD** Lyle Wayne Virgin

5. Date of Birth of Child (Month, day, year) Jan. 2 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Heber Harold Virgin
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace St Charles (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertha Irene Lakes
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date

State of California } ss.
County of Riverside }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for nearly 20 years, and that Grandmother (First name) Sarah Jane (Last name) Virgin, who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Dr not available at Birth)

Gertha Bishop Signature

Mecca Cal. P. O. Address

Subscribed and sworn to before me this 2 day of January, 1942

(SEAL) Florence E. Chrisler Notary Public, residing at Indio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Maud Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942 913 121 003 795

328302

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328302
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCammon, Idaho

4. **FULL NAME OF CHILD** Calvin Millard Ray

5. Date of Birth of Child (Month, day, year) March 21, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Andrew Ray
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Jamestown (City or town) So. Dakota (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Ann Green
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Woodruff (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 19 years, and that D.N. (First name) Lillie (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Andrew Ray Signature
McCammon, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of January, 19 42

(SEAL) J. F. Whitney Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

895-228.003-546 COPY

JAN 6 1942

328306

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 4 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 937 No. Garfield
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 937 No. Garfield
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Chloe Marine Hier

5. Date of Birth (Month, day, year) June 28-1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Riley Hier

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Marcellene, Missouri
(City or Town) (State or foreign country)

14. Exact Occupation Fireman

15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence May Edwards

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Sheridan, Wyoming
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living -
(c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:00 A.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Florence M. Harness, who is
(First name) (Last name)
related to this child as mother.
(Mother, etc.)

26. (a) JAN 6 1942 (Date received) (b) Mabel T. Elder (Registrar's signature)

25. Attendant's **OWN signature** J. F. Miller M.D. By F.S. Miller M.D.
(D.O., Midwife, etc.)
and address 310 E. Center St., Pocatello, Idaho Date 1-5-42

27. Given name added on ..... by .....
(Registrar's Signature)

MAR 4 942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

AUG 22 1958

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

785 7020 24-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 26 1941

State File No. 328333
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 13 years 4 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Ida

4. FULL NAME OF CHILD Leo Vincent Pyne

5. Date of Birth of Child (Month, day, year) Sept. 2, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles F. Pyne
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace St. Francis, Kans. (City or town) (State or foreign country)
14. Exact Occupation Lineman & Machinist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hester E. Miller
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mendon, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5:20 P M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Hester E. Pyne (First name) (Last name) who is related to this child as E. L. Simonton M.D. (Mother, etc.) Mother

25. Attendant's **OWN** signature E. L. Simonton M.D. Midwife Address Wendell Date Ida

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

552-104006-386

328412

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BINGHAM (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ? Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ~~14~~ days.
IN **THIS** county 15 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County BINGHAM
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) unknown

4. FULL NAME OF CHILD Theodore Marvin Nebeker

5. Date of Birth (Month, day year) Aug 4 1922

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME**
11. Color or Race 12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Ermina Thomas
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Heber City (City or town) Utah (State or foreign country)
20. Exact Occupation Waitress
21. Industry or Business Restaurant

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ? M. on the date and at the place stated above, and that personal particulars were furnished by Alice Nebeker McKinley (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) DEC 26 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of CALIFORNIA
County of FRESNO } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ALICE McKINLEY, being first duly sworn, say that I am THE MOTHER (Related to (or) acquainted with) THEODORE MARVIN NEBEKER (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR EGBERT (Name of attendant at birth), who attended said birth CAN NOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Ermina McKinley Signature
KETTLEMAN CITY, CAL. P.O. Address

Subscribed and sworn to before me on this 19th day of DECEMBER 1941
(SEAL) C. Dessenberry ~~Notary Public~~, residing at Fresno, Cal.
County Clerk of the County of Fresno, State of California
and ex-officio Clerk of the Superior Court thereof.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213123014140 328461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328461
Local Reg. No. Also 99210
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Jesse Robert Sallee

5. Date of Birth of Child (Month, day, year) Feb. 23-1922

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Hurnden Sallee
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace St. Joseph (City or town) - Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Pearl Adkisson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Woonsocket (City or town) So. Dakota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. J H Sallee (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Horace P. Bilhardt M.D. Midwife Address Nampa Ida. Date 1/10/42

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

Dup of 1922-99240

JAN 12 1942 292-119-007-296

328559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Avery Kibbie

5. Date of Birth of Child (Month, day, year) Jan. 19, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Harold Kibbie
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Bangor (City or town) Maine (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Marie Brown
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 20 years, and that Mrs. George Stitt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Marie Kibbie Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of January, 19 42.

(SEAL) Joseph W. Eld Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H. Eldam, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1942

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

398 225020915 328593

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328593

Local Reg. No.

Reg. Dist. No.

JAN 3 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Roberts

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: At home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson

(c) City Rigby

(d) Street Address or R.F.D. No. 1.

(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho.

4. FULL NAME OF CHILD Rhea Nettie Crystal

5. Date of Birth of Child (Month, day, year) July 25, 1922

6. Sex F **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Vernon Crystal

11. Color or Race white **12.** Age at time of THIS birth 29 yrs.

13. Birthplace Holiday (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie V. Randall

17. Color or Race white **18.** Age at time of THIS birth 28 yrs.

19. Birthplace Grant (City or town) Idaho. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 19 years, and that Dr. ----- (First name) Beller (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie V Crystal Signature

Rigby Route #1. Idaho. P. O. Address

Subscribed and sworn to before me this 30th day of December, 19 41

(SEAL) L. Lange M. Kinnan Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mabel H Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 954-104-028-245

528871

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH JAN 15 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Reed Maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 6 hours days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No. Benewah Route
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho

4. FULL NAME OF CHILD Wayne Allen Reddekopp

5. Date of Birth of Child (Month, day, year) July 4, 1922

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Reddekopp
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Dallas (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer & logger
15. Industry or Business Farm & logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Evelyn Kunze
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ~~Own Home~~

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of ~~this mother:~~ ~~(a)~~ At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 19 years, and that Dr. Drennan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. John Reddekopp Signature

St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 2d day of January, 1942

(SEAL) Eric L. Osterberg Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary E. Elder, Registrar.

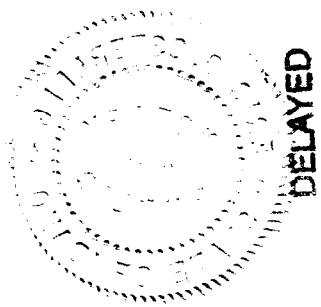
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where~~ the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Dup of 22-103938

959-124-019-959 328907

United States
Department of Commerce
Bureau of the Census

JAN 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328907
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 8 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Vernal Ivie

5. Date of Birth of Child (Month, day, year) 7-24-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Vernal Merton Ivie
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bingham County Blackfoot (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucile Ivie
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Challis Idaho Custer Co. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 19 years, **and that** Ehlr. Kirtley (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Vernal Ivie Signature
1511 No. 11th P. O. Address

Subscribed and sworn to before me this 19 day of January, 1942

(SEAL) [signature] Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1942

SEP 6 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-124-009-141

329204

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No. Box 66
(d) Name of Hospital or Maternity Home: H.E. Adams Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) ~~Street Address~~ or R.F.D. No. Box 66
(e) How long has **MOTHER** lived in Idaho? 2½ ~~mos. yrs.~~

3. RESIDENCE OF FATHER (city, state) Canada

4. FULL NAME OF CHILD Stanley Glen McGonigal

5. Date of Birth of Child (Month, day, year) Aug 24, 1922

6. Sex Male.

7. ~~Twin or Triplet~~ Niether. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Noble Stanford McGonigal
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Ontario (City or town) Canada (State or foreign country)
14. Exact Occupation Comon Labor.
15. Industry or Business Comon Labor.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Mae Adams
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace St. Hilare (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of ~~Whatcom~~ Clallam } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 19 years, and that ~~Stanley~~ (First name) Dr. McGonigal (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Nina Mansfield Signature
Forks, Wn P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942
(SEAL) James W Reed Notary Public residing at Forks, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-207-014-212 330352

330352

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330352
Local Reg. No.
Reg. Dist. No.

JAN 26 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** Ruth Leota Hulse

5. Date of Birth of Child (Month, day, year) June 7-1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis James Hulse
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Barton Hulse
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Nampa (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 20 years, and that Lewis James Hulse (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula B Hulse Signature

724 Chestnut St Nampa Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL) Marion E. Doe Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 113-022-415

United States
Department of Commerce JAN 5 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 24 1942

State File No. 330441
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At parents residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years 11 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD Melton Davis Anderson

5. Date of Birth of Child (Month, day, year) 2/13/22

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Emanuel Anderson
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Dover (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Georgianna Davis
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Egin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 19 years, and that DR. (unknown) (First name) Melton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Georgianna Davis Signature
Yellowstone Highway, Pocatello, Idaho O. Address

Subscribed and sworn to before me this 3rd day of January, 1942

(SEAL) A. E. Kleger Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

NOV 9 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1921-102392

DELAYED

X 719-101-042-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330452
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address ~~or R.F.D. No.~~ 150 N. Washington
(d) Name of ~~Hospital~~ or ~~Maternity Home~~: Residence of F. M. Stone.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 4 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Berger
(d) Street Address or R.F.D. No. — —
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Berger, Ida.

4. FULL NAME OF CHILD Christian Allen Parrott

5. Date of Birth of Child (Month, day, year) Aug. 1 - 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Arthur Allen Parrott
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Whiting (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christena Marie Christiansen
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Whiting (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Caring for home and family.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 19 years, and that Dr. John Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christena Marie Parrott Signature
1041 - 2nd Ave West Twin Falls, Ida. P. O. Address

Subscribed and sworn to before me this 9 day of January, 1942
(SEAL) J. E. White Notary Public, residing at Twin Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN [illegible] 1942

JUL 15 1942

NOV 7 1956

JAN 26 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter [illegible])

Where the birth of a child born prior to [illegible], 1937 Session Laws, has not been [illegible] failure to report any birth which has occurred [illegible] date, such report may be received [illegible] prescribed in Chapter 2, Title 38, Idaho Code [illegible] report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 285-125-OK-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330495
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 155 6th Street
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years 6 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 155 6th Street
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Donald Martin Shearer

5. Date of Birth of Child (Month, day, year) November 25, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Martin Shearer
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Lewis (City or town), Iowa (State or foreign country)
14. Exact Occupation Contractor and Builder
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Alice Smith
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Rigby (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-116-003-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330621
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At fathers mothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Abner Dean Miles

5. Date of Birth of Child (Month, day, year) April 16, 1922

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Jerad Miles
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Grace (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Merle Covert
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Butlerville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ameila Merle Miles (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Anna L. King ~~M.D.~~ Midwife Address Grace, Idaho Date Jan. 16, 194[illegible]

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Merl E. Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 897-209-026-962 330680

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330680
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Birth at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idah o

4. FULL NAME OF CHILD Jeannette Pauline Higgins

5. Date of Birth of Child (Month, day, year) Nov. 9, /22

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Higgins
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Julian, (City or town) Nebraska (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business Contracting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** M Mary Robison
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Claycenter, (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 19 years, and that Dr. Anderson (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm Mary Higgins Signature
1713 - 9 st Santa Monica Cal P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) K. Ichinose Notary Public, residing at Santa Monica, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-619-106-003-386

330715

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Lynn Bros. Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address (For registration notice): Pocatello, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jesse Leroy Wardle

5. Date of Birth (Month, day, year) Mar. 6, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Leroy Wardle
11. Color or Race wht
12. Age at time of THIS birth 28 yrs.
13. Birthplace West Jordan, Utah (City or Town) (State or foreign country)
14. Exact Occupation Cement Mixer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beulah Thompson
17. Color or Race wht
18. Age at time of THIS birth 24 yrs.
19. Birthplace Smithfield, Utah (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by William L. Wardle (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 23 1942 (Date received) (b) Mabel Wardle (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** J. W. Lynn M.D. (D.O., Midwife, etc.) and address Pocatello Idaho Date 1-21-42

K

1906-M

JAN 29 19

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

362-112-042-257

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330893
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Filer, Idaho

4. FULL NAME OF CHILD Cecil George Cobb

5. Date of Birth of Child (Month, day, year) June 12, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ivan B. Cobb
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mena Alma Seymour
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Cedarville (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Issa (First name) Seymour (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 19 years, and that Dr. (First name) Dwight (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Issa Seymour Signature

Burke Idaho P. O. Address

Subscribed and sworn to before me this 21 day of Jan, 1942

(SEAL) John W Parker Notary Public, residing at Burke Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mark H Coffin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-101-003366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330919
Local Reg. No.
Reg. Dist. No.

JAN 27 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 550 N. Hayes St.
(d) Name of Hospital or Maternity Home: Pocatello General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 550 N. Hayes St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Homer Cooper McCaulley

5. Date of Birth of Child (Month, day, year) May 1, 1922

6. Sex Male

7. ~~Twin~~ or ~~Triplet~~ Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Homer Brantley McCaulley
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Whitney, Texas (City or town) (State or foreign country)
14. Exact Occupation Switchman, Union Pacific R.R. Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora B. Cooper McCaulley
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Whitney, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum - - -

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Texas } ss.
County of Dallas }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 19 years, and that Dr. W.A. Wright (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mrs Nora B. McCaulley Signature
1019 Cristen, Dallas, Texas P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942

A.B. Clark A. B. CLARK, Notary Public, Dallas County, Texas Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

1943 JUN 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-109-016-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 23 1942

State File No. 331026
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Declo
(c) [redacted] or R.F.D. No. 1
(d) N[redacted]e of Hospital or Maternity Home: in [redacted] own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Declo
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Declo, Idaho

4. FULL NAME OF CHILD Alvin George West

5. Date of Birth of Child (Month, day, year) April 9, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John West
11. Color or Race White
12. Age at time of THIS birth 65 yrs.
13. Birthplace Richmond, Virginia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Belle Weese
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Centralia, West Virginia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at eleven P. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Bell West (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Robert F. Fisher M.D. Midwife Address Declo Date Jan. 9, 42

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now over 58 years of age, that I have known this person for about 20 years, and that Dr. Story (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

2 witnesses: x Lloyd Smarley
x Henry West

(X) Signature
Declo, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of January, 1941

(SEAL) Burdine Curtis Notary Public, residing at Declo, Idaho

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel F. Elder, Registrar.

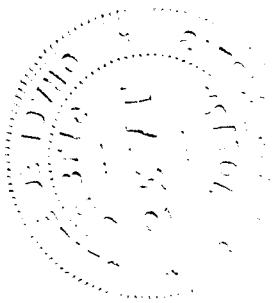
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



292-124 C03-216

331109

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 19 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county 6 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Mc Cammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address (For registration notice): Now Deceased
(Street or R.F.D.) (Post office)

3. **RESIDENCE OF FATHER** (city, state) Present Address Delano, Cal.

4. **FULL NAME OF CHILD** Kiyoshi Kishiyama

5. **DATE OF BIRTH** (Month, day, year) Mar. 24, 1922

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ?/

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jingoro Kishiyama

11. Color or Race Japanese

12. Age at time of THIS birth 33 yrs.

13. Birthplace Japan (City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business On Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tetsuko Kawamura

17. Color or Race Japanese

18. Age at time of THIS birth 28 yrs.

19. Birthplace Japan (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jingoro Kishiyama (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 19 1942 (Date received) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** H. J. Hartwigsen, M.D. (D.O., Midwife, etc.)
and address Pocatello, Ida. Date Jan-16-42.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

DEC 7 1948

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. X Pos..... Neg.....

(e) Signature of Physician:

R. J. Harrison, M. D.

DECEASED

X 365722-034-533

331138

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 20 months 9 days 8

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Fish Haven, Idaho

4. FULL NAME OF CHILD Fay Nelson Loveland

5. Date of Birth of Child (Month, day, year) Feb. 22 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Bertrum Loveland
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Fish Haven (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ivora Nelson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Fish Haven (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandfather (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 20 years, and that Dr. H. F. Ashley (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L. Nelson Signature
Fishhaven, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of January, 1942.
(SEAL) Les Allred Notary Public, residing at Montpelier Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

J 613/26 010-264 331235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331235
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Route #3 (Ammon, Idaho)
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Vern Emil Walquist

5. Date of Birth of Child (Month, day, year) July 26, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest W. Walquist

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Juanita (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Hanna Goldie Bodine

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 20 years, and that Mrs. Joe Paulus (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest W Walquist Signature

Route #3, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942

(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by ..... Registrar.

FEB 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 19 1942

State File No. 331271
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Shoshone years 8 months 3 days 17

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alice ~~Imogene~~ Sekulic

5. Date of Birth of Child (Month, day, year) July 31 1922

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Sekulic
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Austria (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Auto Mechanic

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable Ruth Heatherby
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Juliaetta (City or town) Ida (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 3:45 A M. on the date and at the place stated above, and that personal particulars were furnished by Mable (First name) Sekulic (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature F.W. Rolfs M.D. Midwife Address Mullan Ida Date Jan 14 1942

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 228 018 258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331297
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CLEARWATER (b) City WEIPPE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CLEARWATER
(c) City WEIPPE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) WEIPPE, IDAHO.

4. FULL NAME OF CHILD NORA WILSON

5. Date of Birth of Child (Month, day, year) SEPT 28, 1922.

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ALVA WILSON
11. Color or Race WHITE
12. Age at time of THIS birth ~~27~~ 26 yrs.
13. Birthplace WEIPPE (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vista Louie Snyder
17. Color or Race WHITE
18. Age at time of THIS birth ~~25~~ 24 yrs.
19. Birthplace Harmon (City or town) West Va (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 19 years, and that Matilda (First name) Wilson (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public in and for the State of Idaho residing at Orofino therein. Commission expires Jan. 22, 1943.

Mrs. Verl McCoy. Signature
Formerly Mrs. Alva Wilson P. O. Address

Subscribed and sworn to before me this 2 day of Jan, 1942

(SEAL) R. W. Merrill Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SIS 702036666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331371
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Buist
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home residents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Buist
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Buist, Idaho

4. FULL NAME OF CHILD Walter Vanderwood

5. Date of Birth of Child (Month, day, year) June 2, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Vanderwood
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Woodland
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Conant, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 19½ years, and that Mrs Bright (midwife) (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs Walter) Sarah Vanderwood Signature
1209 So 15th Ave Yakima Wa P. O. Address

Subscribed and sworn to before me this 28 day of January, 1942

(SEAL) Katherine E Van Dyke Notary Public, residing at Yakima Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 723030-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331492
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Tendoy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Tendoy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Tendoy, Idaho

4. FULL NAME OF CHILD Charles Wade Barnett

5. Date of Birth of Child (Month, day, year) Nov. 23, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Edward Barnett
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Pleasant View, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Wade
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Lemhi County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 19 years, and that Dr. Charles F. Hanmer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Wade Barnett Signature
Tendoy, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) W. W. Simmonds, Clerk of ~~Notary Public, residing at~~ the District Court in and for Lemhi County, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by By Clover Edwards Deputy Registrar.

Mabel F Elder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-109 028 635

331576

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 27 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 Mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Russell Raymond Gilbert

5. Date of Birth of Child (Month, day, year) 12-9-22

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Raymond Gilbert
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Pine City (City or town) Minn. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Fay Olney
17. Color or Race White **18.** Age at time of THIS birth ~~yrs.~~
19. Birthplace Utah (City or town) Wash. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of California
County of Lassen } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 19 years, and that Mrs Samuel Nash (First name) (Last name) who attended this birth Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Carl Raymond Gilbert Signature
#7 orange Hill Susanville Calif. P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942

(SEAL) ..... Notary Public, residing at Susanville Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by ..... Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649-201 003-292

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 16 1942 STATE OF IDAHO

State File No. 331699
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. JOHNSON
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. JOHNSON
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) POCATELLO-IDAHO

4. FULL NAME OF CHILD MAXINE MARIE WURZER

5. Date of Birth (Month, day year) 9-1-22

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ASA ALVAH WURZER
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace WESTON (City or town) - OREGON (State or foreign country)
14. Exact Occupation FLOUR MILL WORKER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY KISSLER
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace ODESSA (City or town) WASHINGTON (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 8:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Asa A. Wurzer (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 16 1942 (Date received) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J. H. Lynn M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Asa Alvah Wurzer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Maxine Marie Wurzer (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. Lind (Name of attendant at birth), who attended said birth cannot be located, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Asa Alvah Wurzer Signature

24633 Eshelman Ave LOMITA, CALIFORNIA P. O. Address

Subscribed and sworn to before me on this 9th day of January, 1942.

(SEAL) Beatrice E Hall Notary Public, residing at San Pedro, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-103-072-811

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331766
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Bosland
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 8 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Henry Fechner

5. Date of Birth of Child (Month, day, year) 8/3/22

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emil Fechner
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Haas white
17. Color or Race
18. Age at time of THIS birth 30 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child fifth (b) Born alive and now living 5 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of California } ss.
County of Sonoma }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for 19 years, and that Margaret Weiss (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edmond Fechner Signature

Boyes Springs Calif. P. O. Address

Subscribed and sworn to before me this 19 day of January 1942

(SEAL) H. D. Downey Notary Public, residing at Sonoma Co Calif

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mabel Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

MAY 31 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 107 026 465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331905
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: Delivery At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Roberts Idah

4. FULL NAME OF CHILD Kliff Lewis Berrett

5. Date of Birth of Child (Month, day, year) 6-7-22

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Berrett
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace North Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Montague
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 19 years, and that Dr. Earl D. Jones (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melvin Berrett Signature
237 Van Buren St Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 24th day of Jan, 1942

(SEAL) Leah Cedarholm Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

JAN 2 6 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

199 226 053 641

331977

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Irene Aiko Aizawa

5. Date of Birth of Child (Month, day, year) Feb. 26, 1922

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Shinji Aizawa
11. Color or Race Japanese
12. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Japan (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Tomio Fujimoto
17. Color or Race Japanese
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Japan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

1 Photostat copy 2/14/42

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Deceased Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 21 years, and that Her Physician (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Shinji Aizawa Signature
Mrs. Tomio Aizawa P.O. Address

Subscribed and sworn to before me this 29 day of January, 1942

(SEAL) William G. Chesbro Notary Public, residing at Fremont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Probate Judge & Ex-Officio Clerk

Received for filing on JAN 31 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1942

MAR 10 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-109 006452 331984

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331984
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt Idaho

4. FULL NAME OF CHILD Roscoe M Lyon

5. Date of Birth of Child (Month, day, year) January-9-1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Heber Lyon
11. Color or Race American
12. Age at time of THIS birth 30 yrs.
13. Birthplace Sharon (City or town), Bear Lake County (State or foreign country) Idaho
14. Exact Occupation Wage Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Birtie Bell Messick
17. Color or Race American
18. Age at time of THIS birth 27 yrs.
19. Birthplace Newcastle (City or town) Kentuckey (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 20 years, and that Dr (First name) Roberts (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Heber Lyon Signature
San Bernardino P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942
(SEAL) E. Bridley Notary Public, residing at San Bernardino CALIFORNIA
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+417121 006 546

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 9 1942
STATE OF IDAHO

State File No. 332073
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Sterling
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 6 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Sterling
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Walter Earl Maxwell

5. Date of Birth of Child (Month, day, year) 5/21/22

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Cannon Maxwell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Osage City (City or town) Kansas (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clemmie May Edwards
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Callao (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live (Born alive, stillborn) at 5 a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. John Vawes (First name) (Last name), who is related to this child as no (Mother, etc.)

25. Attendant's **OWN** signature Mrs. John Vawes M.D. Midwife Address 234 E 19th St Idaho Falls Idaho Date 12-8 1941

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Earl Maxwell Signature
Sterling, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of Feb, 1942
(SEAL) D. E. Blackburn Notary Public, residing at Springfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

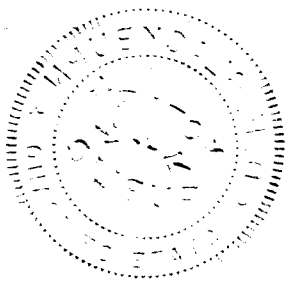
FEB 18 1942

APR 20 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-102-029-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332159
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Farmington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 8 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Farmington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Farmington, Wn

4. FULL NAME OF CHILD Jack Alvan Belknap

5. Date of Birth of Child (Month, day, year) August 2, 1922

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chester Clifford Belknap
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Monroe (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Leona Kittrell
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Colfax, (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Chester Clifford Belknap (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature J. D. Neely M.D. ~~Midwife~~ Address Farmington Wash. Date Aug 2 1922

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mark Ztzler, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-223-039-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 332165
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 7 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Roy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Roy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Roy, Idaho

4. FULL NAME OF CHILD Clara Maire Knoblich

5. Date of Birth of Child (Month, day, year) Sept. 23, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adam Knoblich

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Russia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Schepp

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Russia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive at 8:00 A.~~ M. on the date (Born alive, stillborn)

and at the place stated above and that personal particulars were furnished by ~~Adam Knoblich~~ (First name) (Last name), who is related to this child as ~~Father~~ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Power } ss.

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 19 years, and that Mrs. John Kurtz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adam Knoblich Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942.

(SEAL) Notary Public, residing at American Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-101-001-619 332222

FEB 16 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 332222
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: St Alphonsus Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 18 days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cabarton
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 38 yrs.
(f) Mother's mailing address New Meadows, Ida

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Hubert LeRoy Higgins

5. Date of Birth (Month, day year) Nov 1st 1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Alonzo H Higgins	16. FULL MAIDEN NAME Edna C Farmer
11. Color or Race White 12. Age at time of THIS birth 27 yrs.	17. Color or Race white 18. Age at time of THIS birth 18 yrs
13. Birthplace Van Wyck (City or town) Idaho (State or foreign country)	19. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Machinist	20. Exact Occupation housewife
15. Industry or Business logging	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 16 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H. A. Koelsch, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Hubert LeRoy Higgins (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 109, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr McCalla (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

H. A. Koelsch MD Signature
Boise P. O. Address

Subscribed and sworn to before me on this 16 day of February 1942

(SEAL) Bertie Estes Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1973

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

STATE OF IDAHO * VITAL STATISTICS *

X 463-113-218-455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. 332237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No. Route No 3
(d) Name of Hospital or Maternity Home: Mrs Annie Dennis
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months one days five

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No. R.F.D. NO. 3
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Chinook Mont.

4. FULL NAME OF CHILD Wayne Earl Molyneaux

5. Date of Birth of Child (Month, day, year) Jan. 13 1922

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frances Charles Molyneaux

11. Color or Race White

12. Age at time of THIS birth [redacted] yrs.

13. Birthplace Overton (City or town) Penna (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Stockman and farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie Dennis.

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Orofinio (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business House keeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing used

23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at 9 15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ollie Molyneaux (First name) (Last name) who is related to this child as a mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of [illegible] } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 20 years, and that Fannie Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public for the State of Mont.
residing at Chinook, Montana
My Comm. Exp. February 24th

Mrs. Ollie Molyneaux Signature

Chinook Montana Po 846 P. O. Address

Subscribed and sworn to before me this 7th day of Feb., 19 42

(SEAL) Raymond J. Fulton Notary Public, residing at Chinook Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1976

MAR 6 1942

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

birth of a child born prior to the effective date of 911 Session Laws, has not been recorded, or in case of rt any birth which has occurred subsequent to such rt may be received and filed by the local registrar for Bureau of Vital Statistics for the purposes and uses hapter 2, Title 38, Idaho Code Annotated, when such panied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-114-038-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 10 1942

State File No. 332270
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. South 8th
(d) Name of Hospital or Maternity Home: Minnie S. Cole
(e) Mother's stay **BEFORE** delivery: Minnie S. Cole
IN **THIS** county years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oregon (b) County Baker
(c) City Pleasant Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? — yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Burt Henry Browning

5. Date of Birth of Child (Month, day, year) Jan 14 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sidney Edward Browning
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace New Canton (City or town) Illinois (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business O.W.R. Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arzella Elise Forbes
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kearney (City or town) Nebraska (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 20 ~~43~~ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arzella Browning Signature
P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942
(SEAL) Daisy Noe Notary Public, residing at Baker - Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by [signature] NOTARY PUBLIC FOR OREGON My Commission Expires October 6, 1945. Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

522-13-019-45

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332292
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 46 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Challis, Ida

4. FULL NAME OF CHILD Joseph Wallace Ebberts

5. Date of Birth of Child (Month, day, year) Dec. 13, '22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Lewis Ebberts
11. Color or Race Wh.
12. Age at time of THIS birth 31 yrs.
13. Birthplace Challis, (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business General

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Mavity
17. Color or Race Wh.
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bayhorse (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO }
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for ##### years, and that Louise (First name) Mavity (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine E. Ebberts ..... Signature
Challis ..... P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942.

(SEAL) ..... Notary Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-124-035-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332293
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Agatha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 11 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Agatha
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Agatha Idaho

4. FULL NAME OF CHILD Arthur Le Roy Anderson

5. Date of Birth of Child (Month, day, year) March 24 1922

6. Sex M **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Lawson Anderson
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Madge Robeson
17. Color or Race W **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Sandy Mush (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for years, and that Dr W J Seeley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Madge Anderson Signature
Lenore Idaho P. O. Address

Subscribed and sworn to before me this 31st day of January, 1942
(SEAL) A Bruce Kersey Notary Public, residing at Lenore Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-124-006-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332320
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Pingree
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Pingree
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Pingree, Idaho

4. FULL NAME OF CHILD Dewey Bud Packer

5. Date of Birth of Child (Month, day, year) Feb. 24, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Delbert M. Packer

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Riverdale (City or town), Idaho (State or foreign country)

14. Exact Occupation Carpinter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Rebecca Walker

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Riverdale (City or town), Idaho (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Montana } ss.
County of Park }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delbert M Packer Signature

P. O. Address

Subscribed and sworn to before me this 28th day of Jan 1942

(SEAL)

Notary Public, for the State of Montana residing at Gardiner, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Dec. 12, 1945

Received for filing on JAN 30 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-220-006-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332336
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No. R 1
(e) How long has **MOTHER** lived in Idaho? 19 44 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Velma May Jones

5. Date of Birth of Child (Month, day, year) April 20, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard Albert Jones
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Crestline (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Halcie Carey Cody
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Clarksville (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lenard A. Jones (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Midwife Address Shelley Ida Date 1-27-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 22-102056

466-112-030-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 11 1942
STATE OF IDAHO

State File No. 332375
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia Ida.

4. **FULL NAME OF CHILD** Lester Asa Downing

5. Date of Birth of Child (Month, day, year) Nov. 12, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry W. Downing
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Sheridan Oregon (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Venus Burke
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Miller South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) [illegible] (Last name) who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 22 19 years, and that None (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry W Downing Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 2 day of February, 19 42.

(SEAL) [illegible] Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1975

FEB

JAN 22 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-103-005-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 6 1942
STATE OF IDAHO

State File No. 332377
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home 10 miles east of Tekoa, Wash.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD David Henry Knight

5. Date of Birth of Child (Month, day, year) July 3, 1922

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer Glen Knight
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Plaza, Washington (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna May Lindley
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Garfield, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15 % Solution of Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive. (Born alive, stillborn) at 3 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Edna Knight (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature Dr. C B Clizer M.D. Midwife Address Tekoa wash Date Jan. 22, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1942

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X .315 TC3 018-592

DELAYED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 332509
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Greer
(c) Street Address or R.F.D. No. Gen Deliv
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Greer
(d) Street Address or R.F.D. No. Gen Deliv
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Greer Ida

4. FULL NAME OF CHILD Thomas Dale Canford

5. Date of Birth of Child (Month, day, year) March 3-1922

6. Sex Male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd Nat

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Marion Canford
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Craigmont (City or town) Idaho (State or foreign country)
14. Exact Occupation Truck Driver
15. Industry or Business Hauling Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Pearl Erb
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Greer (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 20 years, and that Dr Earl Horswell (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Pearl Sanford Signature
16th & Maple Clarkston Wash P.O. Address

Subscribed and sworn to before me this 14th day of February, 1942

(SEAL) Geo E. Erb Notary Public, residing at Lewiston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mabel F Eeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO CERTIFICATE FACE 02/01/2021-MDJ

FEB 17 1942

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE - GOVERNOR
DAVE JEPPESEN - DIRECTOR

JAMES B. AYDELOTTE – STATE REGISTRAR AND BUREAU CHIEF
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
DIVISION OF PUBLIC HEALTH
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-5980
FAX 208-332-7260

February 1, 2021

BRANDON SANFORD
304 KNOX ROAD APT W
FORT SILL, OK 73503

Dear Mr. Sanford:

RE: Delayed Certificate of Birth for Thomas Dale Sanford
State File Number 1922-332509

This certificate was filed in our office on 02/16/1942, more than one year after the child's birth. When a certificate is filed in this office more than one year after the date of the event the record is identified as a "DELAYED" certificate.

Current requirements for placing a delayed certificate of birth on file include listing a description of the documentation used to support the facts of birth on the delayed birth certificate. Listing a description of supporting documentation was not a requirement the year this birth certificate was placed on file, therefore we do not have any additional information to provide to you.

We suggest that you keep a copy of this letter for your records to present to any agency who may want additional information regarding the delayed status of this birth certificate.

Sincerely,

Marc Jordan
Legal Amendments
Vital Statistics
(208) 332-7364

4/3 107028 4/3

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 9 1942

State File No. 332590
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cataldo, Ida.

4. **FULL NAME OF CHILD** Albert William Mack

5. Date of Birth of Child (Month, day, year) Oct. 7 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hjalmar Mack
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Great Falls, Montana. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tolni Mary Macki
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Finnland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9: A M. on the date and at the place stated above, and that personal particulars were furnished by Pauline Mack (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Pauline Mack M.D. Midwife Address Cataldp, Ida. Date Feb.7,42.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel Whelan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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332673

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332673
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Rural (Gen. Del.)
(d) Name of Hospital or Maternity Home: Our own home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Gen. Delivery.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho.

4. FULL NAME OF CHILD Ralph Taylor

5. Date of Birth of Child (Month, day, year) March 27-1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Ray Taylor.
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Dayton (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Irene McLean.
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Fairview (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Twin Falls. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 20 years, and that Mrs. George Wright (First name) (Last name), who attended this birth Cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Irene McLean Taylor Signature
320-4th Ave East Twin Falls P. O. Address Idaho,

Subscribed and sworn to before me this 14th day of February, 1942.

(SEAL) Mrs Metta Notary Public, residing at Twin Falls Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mary E Eden, Registrar.

FEB 19 1942

MAR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 22-100637

FEB 19 1942

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

332699

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of .....

City of Boise

No. St Lukes Hospital St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Brown

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth July 8, 1892 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James Brown	18. Full maiden name: Jessie Mitchell
10. Residence (usual place of abode) (If non-resident, give place and State): Dont Know	19. Residence (usual place of abode) (If non-resident, give place and State): .....
11. Color or race W. | 12. Age at last birthday ..... (years)	20. Color or race W. | 21. Age at last birthday — (years)
13. Birthplace (city or place) (State or Country): Dont Know	22. Birthplace (city or place) (State or Country): Mass
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Deceased	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ?	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:10 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Mary A. Calloway, M. D.

or ....., ~~Midwife~~

Address Boise Idaho

Filed FEB 20 1942, 193... Mary E Elder Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 1 1 1967

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No. 332725
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Dwelling
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Granite, Ida.

4. FULL NAME OF CHILD John Delay

5. Date of Birth of Child (Month, day, year) Dec. 23, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Tony Delay
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Rome (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elisa Simioni
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Venice (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Latex

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 19 years, and that Mrs. Edward Brewer (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tony Delay Signature

Granite, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of February 1942

(SEAL) Harvey M. Bishop Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

MAR 6 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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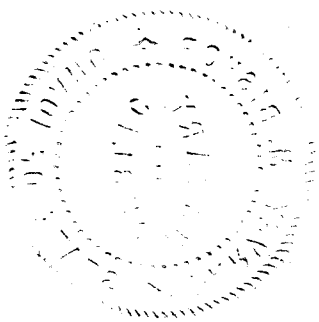

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 14 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none. Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 7 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Do not remember
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD John Franklin Wasson

5. Date of Birth of Child (Month, day, year) Apr. 12-1922

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Forbes Wasson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Crane Mo. USA (City or town) (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Drug Clerk

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie May Mayse
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Nixa, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know what was used

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Texas
County of Ector } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 19+ years, and that Do not remember Dr. Noma (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl F. Wasson Signature
Box 1203 - Odessa Texas P. O. Address

Subscribed and sworn to before me this 31 day of January, 1942
(SEAL) Carl Crain County Clerk Notary Public, residing at Odessa, Texas
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mary E. Lyons, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942
FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 18 1942
STATE OF IDAHO

State File No. 332906
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Bonanza Bar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Bonanza Bar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonanza Bar

4. **FULL NAME OF CHILD** Daniel E. Kniffin

5. Date of Birth of Child (Month, day, year) Oct. 3 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Raphael Kniffin
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Pocatello (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Campbell
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum U.S.P. Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Raphael Kniffin (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature V G Logan M.D. ~~Midwife~~ Address American Falls Date 2-17-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

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893 215043-859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332942
Local Reg. No.
Reg. Dist. No.

FEB 7 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home on the farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) McCall Idaho

4. FULL NAME OF CHILD Helen Hazel Hill

5. Date of Birth of Child (Month, day, year) June 15, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Matt N. Hill
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Harma (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Heiska
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Ylistaro (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Mary Maki (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Maki M.D. Midwife Address McCall Idaho. Date 2,5,1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mary Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-114-001 FEB 25 1942 433 333074

333074

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harry Ernest Worley

5. Date of Birth of Child (Month, day, year) 3/14/22

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ernest Milton Worley
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Spokane (City or town), Wash (State or foreign country)
14. Exact Occupation Automobile Dealer
15. Industry or Business Bohemian Brewery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel McCormick
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Coldwater (City or town), Mich (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Eastman Bldg Date Feb. 25/942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature
P. O. Address

Subscribed and sworn to before me this day of , 19
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

APR 14 1962
FEB 5 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-225-002-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333257
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home in our farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Council Ida

4. FULL NAME OF CHILD Mary Alice Morrison

5. Date of Birth of Child (Month, day, year) July 25, 22

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Van Morrison
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Girard (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Disseah Sult
17. Color or Race White
18. Age at time of THIS birth 35 1/3 yrs.
19. Birthplace Wilson Co. (City or town) Kansas (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business Farmers Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Castile Soap and Borax Acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 20 years, and that Dr. H. M. Brown (First name) (Last name), who attended this birth ..... (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Morrison Cole Signature
Springfield Oregon P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL) Myrna L. Brewer Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Feeler, Registrar.

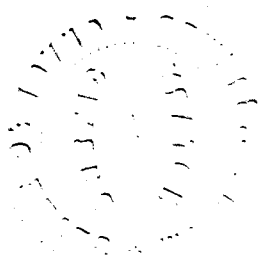
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 20 1942

State File No. 334257

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jerome (b) City Eden

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: None

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jerome

(c) City Eden

(d) Street Address or R.F.D. No. not numbered

(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dean Long

5. Date of Birth of Child (Month, day, year) 12/25/22

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME W. H. Long

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Fort Thomas (City or town) Kentucky (State or foreign country)

14. Exact Occupation dairyman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Velma Price

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Kimball, Idaho (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Walter G. Long (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife F. Y. Cary, M.D. Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 19 years, and that F.Y.Cary, M.D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary L Long Signature

121 Carr Dr. Glendale, Calif. P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL) Sara Pollard Notary Public, residing at Glendale, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

MAR 14 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

768 206 002-367

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 334261
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

4. **FULL NAME OF CHILD** Lucille Fern Poynor

5. Date of Birth of Child (Month, day, year) Mar. 6, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James B Poynor
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Council (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha I Cox
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rogersville (City or town) Tenn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 19 years, and that Dr. W. M. Brown (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha I Poynor Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942.

(SEAL)

Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

FEB 14 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Grace

(c) ~~Street Address~~ or R.F.D. No. 1

(d) Name of Hospital or Maternity Home: Own Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock

(c) City Grace

(d) ~~Street Address~~ or R.F.D. No. 1

(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Theodore Stanford Allen

5. Date of Birth of Child (Month, day, year) 3-5-22

6. Sex Male

7. Twin or Triplet — if so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Andrew Allen

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Richmond, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fay Stanford

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Smithfield, Utah (City or town) (State or foreign country)

20. Exact Occupation Home maker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 19 yrs. 11 mos. years, and that O. H. Hubbard (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fay Stanford Allen Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of Feb., 1942

(SEAL) Norma H. Lowe Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mina Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 334386
Local Reg. No.
Reg. Dist. No.

FEB 16 1942

1. PLACE OF BIRTH
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 1 month 23 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 3227 N.E.62nd.

3. RESIDENCE of FATHER (city, state) Portland, Ore

4. FULL NAME OF CHILD Roger Lewis Griffin

5. Date of Birth (Month, day year) Dec.23, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George E. Griffin
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace near Hoopston, Illinois (City or town) (State or foreign country)
14. Exact Occupation butcher
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Louise Hamilton
17. Color or Race white
18. Age at time of THIS birth 31 yrs
19. Birthplace Anaconda, Montana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 16 1942 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie Louise Griffin, being first duly sworn, say that I am related to Roger Lewis Griffin (Related to (or) acquainted with) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lewis Jones (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie Louise Griffin Signature

3227 N. E. 62nd. Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 13th day of February, 19 42

(SEAL)

Elwin N. Lewis Notary Public, residing at Portland, Oregon

My Commission expires 1/3/44

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334432
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 8 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry - Idaho

4. FULL NAME OF CHILD Robert James Mc Nichols.

5. Date of Birth of Child (Month, day, year) April 19 1927

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Michael Thomas Mc Nichols.
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Portenville (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Head Saw Filer
15. Industry or Business Saw Filer - Bonners Ferry Lbr Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Clyne
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Grand Rapids (City or town) North Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 19 years, and that Dr. E. E. Fry (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Katherine Clyne McNichols : Signature

P. O. Address

Subscribed and sworn to before me this 23 day of February —, 1942

(SEAL) Alma W. Hall Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark McKelvie, Registrar.

DEC 15 1969

FEB 27 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-217 027 359

334482

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 9 1942 Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Jerome
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 1 years 9 month — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** Marjorie June Partridge

5. Date of Birth (Month, day, year) April 17, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ray Partridges
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Father
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vilera Rebecca Berry
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Centerville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) FEB 9 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vilera R. Partridge, being first duly sworn, say that I am Related to (Related to (or) acquainted with) MARJORIE JUNE PARTRIDGE (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Zeller (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Vilera R Partridge Signature

1073 West 3rd So. Salt Lake City, Utah P.O. Address

Subscribed and sworn to before me on this 6th day of February, 19 42

(SEAL) G. Mayle Notary Public, residing at Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799 113 030 435

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. 334555
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Lemhi
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Lemhi
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Lemhi, Idaho

4. FULL NAME OF CHILD Gilbert Vernon Griggs

5. Date of Birth of Child (Month, day, year) March 13, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lon Valentine Griggs
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Dell (City or town) Montana (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Gertrude McNinch
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dell (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive ~~and now~~ living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Beaverhead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 19 years, and that Midwife (First name) Elizabeth Fox (Last name), who attended this birth Now Deed (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Gertrude Griggs Signature
P. O. Address

NOTARY PUBLIC for the State of Montana
Residing at Lima, Montana.
My commission expires May 13th, 19

Subscribed and sworn to before me this 4 day of February, 1942

(SEAL) C R Fuller Notary Public, residing at Lima Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [signature], Registrar.

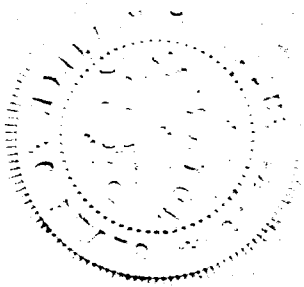
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and~~ filed by ~~the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



431 101 022 299

334653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Edward Gregg McArthur

5. Date of Birth of Child (Month, day, year) Apr 1, 1922

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sanford McArthur

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Bennington Idaho (City or town) (State or foreign country)

14. Exact Occupation R.F.D. Mail Carrier

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Birch

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Wilford Idaho (City or town) (State or foreign country)

20. Exact Occupation Wife and Mother

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 47 years of age, that I have known this person for 19+ years, and that Dr Watkins (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle McArthur Signature

St Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by [illegible], Registrar.

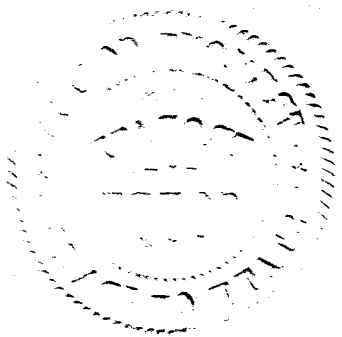
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815/19 003 571

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334704
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Central
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Bannock
(c) City Central
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Arlo Hansen

5. Date of Birth of Child (Month, day, year) 8-19-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Peter Hansen
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Central (City or town) Ida (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phoebe Lucille Egan
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Phoebe (First name) Hansen (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 19 years, and that Dr. (First name) Hubbard (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Peter Hansen Signature
215 W. 3 South Murray Ut. P. O. Address

Subscribed and sworn to before me this 17 day of February, 1944

(SEAL) [illegible] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by [illegible], Registrar.

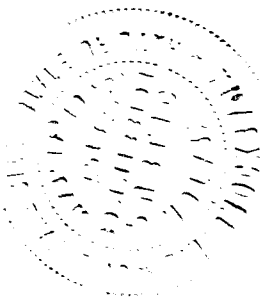
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369-212026-293

334899

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334899
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Labelle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Labelle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Labelle, Idaho

4. FULL NAME OF CHILD Leah Louisa Lords

5. Date of Birth of Child (Month, day, year) Aug. 12, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Warren Lords
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Huntington, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Lois Kite
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Millville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for over 19 years, and that Dr. (First name) Parkinson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Lois Lords Signature

Gen. Del., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942.

(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary E Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-226-003-955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 334985
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 10 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Florence Ilene Hansen

5. Date of Birth of Child (Month, day, year) 3/26/22

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Franchon Hansen
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leonora Reese
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 19 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonora R. Hansen Signature
Grace, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of February, 1942

(SEAL) Marian H. Lowe Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mabel F. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR [illegible] 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-201 010-765

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 335006

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. - - - - -
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Bone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Louise Stringham

5. Date of Birth of Child (Month, day, year) May 1, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Plate Lyman Stringham
11. Color or Race American
12. Age at time of THIS birth 27 yrs.
13. Birthplace Holden (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Ann Jones
17. Color or Race American
18. Age at time of THIS birth 24 yrs.
19. Birthplace Holden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that Louise (First name) Stringham (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Stringham Signature

Route #1, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of February, 19 42.

(SEAL) ..... Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by ..... Registrar.

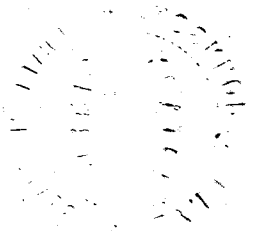
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Crescent
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Crescent
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD Lloyd Eugene Kimbley

5. Date of Birth of Child (Month, day, year) Feb 1, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isaac Tabbert Kimbley

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Redfield (City or town) Kansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Marie Worendorf

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Fairmont (City or town) Minnesota (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 20 years, and that Lillie Long (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna M. Baker Signature

South W. 1 C.R. Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Feb, 1942

(SEAL) [illegible] Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel Hedden, Registrar.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

151-224001-154 335086 334086

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

MAR 7 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida R 1

4. FULL NAME OF CHILD Roberts, Margaret Jean

5. Date of Birth of Child (Month, day, year) July 24 1922

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Roberts, Ray Ellsworth
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Minden (City or town) Nebraska (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Anderson
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Osborne (City or town) Kansas (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 22 years, and that Dr. Edward Bisser (First name) (Last name), who attended this birth is too ill to sign (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie A. Roberts Signature
1317 N. 9th St. Boise Ida. P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) ..... Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mary B Eader, Registrar.

MAR 9 1942

JUN 4 1948
JUN 2 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335128
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau Ida

4. FULL NAME OF CHILD Roy K. Deming

5. Date of Birth of Child (Month, day, year) Dec 14, 1922

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Granville Deming
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret F Kidd
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Riverton Utah (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum $AgNO_3$ —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by G. Deming (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M H Becker — M.D. Midwife Address Bruneau Ida Date 12-14-1922

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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+415-227-014-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335200
Local Reg. No.
Reg. Dist. No.

FEB 21 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 524 Holly St.
(d) Name of Hospital or Maternity Home: Samaritan Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 903 Holly St.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD KAREN RUTH ESTHER MANGUM

5. Date of Birth of Child (Month, day, year) June 27, 1922

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Emmett Mangum
11. Color or Race W
12. Age at time of THIS birth 38 yrs.
13. Birthplace Mason (City or town) Texas (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business ✓ ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Rachel Sellman
17. Color or Race W
18. Age at time of THIS birth 37 yrs.
19. Birthplace Rochelle (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife, Registered Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum — Argyrol —
23. Number of children of this mother: (a) At time of birth and including this child VI (b) Born alive and now living VI

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3 00 A.M. on the date and at the place stated above, ~~and~~ that personal particulars were furnished by Emily (First name) Mangum (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Geo. R. Proctor M.D. ~~Midwife~~ Address Nampa Ida Date 2-16-'42

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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262-208-005-917

United States
Department of Commerce
Bureau of the Census

FEB 25 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335221
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Benewah. (b) City Plummer.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at Home.
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address (For registration notice):
Hagerman, Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Hagerman Idaho

4. **FULL NAME OF CHILD** Barbara Hope Bostwick

5. Date of Birth (Month, day, year) May 8, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wallace Manford Bostwick

11. Color or Race White.

12. Age at time of THIS birth 44 yrs.

13. Birthplace Detroit Lakes Minn.
(City or Town) (State or foreign country)

14. Exact Occupation Grazing service.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Helen Rainbolt

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Judson, Indiana
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business in own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% solution of Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Dorethy Bostwick (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) FEB 25 1942 (Date received) (b) Mabel F Elsfer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

25. Attendant's **OWN signature** Dr C B Clizer M.D. (D.O., Midwife, etc.)
and address Tekoa, Wash Date Feb. 21, 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 27 1955

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-228. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations: None

(d) Did baby have any: No

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery? No

(4) Signature of Physician:

599131-003915 335397 **335397**

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Mc Cammon
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mc Cammon
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state) Mc Cammon

4. FULL NAME OF CHILD Vandorman Neiswender

5. Date of Birth of Child (Month, day, year) July 31 1922

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME Joseph E. Neiswender
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Bear Lake (City or town) Kansas (State or foreign country)
14. Exact Occupation Lineman
15. Industry or Business Utah Power & Light Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Jenette V[illegible]man
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace [illegible] (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for.....years, and that Dr Lyons (First name) (Last name), who attended this birth [illegible] (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mota Hunter Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) Chas Eldredge Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho—see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

542-207-037-445

335418

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335418
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) ~~City~~ Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 22-7 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Beryl Emma Gusman

5. Date of Birth of Child (Month, day, year) Jan. 7-1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry J. Gusman

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Pleasant Valley (City or town) Owyhee (State or foreign country)

14. Exact Occupation Farmer on County Ranches

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Olive Duncan

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Harlem (City or town) Boise (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4 gr

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6-A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature W W Jones M.D. ~~Midwife~~ Address Jordan Valley Oregon Date Feb 22 1942

State of Oregon } ss.
County of Malheur }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 53 years of age, that I have known this person for 31 years, and that W. W. (First name) Jones (Last name), who attended this birth living in Jordan Valley (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jessie Duncan Gusman Signature
Jordan Valley, Ore. P. O. Address

Subscribed and sworn to before me this 22nd day of February 1942

(SEAL) Gabriel Elorri Notary Public, residing at Jordan Valley, Oregon

Notary Public for Oregon
My Commission Expires March 26, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 27 1942 by Mark Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

103-105 129-455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335560
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home residence
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Yrs. 20 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Ida.

4. FULL NAME OF CHILD Loyd Wayne Kollenburn

5. Date of Birth of Child (Month, day, year) Nov. 5, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jesse Clement Kollenburn

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Avilla (City or town) Mo. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Charlotte Reed

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Cottonwood (City or town) Ida. (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ruby Kollenburn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Barbara Reed M.D. Midwife Address 6905 N.E. Wygant Portland Ore. Date Feb. 24, '42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-128-226-285

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335595
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County [illegible] (b) City Rigby
(c) Street Address or R.F.D. No. R#5
(d) Name of Hospital or Maternity Home: Born at Home.
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho.

4. FULL NAME OF CHILD Ted Milton Hansen

5. Date of Birth of Child (Month, day, year) July 2 1938

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hans Milton Hansen

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Fountain Green (City or town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zella Shelton

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Heber (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana } ss.
County of Ravalli }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 44 19½ years, and that Dr. Sam Price (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zella S. Hansen Signature
Corvallis, Montana. R.#1 P. O. Address

Subscribed and sworn to before me this 6th day of March, 19 42.
(SEAL) Anthony Hork, Co. Clerk & Recorder, Ravalli County, Montana,
Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Linda M. Ingles Deputy

Received for filing on MAR 9 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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843-216-003-249

FEB 27 1942 335618

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 16 and Wyeth
(d) Name of Hospital or Maternity Home: St. Anthony Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 16 and Wyeth
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD June Minnie Hutchinson

5. Date of Birth of Child (Month, day, year) June 16, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elbert John Hutchinson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Tampa (City or town) Florida (State or foreign country)
14. Exact Occupation florist business
15. Industry or Business floral business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Lucille Smith
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Erie (City or town) Colorado (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that I am the Mother (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs E J Hutchinson Idaho
Signature
1341 No Main Pocatello
P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942

(SEAL) [illegible] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

~~Received for filing on~~ Pocatello Idaho [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-12-04X-768 childs name amend 2-28-84 dl 335812 335812

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home 0 Days
In THIS county 22 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address (For registration notice):
Mother now deceased
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Cambridge Idaho

4. **FULL NAME OF CHILD** ~~Elwood Elwood~~ Elwood Edward Carlile.

5. **DATE OF BIRTH** (Month, day, year) Nov. 20. 1922.

6. Sex Male

7. Twin or Triplet 0

If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Carlile

11. Color or Race W.

12. Age at time of THIS birth 36 yrs.

13. Birthplace Ironside Oregon
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Poynor

17. Color or Race W.

18. Age at time of THIS birth 24 yrs.

19. Birthplace Council Idaho
(City or Town) (State or foreign country)

20. Occupation Housewife

21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate.

23. Number of children of this mother: (a) At time of birth of this child including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 3:30 A. M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by James Carlile. who is
(First name) (Last name)
related to this child as Father
(Mother, etc.)

25. Attendant's OWN signature M W Roberts M.D.
(D.O., Midwife, etc.)
and address Cambridge Ida. Date 3/11/42

26. (a) 3-11-42 (Date received) (b) M W Roberts (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

MAR 24 1940

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

1-25-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 27 2 00 PM '84

State of _____ } ss.
County of _____

Certificate No. 335812
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Edward Elwood Carlile (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 20, 1922 (Date of Event)

in Cambridge (Washington) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Edward Elwood Carlile	Elwood Edward Carlile

Subscribed and sworn to before me this 14th day of February, 1984.

Notary Public, Jalin C Hmunway
Residing at Cambridge Idaho
My commission expires 11-8-87
(Seal)

x Elwood Edward Carlile
Signature of Applicant

x Box 222 Cambridge Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of February, 1984.

Notary Public, Jalin C Hmunway
Residing at Cambridge, Idaho
My commission expires 11-8-87
(Seal)

Mrs L Buckl
Supporting Signature

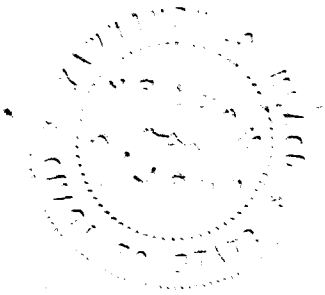
Street Address, City, State

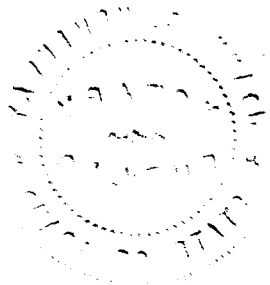
lcc credit

Honorable Discharge from U.S.Navy lists Elwood Edward Carlile was discharged March 27, 1946. Viewed by V.S.

FEB 28 1984

Cambridge High School diploma lists Elwood E Carlile graduated May 22, 1941. Viewed by V.S.





719-215-014-258

335888

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 6 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Roswell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Roswell, Ida

4. FULL NAME OF CHILD Maxine Eugenia Parsons

5. Date of Birth of Child (Month, day, year) Dec. 15, 1922

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Dellworth Parsons

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Stevens Point, Wisconsin (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Phebe Snyder

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Roswell, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silvol 20 %

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Grace Parsons (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature T. M. Mitchell M.D. Address Parma Idaho Date 3/3/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

163-119 026-285

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335962
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Camas
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Camas
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Camas, Idaho

4. **FULL NAME OF CHILD** Paul D. Jolley

5. Date of Birth of Child (Month, day, year) November 19, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert L. Jolley
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Warren (City or town) Arkansas (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Sheets
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) Oklahoma (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for 19 years, and that Dr. Earl Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert L. Jolley Signature

Sheridan, Montana P. O. Address

Subscribed and sworn to before me this 28th day of February, 19 42.

(SEAL) M. C. Carson Notary Public, residing at Sheridan, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. exp. July 2, 1944

Received for filing on MAR 5 1942 by Mina Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251 130-006-815

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335983
FEB 10 1942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? all life yrs.

3. RESIDENCE OF FATHER (city, state) Shelley Ida.

4. FULL NAME OF CHILD Kenneth Delay Beasley

5. Date of Birth of Child (Month, day, year) Aug. 20 / 22

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Herbert Beasley
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Carterville Ill. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Bertha Hansen (Emily Bertha Hansen-Beasley)
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Emily H. Beasley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Address Shelley Idaho Date 3-5-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 19 years, and that Dr. Edwin Guttler (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Herbert Beasley Signature

P. O. Address

Subscribed and sworn to before me this 7th day of February, 19 42

(SEAL) Thomas Daughtry Notary Public, residing at Wilder, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mark Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such~~ report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353-130 022 813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336001
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City CHESTER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 4 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City CHESTER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD WALTER GEORGE LECHEMINANT

5. Date of Birth of Child (Month, day, year) April 30, 1922

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN FARR LECHEMINANT
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ELLEN HATHAWAY
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace CHESTER (City or town) IDAHO (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Mary B Hathaway M.D. Midwife Address Chester Idaho Date March 2, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel H Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

FEB 25 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

237709 026-693

336027

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. do not recall
(d) Name of Hospital or Maternity Home: Child born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Betty Miller de St. George

5. Date of Birth of Child (Month, day, year) Nov. 9, 1922

6. Sex Female

7. Twin or Triplet (single) If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Miller de St. George
11. Color or Race Caucasian **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Sabaria (City or town) Hungary (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Automobile

MOTHER OF CHILD

16. FULL MAIDEN NAME Lily Mae Williams
17. Color or Race Caucasian **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Saginaw (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for from birth years, and that Dr. (First name) Call (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Miller de St George Signature
5314½ Benker, Los Angeles P. O. Address

Subscribed and sworn to before me this 28th day of February 1942 NOTARY PUBLIC in and for the Coun
(SEAL) Albert A. Jones Notary Public, residing at Los Angeles, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 14, 1945

Received for filing on MAR 9 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

241 102021 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Spencer Raymond Smart

5. Date of Birth of Child (Month, day, year) April 2, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Floyd Smart
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Smithfield (City or town), Utah (State or foreign country)
14. Exact Occupation Mgr. of Lumber Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Elizabeth Larson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Minkcreek (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 19 years, and that Carline (First name) Larson (Last name), who attended this birth now deceased (Is now deceased or Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. Floyd Smart Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this 3 day of March, 1942

(SEAL) J. Floyd Smart Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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815-120-039469

336069 336069

United States Department of Commerce Bureau of the Census

MAR 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336069
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Powell (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 37 years 3 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Powell
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Am. Falls, Idaho

4. FULL NAME OF CHILD Melvin R. Hansen

5. Date of Birth of Child (Month, day, year) 4/20/22

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Rasmus Hansen

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Smithfield (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ann Morgan

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace American Falls, Idaho. (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum 1% solution Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Julia (First name) Hansen (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. G Logan M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

American Falls Ida. P. O. Address

Subscribed and sworn to before me this 8 day of June, 1942

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Maud Felder, Registrar.

MAR 14 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1942

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

Dup of 1922-328-499

962-129-006293 MAR 18 1942 336123

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336123
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at Home
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley Idaho

4. FULL NAME OF CHILD Erwin B. Robertson

5. Date of Birth of Child (Month, day, year) 1-29-1922

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry David Robertson
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Shelley (City or town) Idaho (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Shelley meat market

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Killian
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Richfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyral 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Henry (First name) Robertson (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature Edwin Cutler M.D. Address Shelley Ida Date 3-11-42

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all his life years, and that Edwin Cutler M. D. (First name) (Last name), who attended this birth has signed same above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albertina Jensen Signature
Shelley, Idaho, RFD 1 P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942.
(SEAL) L. Dwayne Jensen Notary Public, residing at Shelley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1963

FEB 15 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP of 22-100865

792-204 012-353

336216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Darlington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In the home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Darlington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Darlington, Idaho

4. FULL NAME OF CHILD Ethel Maxine Gibbs

5. Date of Birth of Child (Month, day, year) Nov. 4, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Gibbs
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Knoxville, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Agnes Lett
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Knoxville, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Nov. 4 1922 M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Richardson (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Bertha Richardson M.D. Midwife Address Darlington, Date Feb. 13 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

* 414-117 003-127

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336270
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. West side of town
(d) Name of Hospital or Maternity Home: Lynns Brothers Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kenneth George Madis

5. Date of Birth of Child (Month, day, year) 7/2/22

6. Sex Male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gus Madis
11. Color or Race White
12. Age at time of THIS birth ~~28~~ 25 yrs.
13. Birthplace Greece (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD (abbott)

16. **FULL MAIDEN NAME** Jennie Abplanalp
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Vernal, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living~~ Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 19 years, and that Dr. Lynn J. H. Lynn (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Bunting Signature
124 Page St. P.O. Address San Francisco

Subscribed and sworn to before me this 31st day of December, 1941

(SEAL) Thomas J. Connor Notary Public, residing at San Francisco Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires May 11, 1942

Received for filing on JAN 5 1942 by Mabel F. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

State File No. _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-229 036-462

336385

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Thelma Ward

5. Date of Birth of Child (Month, day, year) 5/29/22

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Minor Ward
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Self

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Cecil Moss
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Oneida }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 19 years, and that Eunice A (First name) Ward (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur M. Ward Signature

Malad, Idaho, R.F.D. # 2. P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942

(SEAL) A. E. Thomas Notary Public, residing at Malad, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for ...ig on MAR 16 1942 ..... by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493105 039 214

336439

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Power (b) City American Falls

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home: at the perants home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Power

(c) City American Falls

(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAROLD HERBERT MILLER

5. Date of Birth of Child (Month, day, year) March 5th, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JACOB W. MILLER

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Krimm S. Russia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Erenstia Kaul

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace South Russia (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of San Joaquin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for.....years, and that ..... (First name) ..... (Last name), who attended this birth Adress unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernestina Miller Signature

Rte. 1, Box 154, Lodi, California P. O. Address

Subscribed and sworn to before me this 7th day of March, 19 42

(SEAL) John Wittmayer Notary Public, residing at Lodi, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1963

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

x 286-203 021-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 11 1942

State File No. 336485
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ida (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: about 8 hours
IN **THIS** county all my life months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County ?
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD June Francis Shober

5. Date of Birth of Child (Month, day, year) June 3rd, 1922

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Benjamin William Shober
11. Color or Race English 12. Age at time of THIS birth 36 yrs.
13. Birthplace Born in America (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Turley
17. Color or Race English 18. Age at time of THIS birth 21 yrs.
19. Birthplace Farmington Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 19 years, and that George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda (Shober) Groomer Signature
P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942

(SEAL) [signature] Notary Public, residing at

NOTARY PUBLIC FOR OREGON
My Commission Expires Dec. 3, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 224 014 553

336486

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: No hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs. 6 mo.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Ida.

4. **FULL NAME OF CHILD** La Verne Johnson

5. Date of Birth of Child (Month, day, year) Sept. 24, 1922

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Edward Johnson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Monmouth, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fay Nelson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cokeville (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that Chilton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fay Nelson Johnson Signature

P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 42

(SEAL) Isabel K. Powell Notary Public, residing at Kennewick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 111 003 497

336673

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City INKOM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Vernard Barney

5. Date of Birth of Child (Month, day, year) 2-11-22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bryan Lee Barney
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Spencer Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or ~~Business~~

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Gertrude Dixon
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Leeds England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for since birth years, and that James (First name) Miller (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires April 1st 1945.

B L Barney Signature
R.F.D. #1. Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of March 1942
(SEAL) Legrande L. Stewart Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1952

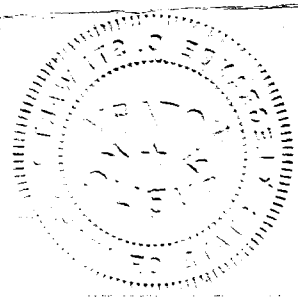
MAR 25 1952

AUG 12 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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336674

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City STANTHONY
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony Idaho

4. FULL NAME OF CHILD KEITH GREENHALGH

5. Date of Birth of Child (Month, day, year) 12-6-1922

6. Sex MALE **7.** Twin or Triplet None If so—born 1st, 2nd, 3rd None **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ALMA WILBURN GREENHALGH
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace LAYTON (City or town) ARIZONA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME ETHEL MARGUERITE HIATT
17. Color or Race WHITE **18.** Age at time of THIS birth 20 yrs.
19. Birthplace STANTHONY (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ethel M. Greenhalgh (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 19 years, and that DR FEAN WATKINS (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

ETHEL M. GREENHALGH Signature
STANTHONY IDAHO P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942

(SEAL) [signature] Notary Public, residing at St. Anthony, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336713
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at parents residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 4 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Challis Idaho

4. FULL NAME OF CHILD Hope Thomas

5. Date of Birth of Child (Month, day, year) March 21-1942

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elias Thomas
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Grondale (City or town) Mo (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez Wilmuth Calvin
17. Color or Race White 18. Age at time of THIS birth 44 yrs.
19. Birthplace Fredicktown (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Personal knowledge (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 20 years, and that Charles Kirtley (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elias Thomas Signature
Challis, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942.
(SEAL) John Boyd. Custer Co. Recorder ~~Notary Public~~, residing at Challis, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219.102.022.493 336777

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336777
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Drummond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 2/12 yrs.

3. RESIDENCE OF FATHER (city, state) Drummond Idaho

4. FULL NAME OF CHILD Judson Dick Bailey

5. Date of Birth of Child (Month, day, year) Sept 2 1922

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederic A Bailey
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace South Haven (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May Dick
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Perry (City or town) Kansas (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 M. on the date and at the place stated above, and that personal particulars were furnished by Effie Bailey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E S Hanger M.D. Midwife Address Ashton Idaho Date 3-7-42

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for [illegible] years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-118 003866 336994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 24 1942 MAR 18 1942

State File No. 336994
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R F.D No. 554 N. Garfield
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days.
In THIS county 20 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 554 N. Garfield
(e) How long has MOTHER lived in Idaho? 41 yrs.
(f) Mother's mailing address 554 N. Garfield

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Virgil William Hall

5. Date of Birth (Month, day, year) May 18, 1922

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert William Hall
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Barrow (City or town) England (State or foreign country)
14. Exact Occupation Manager and Owner
15. Industry or Business Hotel

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Vilate Hofhine
17. Color or Race White
18. Age at time of THIS birth 41 years
19. Birthplace Portage (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 24 1942 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Albert William Hall, being first duly sworn, say that I am related to (Related to (or) acquainted with) Virgil William Hall (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W.A. Wright (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert W Hall Name

Box 206 -Lava Hot Springs, Idaho. P. O. Address

Subscribed and sworn to before me on this 17th day of March 1942

(SEAL) M Kasiska Notary Public, residing at Lava Hot Springs Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-229-036-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Roy
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Roy
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Roy, Idaho

4. FULL NAME OF CHILD Miss Marie Opal Augustine Provensal

5. Date of Birth of Child (Month, day, year) July 29, 1922

6. Sex Female

7. Twin or Triplet One

If so—born 1st, 2nd, 3rd ------

8. No. months of Pregnacy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** August Mouren Provensal
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hautes Alps, Gap, France (City or town) (State or foreign country)
14. Exact Occupation Sheep Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Estelle Miller
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Arlington, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 19 years, and that Mrs (unknown) (First name) Johnson (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Estelle Miller Provensal Signature
13x 1178 Spokane Wn. P. O. Address

Subscribed and sworn to before me this 17th day of Mar, 1942

(SEAL) Claude N Prather Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 443-114-001-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338131
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Barberton
(d) Street Address or R.F.D. No. Idaho
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Barberton, Idaho

4. FULL NAME OF CHILD Robert Neil Mullin

5. Date of Birth of Child (Month, day, year) June 14, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Mullin
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ashland (City or town) Wis (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Grace Hammond
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cumberland, Wis (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 20 years, and that Dr. Randolph McCalla (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alta Grace Mullin Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of March, 1942

(SEAL) A. N. Rogerstad Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1961

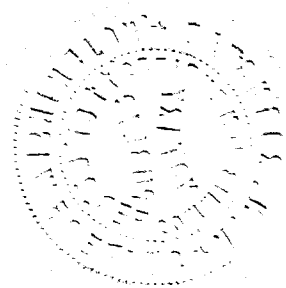
MAR 24 1942

MAR 6 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



389-273-006.465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338208
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: Lawrence Maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. ------
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Ida

4. FULL NAME OF CHILD Merle Christensen

5. Date of Birth of Child (Month, day, year) 4/23/1922

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Erastus Milton Christensen
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Fountain Green (City or town) Utah (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business .....

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Myrtle Monson
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Cataldo, Idaho (City or town) (State or foreign country)
20. Exact Occupation House keeping
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10% in eyes

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by E. Milton Christensen (First name) (Last name) who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Leather M.D. Address Shelley, Ida. Date Feb. 28, '42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mark Heaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-1-7 [illegible]-613

338216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 17 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D No. 218 N.E. 5th St.
(d) Name of Hospital or Maternity Home: Home Delvery
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 7 years 6 months 18 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Fall
(c) City Twin Falls
(d) Street Address or R.F.D. No. 218 N.E. 5th St
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Same

3. **RESIDENCE OF FATHER** (city, state) Twin Fall

4. **FULL NAME OF CHILD** Cecil Morris Cawley

5. Date of Birth (Month, day, year) Sept. 13, 1922

6. Sex. Male

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wilford Cawley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Transportation Superintendent
15. Industry or Business Transportation

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellaree Watson.
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Maples Texas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Wilford Cawley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cecil Morris Cawley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Morgan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J W Cawley Name

P. O. Address

Subscribed and sworn to before me on this 13th day of March, 1942

(SEAL) a Glen Notary Public, residing in and for the County of Los Angeles, State of California

NOTARY PUBLIC

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

DEC 2 1942

MAY 16 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-202-021-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338291
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Lila Kingsford

5. Date of Birth of Child (Month, day, year) 1-2-1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harold D Kingsford
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Mountain Home (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtha Lowe
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 M. on the date and at the place stated above, and that personal particulars were furnished by Myrtha (First name) Kingsford (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Logan Utah Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 20 years, and that Dr H. R. (First name) McGEE (Last name), who attended this birth IS NOT IN THE STATE OF IDAHO (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtha Kingsford Signature
R3 Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942

(SEAL) E. P. Monson Jr Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-209-022-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338306
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: IN THIS county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Irwin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Irwin, Idaho

4. FULL NAME OF CHILD Mabel Irene Baker

5. Date of Birth of Child (Month, day, year) Sept. 9, 1922

6. Sex F

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Simmons Baker
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Wayne (City or town) Wyoming (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Lucille Daniels
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Clifton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 19 years, and that Dr. Gray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Corrected Oct. 15 1944

Lucille Baker Signature
Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942

(SEAL) Grace Naughton Notary Public, residing at Swan Valley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 23 19[illegible]

DELAYED

DUP OF 22-106543

X 355-109-640-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338355
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 0 days 27

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Enaville Idaho

4. FULL NAME OF CHILD Mr. Walter Tenhonen

5. Date of Birth of Child (Month, day, year) 4/9/1922

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Manne Tenhonen
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Kuitola (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilma Warpenius
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Heinola (City or town) Finland (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Amalia Hill M.D. ~~Midwife~~ Address Kellogg Ida. Date 4/9/1922

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 20 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 859-131-0240-145

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338496
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No. Box 8
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 5 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No. Box 8
(e) How long has **MOTHER** lived in Idaho? 9 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Kingston, Ida.

4. FULL NAME OF CHILD OTTO ARTHUR HIETALA

5. Date of Birth of Child (Month, day, year) Oct 31, 1922

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Abram HieTaLa
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Kuivaankas (City or town) Sweden (State or foreign country) Europe
14. Exact Occupation Rancher Overtornea, Norpottens Lan
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Maria JunTTiLa
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Pyhajarvi (City or town) O'Lan (State or foreign country) Finland, Europe
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 19 years, and that Mrs. Paul JaNTTi (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hanna Maria Hietala Signature
Box 8 Kingston, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of March, 1942

(SEAL) [illegible] Notary Public, residing at Kingston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [illegible], Registrar.

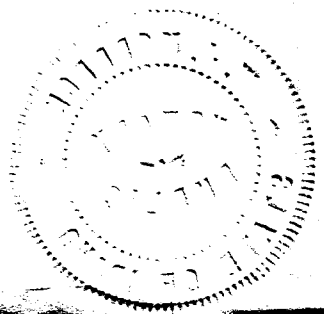
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-12-016-799

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338519
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. Route 3
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years — months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. Route 3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Frank Arnold Larson

5. Date of Birth of Child (Month, day, year) April 22, 1922

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Arnold Larson
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Oakley (City or town), Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucille Elizabeth Price
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Malad (City or town), Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2.30 A M. on the date and at the place stated above, and that personal particulars were furnished by Lucille Larson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. F. Cutler M.D. ~~Midwife~~ Address 279 2nd Ave Date Mar 17-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 19 years, and that Dr. Frank Cutler (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucille Elizabeth Price Larson Signature
Lucille Elizabeth Price Larson Address

Subscribed and sworn to before me this 28 day of February, 1942

(SEAL) Mack W. Crouch Notary Public, residing at Burley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by [signature], Registrar.

FEB 1 9 1976

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-202-024-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No. 338581
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Rauch home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 13-5 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Ida.

4. FULL NAME OF CHILD Margaret Gerrish Perry

5. Date of Birth of Child (Month, day, year) July 2, 1922

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leslie Gerrish Perry
11. Color or Race white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Sycamore (City or town) Illinois (State or foreign country)
14. Exact Occupation Dairy farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Perry (AVERY)
17. Color or Race white 18. Age at time of THIS birth 44 yrs.
19. Birthplace Pt. Huron (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive or stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Georgia Ca Perry (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature E L Simonton M.D. Midwife Address Wendell Date Ida

State of Michigan
County of Ingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 19 years, and that Dr E. L. Simonton (First name) (Last name), who attended this birth can be located in Wendell, Ida (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leslie Gerrish Perry Signature
221 N Pine St Lansing Mich. P. O. Address

Subscribed and sworn to before me this 20th day of Feb, 1942
(SEAL) Ann Sickle Notary Public, residing at Lansing Mich
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Mich Comm. 2-16-43

Received for filing on FEB 21 1942 by Mary F. Fenton, Registrar.
MAR 23 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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855-203-022-389

338595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Evelyn Hendrickson

5. Date of Birth of Child (Month, day, year) July 3, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Allen Hendrickson
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Gunnison (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer Deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Christiansen
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mayfield (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Luella Hendrickson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Ashton Idaho Date 3-20-42

State of..... } ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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815-203-002-434

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City New Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 11 months No days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City New Meadows,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) New Meadows Ida

4. FULL NAME OF CHILD Carolyn Josephine Hancock

5. Date of Birth of Child (Month, day, year) June 3 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Blake Hancock
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Council, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Mershant
15. Industry or Business Gen. Mdse

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian May McMahan
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Indian Valley, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 46 years of age, that I have known this person for 19 years, and that Dr. Schuttler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blake Hancock Signature
New Meadows, Idaho. P. O. Address

Subscribed and sworn to before me this 11 day of March, 19 42.

(SEAL)

Notary Public, residing at New Meadows, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Registrar.

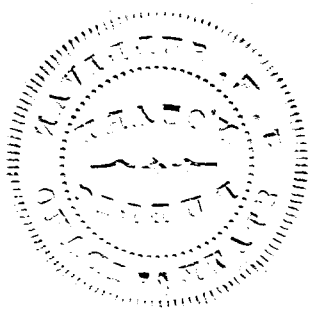
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



156-110-025-612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338629
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City KOOSKIA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
A NEIGHBOR, TELETHA HOLLIDAY
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City KOOSKIA
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) KOOSKIA IDAHO

4. FULL NAME OF CHILD GORDON DAVID JEFFRIES

5. Date of Birth of Child (Month, day, year) DEC. 10-1922

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME IRA JEFFRIES
11. Color or Race WHITE 12. Age at time of THIS birth 44 yrs.
13. Birthplace RICH HILL MO. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EVA or EVELYN WASHAM
17. Color or Race WHITE 18. Age at time of THIS birth 35 yrs.
19. Birthplace GREEN RIVER WYOMING (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of WASHINGTON
County of FERRY } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 19 years, and that TELETHA HOLLIDAY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Eva Jeffries Signature
Keyes Washington P. O. Address

Subscribed and sworn to before me this 18 day of March, 1942
(SEAL) Berdie Rail Notary Public, residing at Inchelium

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-124-038-449

338668

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Fruitland
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Fruitland
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Fruitland Ida

4. FULL NAME OF CHILD John Murdock Jr.

5. Date of Birth of Child (Month, day, year) Jan. 24-1922

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Murdock
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Peterhead (City or town) Scotland (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Murdock
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Oregon (City or town) New Mexico (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Solution Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 Oclock A.M. on the date and at the place stated above, and that personal particulars were furnished by Esther (First name) Murdock (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Katherine Melcher M.D. Midwife Address Payette. Ida. Date March 16-'22

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

JUN 11 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

4 592-209-025-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338708
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years 9 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD Louise Marie Nissen

5. Date of Birth of Child (Month, day, year) Aug. 9, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Niclaus Nissan
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Sioux Co., Iowa (City or town) (State or foreign country)
14. Exact Occupation Argricultural Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Arminta Lowe
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Benton Co, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California, County of Los Angeles, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 19 years, and that Mrs. Lucy Mitchell (First name) (Last name), who attended this birth can not be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Nissen Signature

Route 2, Box 223A, Compton, Calif. P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942.

(SEAL) ____ Notary Public, residing at Willowbrook, Calif.

My Commission Expires January 17th, 1943

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-913, Idaho Code Annotated)

Received for filing on MAR 25 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-203 010-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338795
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 110 Ninth St.
(d) Name of Hospital or Maternity Home: born at home address
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 8 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 110 Ninth St.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Elizabeth Louise Harris

5. Date of Birth of Child (Month, day, year) Dec. 3, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** August A. Harris
11. Color or Race American
12. Age at time of THIS birth 38 yrs.
13. Birthplace Thurman (City or town) Iowa (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Mae Green
17. Color or Race American
18. Age at time of THIS birth 35 yrs.
19. Birthplace Tabor (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls, Ida Date Mch 17-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-210-012-719

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Fremont
City of Drummond Ida.
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 338814
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Leeola Naomi Lamb.

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes. | 8. Date of birth July 10, 1922. (Month, Day, Year)

FATHER	MOTHER
9. Full name James Arthur Lamb.	18. Full maiden name Myrtle S Park.
10. Residence (usual place of abode) (If non-resident, give place and State) Drummond, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Drummond Ida
11. Color or race white | 12. Age at last birthday 34 (years)	20. Color or race white | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Menan. Ida.	22. Birthplace (city or place) (State or Country) Labelle, Ida
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Pumper.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:30 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Dr. E. L. Hargis, M. D.
or ....., Midwife
Address Ashton, Idaho
Filed ....., 193.. Mabel F. Elder
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 31 1942

C95-218-222-113

338850

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338850
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 253 West 5 South
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 253 West 5 So.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony,

4. FULL NAME OF CHILD Elva Nielsen

5. Date of Birth of Child (Month, day, year) March 18, 1922

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sidney Niels Nielsen
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Jackson
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Perquise (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Nielsen (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 19 years, and that John R Gray (First name) (Last name), who attended this birth x (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sidney N. Nielsen Signature
253 West 5 South, St. Anthony, Idaho Address

Subscribed and sworn to before me this 14 day of March, 1942

(SEAL) Notary Public, residing at St. Anthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

389-125-035-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donald Edward Christensen

5. Date of Birth of Child (Month, day, year) Apr. 25, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Imer Christensen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Walla Walla (City or town) Wash (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Madolin Wright
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Belington (City or town) W. Va. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 o'clock P. M. on the date and at the place stated above, and that personal particulars were furnished by George I. Christensen (First name) (Last name) who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Eva Wright ~~M.D.~~ Midwife Address Southwick, Ida Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 19 years, and that Dr. Wm Seeley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isis Christensen father / Madolin Christensen Signature
Southwick Ida P. O. Address

Subscribed and sworn to before me this 24 day of March 1942

(SEAL) W R Anderson Notary Public, residing at Southwick Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by [signature], Registrar.

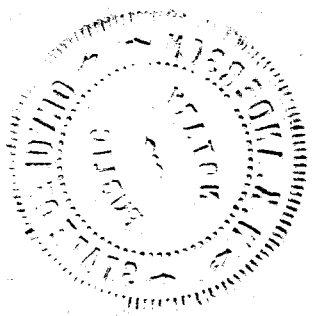
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



593-111-026-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 4 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Arlo Edgar Hill

5. Date of Birth of Child (Month, day, year) Sept. 11-1922

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Edgar Hill
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Rigby (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Lovell
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Rigby (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. (First name) Hill (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Josephine Newman M.D. Midwife Address Rigby R 1 Date Idaho,

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-108-026-249

339182

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339182
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Camas Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Camas Meadows
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leroy Henry Bell

5. Date of Birth of Child (Month, day, year) Sept. 8, 1922

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bruce Bell
11. Color or Race White **12.** Age at time of THIS birth 51 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Freighting lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Smith
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Paradise (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Columbia~~ OREGON, County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 20 years, and that Dr. Tueker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hazel E. Stevenson Signature
258 D St Vernonia Ore. P. O. Address

Subscribed and sworn to before me this 20th day of March, 19 42

(SEAL) Chas. F. Huber Notary Public, residing at Vernonia Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 3/8-1944

Received for filing on MAR 23 1942 by Mary M. Stephens, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-123-031-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339187
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Ida.

4. FULL NAME OF CHILD Forrest Rex Reinhardt

5. Date of Birth of Child (Month, day, year) Nov. 23, 1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Rey Reinhardt
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Nezperce (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Mae Smith
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Waterloo (City or town) Iowa (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate Solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 yrs.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:55 A.M. on the date and at the place stated above, and that personal particulars were ~~furnished by~~ known to myself (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature G Rey Reinhardt ~~M.D.~~ Address 1427 9th Ave Lewiston Date Mar 25 1942

State of Idaho
County of Nezperce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 19 years, and that No Dr was available to (First name) (Last name), ~~who~~ attended this birth due to weather congestated communications (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith S. Reinhardt Signature
1427 Ninth Ave P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942.

(SEAL) Philip Weisgerber Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dicP 06-1922-107827

245-115-006-282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339196
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City FIRTH
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City FIRTH
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) FIRTH IDAHO

4. FULL NAME OF CHILD RICHARD THEODORE SUNDQUIST

5. Date of Birth of Child (Month, day, year) AUG 15 1922

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EMIL M SUNDQUIST
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace PLATTSMOUTH (City or town) NEBR. (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VERNA PEARL Bybee
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace HOOPER (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sal Ag Nes
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:00 M. on the date and at the place stated above, and that personal particulars were furnished by Della Stuhl (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature F E Roberts — M.D. Midwife Address F E Roberts M.D. Shelley Ida Date Mch. 22 42

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 19 years, and that Dr. F. E. Roberts (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Stuhl Signature
Blackfoot Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL) Leo W. Tuskwa Notary Public, residing at Firth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mark [illegible], Registrar.
MAR 27 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the ~~nearest of~~ kin or guardian, or some person having direct knowledge in the premises.

DUP OF 22-164394

212-113-003-512 2 339289 339289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339289
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 650 N. 7th Ave.
(d) Name of Hospital or Maternity Home: St. Anthony's Hospital
(e) Mother's stay **BEFORE** delivery: IN THIS county years 5 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 404 N. 10th Ave
(e) How long has **MOTHER** lived in Idaho? 5 mo. 13 yrs. d

3. RESIDENCE OF FATHER (city, state) Pocatello, Id

4. FULL NAME OF CHILD GEORGE SAKATA

5. Date of Birth of Child (Month, day, year) May 13, 1922

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Tokuichi Sakata
11. Color or Race Japanese
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
14. Exact Occupation Laborer, (Railroad, U. P.)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kiyoko Nakatsu
17. Color or Race Japanese
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

1 Photostat copy 4/3/42

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 19 yrs. 10 mo. years, and that Dr. M. D. Madden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tokuichi Sakata Signature
716 So. Central Ave Glendale, California P. O. Address

My Commission Expires March 5, 1946

Subscribed and sworn to before me this 24 day of March 1942

(SEAL) Julius Hochfeld Notary Public, residing at Glendale, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

NOV 10 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-107-020-753

339310

United States Department of Commerce Bureau of the Census

APR 4 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339310
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Hill City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ___ years ___ months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Hill City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? No yrs.

3. **RESIDENCE OF FATHER** (city, state) Hill City, Idaho

4. **FULL NAME OF CHILD** R. F. Mouser

5. Date of Birth of Child (Month, day, year) July 7, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charley L. Mouser
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Conley County (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosy Bell Peterson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Stillwater, (City or town) North Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. / Midwife Address ___ Date ___

State of Idaho } ss.
County of Elmore }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 19 years, and that Parents only (First name) (Last name), who attended this birth ___ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charley L Mouser Mrs C L Mouser Signature
Mountain Home Idaho P. O. Address

Subscribed and sworn to before me this 3 day of April, 1942

(SEAL) Notary Public, residing at Mtn Home Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-210-044-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339644
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Molly Cleo Mulwee

5. Date of Birth of Child (Month, day, year) Sept. 10, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME LeRoy Jones Mulwee
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Boone, (City or town) North Carolina (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Vestine Townsend
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Montezuma, (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Montana } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for since birth years, and that Mrs. Frank Caskey, Midwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha V Mulwee nee Townsend — Signature
Eureka, Montana — P. O. Address

Subscribed and sworn to before me this 24th day of March, 19 42

(SEAL) ____ Notary Public, residing at Eureka, Montana

(Note: Perjury is punishable as a felony. See Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR THE STATE OF MONTANA
RESIDING AT EUREKA, MONTANA
MY COMMISSION EXPIRES FEBRUARY 6TH, 1944.

Received for filing on ____ by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1942

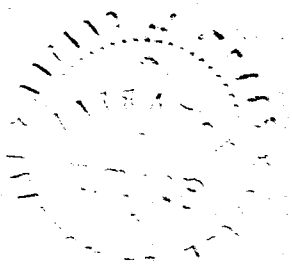
JUN 9 1950

FEB 16 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



897-129-022-154

1. PLACE OF BIRTH

County of.....

City of.....

No..... St.

.....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 339675

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Joseph High

3. Sex Male | If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth 2 | 6. Premature..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth March 29, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Hexley High	18. Full maiden name Thelma Andrews Andrews
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho
11. Color or race White 12. Age at last birthday 25 (years)	20. Color or race White 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or country) Gooding Idaho	22. Birthplace (city or place) (State or country) Ashton Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation..... months or weeks | 30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. L. Hargis, M. D.

or ....., Midwife

Address Ashton Idaho

Filed MAR 31 1942, 193.. Mabel F. Elder

Registrar.

Give name added from a supplemental report.....
(Date of)

.....
Registrar.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

DETACH

DELAYED

713-112-010-713

339709

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. W. - 19th St.
(d) Name of Hospital or Maternity Home: In her own home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. W. 19th St.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address R.R. # 2

3. RESIDENCE of FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD John Raymond Pattee

5. Date of Birth (Month, day year) 11 mo. 12th - 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harold Fayette Pattee

11. Color or Race American

12. Age at time of THIS birth 31 yrs.

13. Birthplace Stevens Point, Wisconsin (City or town) (State or foreign country)

14. Exact Occupation Rural Mail Carrier

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Eleanor Pattee

17. Color or Race American

18. Age at time of THIS birth 31 yrs.

19. Birthplace Mc. Cook Nebraska (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth (First name) Pattee (Last name), who is related to this child as Mother (Mother, etc.).

26. (a) APR 1 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature G.O. Auppert M.D.O. (D.O., Midwife, etc.)

and address Idaho Falls Date 8/18/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Ch[illegible] Section 4)

Where the birth of a child born prior to the effective date of Ch[illegible] 191, [illegible] Session Laws, has [illegible] recorded or in case of failure to register birth which occurred subsequent to such date, such report must be received [illegible] by the local registrar for record in [illegible] of Vital Statistics for [illegible] purposes and [illegible] prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745-102-029-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339712
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. Onaway village
(d) Name of Hospital or Maternity Home: North Potlatch Sanitarium
(e) Mother's stay **BEFORE** delivery: IN **THIS** county // years // months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. Onaway village
(e) How long has **MOTHER** lived in Idaho? -12 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch Idaho

4. FULL NAME OF CHILD Justin Geo. Dennis Guernsey

5. Date of Birth of Child (Month, day, year) March 2, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Evon Guernsey
11. Color or Race white
12. Age at time of THIS birth 33+ yrs.
13. Birthplace Gladstone (City or town) Michigan (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business general store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Marie Sheldon
17. Color or Race white
18. Age at time of THIS birth -28 yrs.
19. Birthplace Ft. Madison (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at five P.M. on the date and at the place stated above, and that personal particulars were furnished by Viola Sheldon Guernsey (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 20 years, and that Dr. J. S. LePard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Sheldon Guernsey Signature
Princeton Idaho P. O. Address

Subscribed and sworn to before me this 31" day of March 1942

(SEAL) H. B. Hanson Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at Potlatch, Idaho My Commission Expires Dec. 3, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1942

JAN 1 6 1976

MAR 1 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 395·218·238-917 339868

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339868
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Dorathy Lovern Lingel

5. Date of Birth of Child (Month, day, year) Oct. 18, 1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Lingel
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Peoria, Ill. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Raglan
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Bartlette Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child ~~8~~ 11 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Clara R Lingel (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W T Drysdale M.D. ~~Midwife~~ Address Wood Rise Date 4-1-42

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item ~~25~~.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 19 years, and that Dr. W. T. Drysdale (First name) (Last name), who attended this birth Address unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Raglan Lingel Signature
New Plymouth Idaho P. O. Address

Subscribed and sworn to before me this 11 day of March, 19 42

(SEAL) E P Day Notary Public, residing at New Plymouth, Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 APR 8 1942 by Mavel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-220-010 1/68

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339981

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margie Orlene Storer		2. Date of Birth (month) (day) (year): Oct. 20 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Shelton Bonneville b. City or Town of Birth (mail Rigby RT 2 Idaho
FATHER	6. Full Name of Father: Lawrence J. Storer		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Zelma Juliet Johnson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: M. Orlene Dubach	11. Present Address of Registrant: Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 1968	12. Signature of Notary: Clara T Jenkins	13. Notary Commission expires: March 17 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Milo Ward, M. E. Brown, Bishop	Date Issued: ----	Date Orig. Entry: blessed Dec.3,1922
	Date of Birth: Oct.20,1922 / Birth Place: Shelton, Idaho Bonneville County	Full Name of Mother: Zelma Johnson	Name of Father: Laurence Storer	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Idaho Falls 4th Ward, Louis F. Nuffer, Bishop	Date Issued: Jan.18,1931	Date Orig. Entry: baptized Jan.18,1931
	Date of Birth: Oct.20,1922 / Birth Place: Rigby, Idaho	Full Name of Mother: Zelma Johnson	Name of Father: Lawrence J. Storer	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #500 980 134M	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Sept.1,1950	Date Orig. Entry: Sept.1,1950
	Date of Birth: age next bd. 28 / Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Aug. 1, 1968

FORM BH 56067

Richard

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339981
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Margie Orlene Storer

5. Date of Birth of Child (Month, day, year) Oct 20-1923

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lawrence John Storer
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Rigby (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zelma Juliet Johnson
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Rigby (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 8-1 dead

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Zelma (First name) Storer (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 19 years, and that Dr. Sam Price (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zelma Juliet Storer Signature
395 E 19th Idaho Falls P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) Martha Marks Notary Public, residing at Idaho Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mark [illegible], Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

89-118-026413

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Terreton
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 340001
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Glen Henry Harding

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Apr. 18, 1922 (Month, Day, Year)

FATHER

9. Full name Leonard Marion Harding
10. Residence (usual place of abode) (If non-resident, give place and State) Terreton
11. Color or race White | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Preston, Ida

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work April 1922, 19
17. Total time (years) spent in this work 26 yrs

MOTHER

18. Full maiden name Emma Mabel Bryant Dalley
19. Residence (usual place of abode) (If non-resident, give place and State) Terreton
20. Color or race White | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Cedar City, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed MAR 31 1942 193

Registrar. ____ Registrar.

DECEASED

DELAYED

026

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Leonard M. Harding being first duly sworn says that is the Father (Relationship of child)* of Glen Henry Harding born April 18, 1922 (Date of birth) at Terreton, Idaho, whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Glen Henry Harding hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Earl D, Jones, Roberts, Ida M. D. was the ~~Midwife~~ medical attendant at the birth of said Glen Henry Harding and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Leonard Marion Harding

P. O. Address Idaho Falls, Ida. Rt. 2

Subscribed and sworn to before me this 12th day of March, 1942

W. L. Brewnick
~~Notary Public.~~

Residing at Idaho Falls, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 9 1942

238-210-014-651

MAR 13 1942

United States
~~Department of Commerce~~
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340005
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital of Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home — Days
In **THIS** county 10 years 5 months 24 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) ~~State~~ Canada (b) County —
(c) City Castor
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 - 24 months days
(f) Mother's mailing address (For registration notice): R.F.D. # 4 (Street or R.F.D.) Nampa Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Anna Mary Schell

5. **DATE OF BIRTH** (Month, day, year) Oct. 10th 22 (1922)

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ludwig Schell (Russian)

11. Color or Race White

12. Age at time of THIS birth 51 yrs.

13. Birthplace Russia-town unknown (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Heast

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Odessa (City or Town) Russia (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 11 (eleven) (b) Born alive and now living 8
(c) Born alive and now dead 2 (2) (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Catherine Schell (mother) (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) ..... (Date received) (b) Mary E. Elsner (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Thos. E. Mangum M.D. (D.O., Midwife, etc.)
and address Nampa Idaho Date 3/10/42
423 - Holly St

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 9 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

238 216 039 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340009
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls

4. FULL NAME OF CHILD Esther Amelia Schultz

5. Date of Birth of Child (Month, day, year) Feb 16 1922

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edward Schultz
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ottelia Dittus
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 20 years, and that Christina Rest (First name) (Last name) who attended this birth Cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ottelia Schultz Signature
Lockeford Calif. P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942
(SEAL) J. Hammond Notary Public, residing at Lockeford Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 6 1942 by Mabel [illegible], Registrar.

Notary Public in and for the County of San Joaquin, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-123-041-445

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340022
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Teton (b) City Felt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Felt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Felt Idaho.

4. **FULL NAME OF CHILD** Horace Erwin Mundell

5. Date of Birth of Child (Month, day, year) Oct. 23, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Horace Leo Mundell
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Oklahoma City, Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Florence Dunn
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lee County Mississippi. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Florence Dunn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Alph Weaver M.D. Midwife Address Menan, Idaho Date 4-4-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942.

(SEAL) ..... Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

NOV 2 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-205022 864

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340024
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Lamont
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Lamont
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.
   (f) Mother's mailing address Lamont, Idaho.

3. **RESIDENCE of FATHER** (city, state) Lamont, Ida.

4. **FULL NAME OF CHILD** Wilda Ethel Moore.

5. Date of Birth (Month, day, year) Feb. 5 - 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester Thomas Moore
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace [redacted] (City or town) Kansas. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nana House
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Pierce, Nebraska. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 3 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** Alice M. Howell M.D. (D.O., Midwife, etc.)
and address Ashton, Ida. Date Feb 5, 1922

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-112-015-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340077
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs, Ida.

4. FULL NAME OF CHILD Lionel McKay Richards

5. Date of Birth of Child (Month, day, year) Aug. 12, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lionel A(none) Richards

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)

14. Exact Occupation Office Clerk

15. Industry or Business Mine- Phosphate

MOTHER OF CHILD

16. FULL MAIDEN NAME Mayme Elizabeth Lau

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo-Silvol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Russell A. Richards (First name) (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's **OWN** signature Russell Tyers M.D. ~~Midwife~~ Address Soda Springs Idaho Date 4/7/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated)

Received for filing on APR 8 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569 121-010-996.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340094
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. H. Street
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years all life months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No. H. St.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD CLINTON ODELL NORBY

5. Date of Birth of Child (Month, day, year) Feb. 21, 1922

6. Sex Male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CARL FREDERICK NORBY
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer, Freight depot
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ANN IRWIN
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ucon, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum -
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that Dr. Junkin (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Irwin Norby Signature
430-S. 4th East, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942.

(SEAL) Olga Christoff Clerk of Probate Court Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mabel F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

381 113010963 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340276
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 121 - 2nd
(d) Name of Hospital of Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 121 - 2nd
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address (For registration notice):
121 - 2nd Idaho Falls Idaho
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Keith Rockwood Schoffin

5. **DATE OF BIRTH** (Month, day, year) April 13 1922

6. Sex ~~Female~~ Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Darwin Edward Schoffin

11. Color or Race White 12. Age at time of THIS birth 42 yrs.

13. Birthplace Farmington Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Life Insurance Agent

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Era Estars Rockwood

17. Color or Race White 18. Age at time of THIS birth 46 yrs.

19. Birthplace Salt Lake City Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Twin alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Era R. Rockwood (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 9 1942 (Date received) Maud Hedelson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature John A. Mellor M.D. (D.O., Midwife, etc.)
and address Idaho Falls, Idaho Date Apr. 13 1942

APR 14 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

812-223-010-399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNIVELL (b) City Antelope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONIVELL
(c) City Antelope
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD VerLA ELISEBETH HASKELL

5. Date of Birth of Child (Month, day, year) Aug 23-1922

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Benjman Haskell
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Princeton (City or town) Minnesota (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Tirrell
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Antelope (City or town) IDAHO (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 19 years, and that Dr. Isaac Price (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Tirrell Haskell Signature
Ririe Idaho P. O. Address

Subscribed and sworn to before me this 10 day of April, 1942
(SEAL) Anna R. Miller Notary Public, residing at Ririe, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 131 032.296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340515
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Dietrich
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Dietrich
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Dietrich Idaho

4. FULL NAME OF CHILD Vernon Libby McDonald

5. Date of Birth of Child (Month, day, year) Jan. 31. 1922

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Amos McDonald

11. Color or Race white

12. Age at time of THIS birth 37 yrs.

13. Birthplace Sandpoint Idaho
(City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Fay Brown

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Rocky Comfort Mo.
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attended does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I ~~KNOW~~ attended birth but was not midwife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 19 years, and that DR BAUGH (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Hughes Signature
203 Grant St Millwood Wn P. O. Address

Subscribed and sworn to before me this 3 day of April 1942

(SEAL) Walter Hansen Notary Public, residing at Millwood Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mabel [illegible], Registrar.

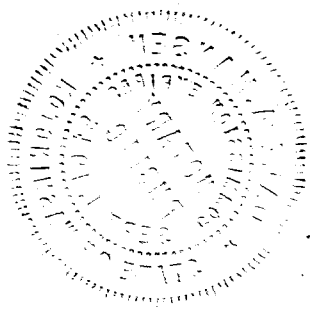
OCT 2 6 1973

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



152.130 040-451

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Shoshone
City of Mullan Ida
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 340611
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Whitney Lester Jessen

3. Sex boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 30, 1922 (Month, Day, Year)

FATHER
9. Full name Dewey Jessen
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan
11. Color or race W | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Lima Mont

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Oct, 1922
17. Total time (years) spent in this work 6 yrs

MOTHER
18. Full maiden name Irene Delinda DeAtley
19. Residence (usual place of abode) (If non-resident, give place and State) Mullan
20. Color or race W | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Burke Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Oct, 1922
26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10% So

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5:20 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F W Rolfs, M. D.
or ....., Midwife
Address Mullan Ida

Give name added from a supplemental report .....
(Date of)

Filed APR 10 1942, 193 Mabel F Elder
Registrar.

Registrar.

A[redacted]7 1942

DELAYED

236-220005-353

340760

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Joe
(c) Street Address or R.F.D. No. St. Joe
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Inaho (b) County Benewah
(c) City St. Joe
(d) Street Address or R.F.D. No. St Joe
(e) How long has MOTHER lived in Idaho? five yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Esther Lottie Scott

5. Date of Birth of Child (Month, day, year) 3/20/1922

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy (9)

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Randall Burhyte Scott
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Deer Park (City or town) Washington (State or foreign country)
14. Exact Occupation Sawmill Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Lecoultre
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace St. Maries (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3/20/1922 M. on the date and at the place stated above, and that personal particulars were furnished by Clara (First name) Lecoultre (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Lottie Scott M.D. Midwife Address 3139 Dover St Date April 13-1942

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

JUN 11 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-202-026-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340899
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) ~~Street~~ Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 31 yrs to Date yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Carrie Leah See

5. Date of Birth of Child (Month, day, year) June 2 - 1922

6. Sex female 7. Twin or Triplet / If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar See
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Florence Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace See
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Center Point Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 20 years, and that Dr. Sam (First name) Price (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace See Signature
Rigby, Idaho Route #2 P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942

(SEAL) [signature] Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

961202022855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340914
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.
   (f) Mother's mailing address (For registration notice): Marysville
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Marysville, Idaho

4. **FULL NAME OF CHILD** Esther Louise Rogers

5. **DATE OF BIRTH** (Month, day, year) Oct. 2, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David William Rogers

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Salt Lake City, Utah (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosebud Lillian Henry

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Roseland, Nebraska (City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:20 P. M. on the date and at the place stated above, and that personal particulars were furnished by Rosebud Rogers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 14 1942 (Date received) (b) Mabel Hudson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** D. L. Craig M.D. (D.O., Midwife, etc.)
and address 9-9- Date 4-2

APR 30 1942 NOV 16 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340963
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No. Ida
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Ida.

4. FULL NAME OF CHILD Jack Judd Fox

5. Date of Birth of Child (Month, day, year) March 13-1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Joab Fox
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Middleburg (City or town), Nebraska (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ivy Mae Judd
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Murray (City or town), Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 20 years, and that Dr. F. M. Langdon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ivy M. Fox Signature
Winchester Idaho P. O. Address

Subscribed and sworn to before me this 9 day of April 1942
(SEAL) R. F. Beatz Notary Public, residing at Winchester Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

OCT 7 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 10 1946

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United States Department of Commerce
Bureau of the Census

APR 22 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341014
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City
   (c) Street Address or R.F.D. No. RFD 2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City RFD 2 Kuna
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) R2 Kuna, Idah

4. **FULL NAME OF CHILD** Clyde Weston Reynolds

5. Date of Birth of Child (Month, day, year) Apr 19 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Francis Reynolds
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Viola (City or town) Missouri (State or foreign country)
14. Exact Occupation Ditch rider
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Shadie Cordelia Brigman
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Viola (City or town) Missouri (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Shadie B. Reynolds (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grand father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 20 years and that Francis (First name) J. Coleman (Last name), who attended this birth cannot furnish information (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. W. Reynolds Signature
Kuna, Idaho. P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942

(SEAL) S. Amantson Notary Public, residing at Kuna, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mary F. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341190
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Was born in rural district at parent's home
(e) Mother's stay **BEFORE** delivery: 16 IN **THIS** county 16 years 10 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No. Rural district Fremont County, Idaho
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Egin Idaho

4. FULL NAME OF CHILD Ralph James Armstrong

5. Date of Birth of Child (Month, day, year) Nov 17 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Armstrong
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Glencoe (City or town) Wyoming (State or foreign country)
14. Exact Occupation Car Inspector U.P.R.R.Co.
15. Industry or Business Railroading

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Etta Jeffs
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Driggs (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Know only that brown substance was put in eyes
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at eight A M. on the date and at the place stated above, and that personal particulars were furnished by Florence Etta Jeffs Armstrong (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Wyoming } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 19 years, and that Dr. Watkins (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Etta Jeffs Armstrong Signature
609 Emerald, Street, Kemmerer, Wyoming P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942

(SEAL) William S. Edmonds Notary Public, residing at Kemmerer, Wyoming

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel E. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises

695-224042.968

341206

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R F D # 2
(d) Name of Hospital or Maternity Home: Boyd Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 3 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R F D # 2
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida

4. FULL NAME OF CHILD Florence Katharine Field

5. Date of Birth of Child (Month, day, year) Feb 24, 1922

6. Sex F

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Field, Jr

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Chicago, Illinois (City or town) (State or foreign country)

14. Exact Occupation Owner of Orchard business

15. Industry or Business Orchard business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katharine Rohde

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Chicago, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Assists in Orchard business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for life years, and that Dr J Sigle (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/Katharine Field/ Signature

Route # 2, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of April 19 42

(SEAL) Walter L. Musgrave Clerk of Board of County Commissioners Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1922-9957C

125-222022-113

341283

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341283
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. 2 Idaho
(d) Name of Hospital or Maternity Home: none.
(e) Mother's stay BEFORE delivery: IN THIS county 1/2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lorraine Abegglen.

5. Date of Birth of Child (Month, day, year) Nov. 22-1922

6. Sex Female.

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles Vivian Abegglen

11. Color or Race White **12.** Age at time of THIS birth 21 yrs.

13. Birthplace St Anthony Idaho (City or town) (State or foreign country)

14. Exact Occupation Labor.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Jacobsen

17. Color or Race White **18.** Age at time of THIS birth 18 yrs.

19. Birthplace St Anthony Idaho (City or town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for ____ years, and that Doctor Bouche (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vivian Bailey Signature

129 North Shoshone P. O. Address

Subscribed and sworn to before me this 14th day of April, 19 42

(SEAL) ____ Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mark F Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-229-026-299 . Delayed Report

342460

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Nola Madsen

5. Date of Birth of Child (Month, day, year) July 29th 1922

6. Sex female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 6 **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME PeterLaVern Madsen
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Rigby, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business farmer--laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Briggs.
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Rigby, Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business domestic.

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't remember Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living. 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by LaVern Madsen (First name) (Last name), who is related to this child as her father (Mother, etc.)

25. Attendant's OWN signature H. A. Anderson M.D. M.D. Address Rigby, Idaho Date Apr. 18-42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by .....Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-207-061-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342578
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bonners Ferry Hospital
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Portville Idaho

4. FULL NAME OF CHILD Betty Marie Ames

5. Date of Birth of Child (Month, day, year) 9/7/22

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas L. Ames
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Tobacco Plains, Montana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida M. Bild
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at Bonners Ferry Hospital (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Ida M. Ames (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Margaret L. Sieh R.N. M.D. Midwife Address Bonners Ferry, Ida Date April-17-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mark H. Elsom, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-120-026-155

Delayed Report

Los Angeles Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343104

Local Reg. No.

Reg. Dist. No.

Send certified copy to Vernal Kinghorn, 1179 Queen Anne Place

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Rigby

(c) Street Address or R.F.D. No. 1

(d) Name of Hospital or Maternity Home: NONE

(e) Mother's stay BEFORE delivery: IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson

(c) City Rigby

(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) DECEASED

4. FULL NAME OF CHILD Vernal James Kinghorn

5. Date of Birth of Child (Month, day, year) Dec. 20 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Wm Ray Kinghorn

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Preston (City or town) Idaho (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Jensen

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Richfield (City or town) Utah (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b (Born alive or stillborn) at 1 A M. on the date and at the place stated above and that personal particulars were furnished by Myrtle Jensen Kinghorn (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature H A Anderson M.D. M.D. Midwife Address Rigby, Idaho Date April 25, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 19 years, and that Dr H A Anderson (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Kinghorn Signature

1179 Queen Anne Pl. P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942.

(SEAL) S. J. Blake Notary Public, residing at Beverly Hills Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires November 27, 1944

Received for filing on MAR 30 by , Registrar.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-108-006-286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343213
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City Jamestown
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County .....
(c) City Jamestown Idaho
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Jamestown Idaho

4. FULL NAME OF CHILD Celon Christensen

5. Date of Birth of Child (Month, day, year) Nov. 8 - 1922

6. Sex Donald 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Donald Celon Christensen
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Stona Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Lucinda Short
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace North Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 19 years, and that ~~Dr.~~ Dr. (First name) Robert (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Lucinda Short Todd Signature
R.D. #2 Box 186 Salt Lake City P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942.

(SEAL) John D Hill Notary Public, residing at Granger Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Mabel F. Elder, Registrar.

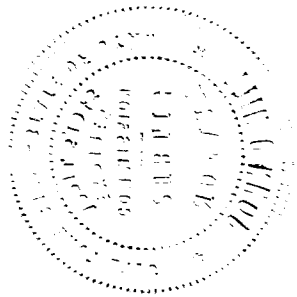
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

DUP OF 22-107404

212-118-010-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343230
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Poplar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Poplar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Poplar, Idaho

4. FULL NAME OF CHILD Raymond Sidney Bassett

5. Date of Birth of Child (Month, day, year) Jan. 18, 1922

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Farley M. Bassett
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Clarkstown (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Pitman
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Milo (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 20 years, and that Dr. Price (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Bassett Signature
203 Maple Street, Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942.
(SEAL) Paul A. French Notary Public, residing at Rupert, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

MAR 24 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-124 034 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343242
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at Home RFD-2
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert Idaho

4. FULL NAME OF CHILD Russel Lee Holohan

5. Date of Birth of Child (Month, day, year) June 24 - 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rollie Holohan
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Madison (City or town) Mo (State or foreign country)
14. Exact Occupation Ditch Rider
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Mae Barton
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Woodlawn (City or town) Mo (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Dr V R Killen M.D. Midwife Now deceased Address Rupert Ida Date June 24-1922

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 20 years, and that Lydia Petterson (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rollie Holohan Signature
Paul Ida P. O. Address

Subscribed and sworn to before me this 21 day of April, 1942
(SEAL) T E Clark Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel F Elder, Registrar.

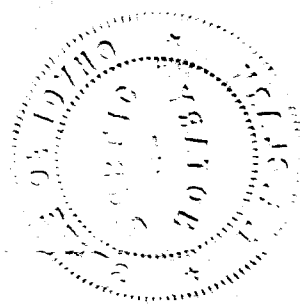
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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343272

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 11 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Cataldo Ida

4. FULL NAME OF CHILD Ruth Lillian Johnson

5. Date of Birth of Child (Month, day, year) May 23, 1922

6. Sex Female **7.** Twin or Triplet **If so—born 1st, 2nd, 3rd** **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Victor Johnson
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Shungaka (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Maynie Lunden
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Cataldo (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maynie (First name) Johnson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Pauline Mack M.D. Midwife Address Cataldo, Ida Date 4/24/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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343330

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 2 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Nampa
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 2y yrs.
(f) Mother's mailing address Gen. Del.

3. **RESIDENCE of FATHER** (city, state) Nampa Ida.

4. **FULL NAME OF CHILD** Melvin Arnold

5. Date of Birth (Month, day year) May 21-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Charles

11. Color or Race

12. Age at time of THIS birth 31 yrs.

13. Birthplace Elwood, Nebraska (City or town) (State or foreign country)

14. Exact Occupation

15 Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Elsie Russell

17. Color or Race

18. Age at time of THIS birth 28 yrs

19. Birthplace Fayetteville Ark. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as (a) ..... (Mother, etc.)

26. (a) APR 11 1942 (Date received) (b) Maud Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Colorado
County of Larimer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Fred Roebuck, being first duly sworn, say that I am Mother Related (Related to (or) acquainted with)
Melvin Arnold Roebuck as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Fred Roebuck Signature
R t 3- Fort Collins Colo. P. O. Address

Subscribed and sworn to before me on this 7th day of April, 1942

(SEAL) Edgar Anderson Notary Public, residing at Ft Collins Colo.

My commission expires Jan. 25, 1944

Use only BLACK Ink or BL[illegible] Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED

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343335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Cataldo Ida.

4. FULL NAME OF CHILD Niel Erland Wright

5. Date of Birth of Child (Month, day, year) June 6, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wright
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Marie Niemi
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Hilda (First name) Wright (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Pauline Mack M.D. Midwife Address Cataldo, Ida Date 4/24/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599220-040-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343576
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Larson, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home hospitalization
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Larson
(d) Street Address or R.F.D. No. Box 327
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Larson, Idaho

4. FULL NAME OF CHILD Melba Dolores Erickson

5. Date of Birth of Child (Month, day, year) April 20, 1922

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henning Erickson
11. Color or Race Swedish 12. Age at time of THIS birth 40 yrs.
13. Birthplace Värmland (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner - Millman
15. Industry or Business Lead mines & Cour de Lane

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margreth Caroline Hallen
17. Color or Race Swedish 18. Age at time of THIS birth 35 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 20 years, and that Dr Rolfe (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margreth Erickson Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942
(SEAL) Bert C Hulsey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1967

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jem (b) City Ola Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 23 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 0 yrs.

3. RESIDENCE OF FATHER (city, state) Ola, Idaho

4. FULL NAME OF CHILD Cecil Oscar Jackson

5. Date of Birth of Child (Month, day, year) 24 March 1942

6. Sex boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Melvin Walter Jackson
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Downs (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie May Thompson
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Ola (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 46 years of age, that I have known this person for 20 years, and that Bellie Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melvin Walter Jackson Signature

Eagle Idaho P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942

(SEAL) Florence La Bau Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 11 1942 by Carl F Elder, Registrar.

MAY 11 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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343740 343740

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343740
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Lukes Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 609 S. 16 East
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Virginia Louise McDonald

5. Date of Birth of Child (Month, day, year) Sept. 26, '22

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 8 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Elmer McDonald
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Nathan (City or town) Idaho (State or foreign country)
14. Exact Occupation Lineman
15. Industry or Business Idaho Power Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Jane Hussey
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Star (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Eva (First name) McDonald (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edward T. Ross M.D. Midwife Address Boise Idaho Date 5/11/1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Maud F. Felden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-122-034394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343834

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wesley Burns Tate			2. Date of Birth: June 22 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Minidoka	b. City or Town of Birth: Paul
FATHER	6. Full Name of Father: Charles Erdman Tate			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Leota May Crumroy			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wesley Burns Tate		11. Present Address of Registrant: E. 8900 Maringo, Spokane, Wash.
NOTARY (Not authorized to administer oaths and act as a notary under 10 USC 936, Article 136, UCMJ, and AFR 110-6)	Subscribed and sworn to before me on: January 19 68	12. Signature of Notary: THOMAS S. CULVER, Capt, USAF		13. Notary Commission expires: ////////////////// 19 /////

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of enlistment record	By whom issued and signed: U.S. Air Force George O. Reed, Lt. Col, Inf.	Date Issued: Aug. 6, 1951	Date Orig. Entry: Aug. 6, 1951
	Date of Birth: June 22, 1922 / Birth Place: Paul, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #626	By whom issued and signed: Precinct #5 Bexar County, Texas	Date Issued: Jun. 28, 1958	Date Orig. Entry: child born May 28, 1958
	Date of Birth: Age: 35 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Jun. 22, 1922 / Birth Place: Paul, Idaho	Full Name of Mother: Leota May Crumroy	Name of Father: Charles E. Tate	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barnum	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 29, 1968

FORM BH 56067

FEB 29 1968

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343834
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
BORN in home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address deceased

3. **RESIDENCE of FATHER** (city, state) Paul, Ida

4. **FULL NAME OF CHILD** Wesley Burns Tate

5. Date of Birth (Month, day year) May 22, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Erdman Tate
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Noland, Colo. (City or town) (State or foreign country)
14. Exact Occupation Minister of the Gospel
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leota May Crumroy
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1. (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 5 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Arizona } ss.
County of Cochise }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Erdman Tate, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Wesley Burns Tate (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Adams (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Er. Tate Signature
Tombstone - Ariz - P. O. Address

Subscribed and sworn to before me on this 1st day of May, 1942.

(SEAL) ..... Notary Public, residing at .....

My commission Dec. 29 - 1944

MAY 8 1942

NOV 2 7 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-215042 655

343862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Van Buren St
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Van Buren St
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls - Ida

4. FULL NAME OF CHILD Alsace Lorraine Tiffany

5. Date of Birth of Child (Month, day, year) April 15, 1922

6. Sex F. **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Burrel G. Tiffany
11. Color or Race Wht. **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business general

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Weech
17. Color or Race Wht. **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Peoria (City or town) Arizona (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:40 P.M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle (First name) Weech (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Charles R. Scott M.D. ~~Midwife~~ Address Twin Falls - Ida. Date April 27, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343878
Local Reg. No. 26
Reg. Dist. No. 520

1. PLACE OF BIRTH:
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address (For registration notice): Soda Springs Ida
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Shirley Jayne Kugler
5. Date of Birth (Month, day, year) Jan. 27, 1922
6. Sex Fe
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Don Frederick Kugler	16. FULL MAIDEN NAME Ivy Blanche Pantel
11. Color or Race White 12. Age at time of THIS birth 29 yrs.	17. Color or Race White 18. Age at time of THIS birth 28 yrs.
13. Birthplace Sheffield Iowa (City or Town) (State or foreign country)	19. Birthplace Muscatine Iowa (City or Town) (State or foreign country)
14. Exact Occupation Jeweler	20. Exact Occupation Housewife
15. Industry or Business Jewelry	21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ivy Kugler (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 3-13-42 (Date received) (b) Dr Russell Tigert (Registrar's signature)
27. Given name added on ..... by Mabel F Elder (Registrar's signature)

25. Attendant's OWN signature Russell Tigert, M.D. ~~(D.O., Midwife, etc.)~~
and address Soda Springs Idaho Date 3-13-42

BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Do not write in this space)

Local File No.

Registration No.

Birth Cert. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 8 1964

PLACE OF BIRTH

1. (a) County (b) City

2. (a) Name of Hospital or Institution (b) Street Address or R.F.D. No.

3. (a) Mother's maiden name (b) City, town, or location of hospital

4. Usual residence of mother (Where she lives now)

5. (a) Street address or R.F.D. No. (b) City, town, or location (c) County

6. (a) Inside city limits? (b) Inside corporate limits?

7. (a) Mother's age at last birthday (b) Birthplace (State or foreign country)

8. (a) Number of children of this mother now living (b) Number of other children born alive but now dead

9. (a) Number of other pregnancies of this mother (b) Number of these born dead

10. Date last normal menses began (Month, day, year)

11. Date of birth (Month, day, year)

12. Hour of birth

13. Sex

14. (a) Legitimate? (b) If illegitimate, will child be recognized by father?

15. (a) Usual residence of father (if same as mother, say "same") (b) If not in U.S., give country

16. (a) Age at last birthday (b) Birthplace (State or foreign country)

17. (a) Usual occupation (b) Kind of business or industry

18. (a) Father of child named on line 1? (b) Was father informed of birth of child named on line 1?

19. (a) Was mother married to father at time of birth of child named on line 1? (b) Was mother married to father at time of conception of child named on line 1?

20. Name of physician or midwife in attendance at birth

21. Date certificate filed

22. Was child born in hospital or institution?

23. Was birth attended by physician, midwife, or other person?

24. Was birth certificate completed from information furnished by physician, midwife, or other person?

25. Was birth reported within 5 days?

26. Was birth registered within 1 year?

27. Was birth certificate amended?

28. Was birth certificate delayed?

29. Was birth certificate filed from hospital?

30. Was birth certificate filed from physician's office?

31. Was birth certificate filed from midwife's office?

32. Was birth certificate filed from other person's office?

33. Was birth certificate filed from other location?

34. Was birth certificate filed from other person?

35. Was birth certificate filed from other location?

36. Was birth certificate filed from other person?

37. Was birth certificate filed from other location?

38. Was birth certificate filed from other person?

X 849 223 006-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343885
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Gladys Elnora Junin

5. Date of Birth of Child (Month, day, year) 3-23-1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Duff-Junin
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sturgis (City or town) Mississippi (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agada Palmer
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Orderville (City or town) Utah (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Agada Junin (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 5-7-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343973
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Wash (b) City Weiser
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 7 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Jackson
(c) City Medford
(d) Street Address or R.F.D. No. 1 Box 34
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address R 1 Box 34 Medford
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Margaret Ann Doe
5. Date of Birth (Month, day, year) Oct. 2, 1922
6. Sex 7
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy Frank A Doe
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Barron (City or town) Wis. (State or foreign country)
14. Exact Occupation Sawmill + Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zelia Marie St Louis
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Phlox (City or town) Wis. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 7 1942 (Date received) (b) Mabel M. [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Oregon }
County of Jackson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Zelia Marie Doe, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Margaret Ann Doe (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth ✓ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Zelia Marie Doe ..... Name
R 1 Box 34 Medford Ore. ..... P. O. Address

Subscribed and sworn to before me on this 5th day of May, 1942

(SEAL) Medal Neil ..... Notary Public, residing at Medford Oregon
My Com. Expires Dec. 3-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1973

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 234-107003-299

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343987

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello.
(c) Street Address or R.F.D. No. RFD NO. I. North.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county Life. years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County Bannock.
(c) City Pocatello, Idaho.
(d) Street Address or R.F.D. No. R.F.D. No. I.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leland Edward Stuart.

5. Date of Birth (Month, day year) April 7, 1922.

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John Edward Stuart.

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace American Fork (City or town) Utah (State of foreign country)

14. Exact Occupation Framer.

15. Industry or Business Farmer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Belle Brigham.

17. Color or Race White.

18. Age at time of THIS birth 17 yrs.

19. Birthplace Gray Colorado (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate %.

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 1030 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ~~(First name)~~, who is related to this child as Mother, et al.

26. (a) MAY 7 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J. W. Lynn M.D. (D.O., Midwife, etc.)
and address Pocatello, Idaho. Date 5-5-42

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) MAY 6 1942 .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record Typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297114001859

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343999
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 10 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Lee Sigler

5. Date of Birth of Child (Month, day, year) Sept 14, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harold Gerard Sigler
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Montana (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie May Hersey
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boracic acide

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for all his life years, and that Mrs. Catherine Kincaid (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. B.B. Houston Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of April, 19 42

(SEAL) Matilda Moser Clerk District Court
Notary Public residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mabel Steele, Registrar.

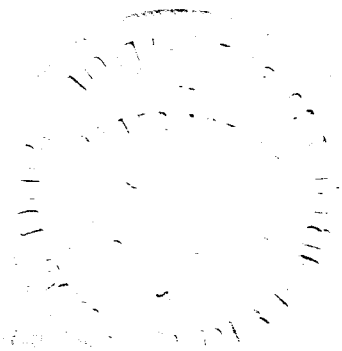
MAY 9 1942

MAR 6 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344031
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No. R F D # 2
(d) Name of Hospital or Maternity Home: Born in the Family Home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years 9 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No. R F D # 2
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) New Plymouth Ida.

4. FULL NAME OF CHILD Virginia LA Rose Rogers

5. Date of Birth of Child (Month, day, year) Dec 6 1922

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Warren Sylvester Rogers
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Shawneetown (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Julia Cannon
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Gainesville (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maude Bowlby (First name) (Last name) who is related to this child as mid wife (Mother, etc.)

25. Attendant's **OWN** signature Maude Bowlby M.D. Midwife Address New Plymouth Idaho Date May 4

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-128 006-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344040
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: At home
IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mila Golden Kelsey

5. Date of Birth of Child (Month, day, year) 5-28-1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Earl Kelsey
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Milburn Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Gregerson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Shelley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Francis Earl Kelsey (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Midwife Address Shelley Ida Date 3-22-42

State of ..... }
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel F. Eddins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1951

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-208019-141

344070

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Baxter Ranch Home
(e) Mother's stay **BEFORE** delivery: IN THIS county always years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) Challis Idaho

4. FULL NAME OF CHILD Eva Mary Baxter

5. Date of Birth of Child (Month, day, year) Sept 8 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Everett Walter Baxter
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Challis (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming & Cattle

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Frances Adams
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business Ranching

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by both attendants Dead (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address deceased Date

State of Idaho } ss.
County of Custer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 19 years, and that Dr C C Kirtley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eleanor Baxter Signature

Challis Idaho P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942

(SEAL) [signature] Notary Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

JAN 1 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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344072

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Challis, Ida.

4. FULL NAME OF CHILD Lawrence Floyd Bradbury

5. Date of Birth of Child (Month, day, year) Feb. 20, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Floyd M. Bradbury
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Challis (City or town) Idaho (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Marie Smith
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Decorah (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Dr. C. L. Kirtley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Violet Marie Bradbury Signature
Challis, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 42

(SEAL) C. A. Nicholson Notary Public, residing at Challis, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 4 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 813 202031-393

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Ida.

4. FULL NAME OF CHILD HALCYON MARCENE HALL

5. Date of Birth of Child (Month, day, year) Feb. 2, 1922

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Ray Elmer Hall
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Abilene (City or town) Kansas (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Craig Mt. Lbr. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Faye Lile
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Austin (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7-10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Louise [illegible] Hall (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 7 years, and that Dr. John Kelly (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray Elmer Hall Signature
3521 No. Stevens - Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942.

(SEAL)

Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942
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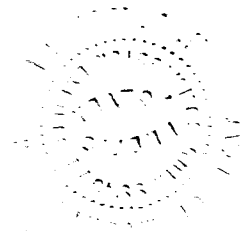
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344388
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 18 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Idaho

4. FULL NAME OF CHILD Victor Miles Green

5. Date of Birth of Child (Month, day, year) June 5, 1922

6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James J. Green
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Parwan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Jane VanNatta
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Plattsmith (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 19 years, and that Mrs James Pratt (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elsie J Green Signature
Box 014 Quincy, California P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942

(SEAL) [signature] Notary Public, residing at Quincy, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-230028-553

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344390
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City Coeur d'ALENE
(c) Street Address or R.F.D. No. MILL Street
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county years 5 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City Coeur d'ALENE
(d) Street Address or R.F.D. No. MILL St
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD PAULINE MARIE ROSENLUND

5. Date of Birth of Child (Month, day, year) MAY-30-1922

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME PAUL ROSENLUND

11. Color or Race WHITE

12. Age at time of THIS birth 20 yrs.

13. Birthplace Woodville (City or town) Wisconsin (State or foreign country)

14. Exact Occupation LUMBER TRADER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SWANHILL NELSON

17. Color or Race WHITE

18. Age at time of THIS birth 19 yrs.

19. Birthplace (City or town) NORWAY (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive, May 30th at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Josephine (First name) Norton (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Josephine Norton M.D. Midwife Address First & Walnut Date May 7-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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852-116 022-519

344391

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home (private)
(e) Mother's stay BEFORE delivery: IN THIS county 13 years 9 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville, Idaho

4. FULL NAME OF CHILD Rex J. (initial only) Hess

5. Date of Birth of Child (Month, day, year) March 16, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dalbert Earl Hess

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Farmington, (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Maud Earl

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Springerville, (City or town) Arizona (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie Hess (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address [illegible] Date 5-8-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah } ss.
County of Weber }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 20 years, and that E. L. Hargis M.D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annie Maud E. Hess Signature

2654 Adams Ave. P. O. Address

Subscribed and sworn to before me this 6 day of March, 1942

(SEAL) [illegible] Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. # 2
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Ida

4. FULL NAME OF CHILD Lowell Edward Wilkerson

5. Date of Birth of Child (Month, day, year) Dec 27-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Obadiah Wilkerson
11. Color or Race Anglo Saxon
12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Esther Pearson
17. Color or Race Anglo Saxon
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Kellogg (State or foreign country) Iowa
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 45 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Wilkerson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 20 years, and that Dr (First name) Gue (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Esther Pearson Wilkerson Signature
Notus Idaho P.O. Address

Subscribed and sworn to before me this 7 day of May, 1942

(SEAL) R C Sleeper Notary Public, residing at Notus Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Anthony Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 824 N. 7th. Ave.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Mary Campanella

5. Date of Birth of Child (Month, day, year) May 27, 1922

6. Sex Female

7. Twin or Triplet .....

If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jim Campanella
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bouiano (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucia Perrella Campanella
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bouiano (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 19 years, and that Dr. J. R. Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jim Campanella Signature
R. F. D. #1, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 19 42.

(SEAL) Theodore A. Gale Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344688
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City St Charles,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City St Charles,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Ellsworth Hill

5. Date of Birth of Child (Month, day, year) Apr. 18, 1922

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Cassius Hill
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace St Charles, (City or town) Idaho (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Elizabeth Pugmire
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace St Charles, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I/~~we~~ am/are the father & mother (Mother, etc.) of the person whose name appears in Item 4, above, that I/~~we~~ am/are now 32 years of age, that I/~~we~~ have known this person for 20 years, and that R. J. Sutton, (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William C. Hill Signature
Annie E. Hill P. O. Address St Charles, Idaho.

Subscribed and sworn to before me this 12th day of May, 19 1942

(SEAL) ____ Notary Public, residing at Paris, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344754
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in [redacted] 9 yrs.

3. RESIDENCE OF FATHER (city, state) Kimama, Idaho

4. FULL NAME OF CHILD Reuben Edward Mahler

5. Date of Birth of Child (Month, day, year) 10-16-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ludwig Mahler
11. Color or Race Wh
12. Age at time of THIS birth 41 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Rott
17. Color or Race Wh
18. Age at time of THIS birth 29 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10Pm M. on the date and at the place stated above, and that personal particulars were furnished by Maria [redacted] (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Elizabeth Mair M.D. Midwife Address Paul, Idaho Date May 5, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by [redacted], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1963

JUN 1 '

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-201006-415

344775 344775

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelly
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Vesta Johnson

5. Date of Birth of Child (Month, day, year) Jan. 1 - 1922

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Glinden Devier Johnson
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Monroe (City or town) Sevier (State or foreign country) Utah
14. Exact Occupation Plaster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda D Davies
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace ESCALANTE (City or town) GARFIELD (State or foreign country) UTAH
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2A.M (A.M. or P.M.) on the date JANUARY 1ST 1922 and at the place stated above, and that personal particulars were furnished by Amanda D. Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 5/13/42 January 1st 1922

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. Edwin Cutler (First name) (Last name), who attended this birth Cant Be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda D. Johnson Amanda D Johnson. Signature
446 West 48th South Salt lake City Utah Address

Subscribed and sworn to before me this 6th day of May, 1942

(SEAL)

Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com exp Oct 5, 1942

Received for filing on MAY 8 1942 by Mary F Elder, Registrar.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

622-10-0022-393

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344857
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leonard Eugene Osborn

5. Date of Birth of Child (Month, day, year) Oct. 1-1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Ray Osborn
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Frankfort (City or town) Kansas (State or foreign country)
14. Exact Occupation transfer laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Belle Tilley
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Frankfort (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person since birth years, and that Dr C. F. Zeller (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Belle Osborn Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942

(SEAL) Estella H. Greene Notary Public, residing at Jerome, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 15 1942 by Mabel Tibbetts, Registrar.

MAY 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431-103-022-432

344877

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ross James McArthur

5. Date of Birth of Child (Month, day, year) Dec. 3, 1932

6. Sex male

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? no

FATHER OF CHILD

10. FULL NAME James McArthur
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bennington (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flossie McKinlay
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Teton City (City or town) Idaho (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 19 years, and that D. Watkins (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flossie McArthur Signature
Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942

(SEAL) A. Meservy, Probate Judge Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Mabel Kesler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

AUG 10 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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191-22-01-0-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346128
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R # 3
(d) Name of Hospital or Maternity Home: Home maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No. R # 3
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls R 3

4. FULL NAME OF CHILD Ida Nell Grave

5. Date of Birth of Child (Month, day, year) 1-27-1922

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Joseph Frank Grave
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Idaho Falls R 3 Idaho (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Garner
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Bonneville Utah Weber Co. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Frank Grave (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature D R Egbert M.D. M.D. Midwife Address Arco Ida. Date May 6-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 6 1974

MAY 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-220-040-196

346152

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Kingston, Idaho

4. FULL NAME OF CHILD Genevieve Lillian Lahde

5. Date of Birth of Child (Month, day, year) October 20, 1922

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Matt Lahde

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace WASA (City or town) Finland (State or foreign country)

14. Exact Occupation Common Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Susan Aro

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Bonner (City or town) Montana (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol.

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature F. R. Mason M.D. Midwife Address Kellogg, Ida. Date 5/15-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-129-006-859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346159
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Aberdeen
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Aberdeen (Rural)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Aberdeen, Idaho

4. FULL NAME OF CHILD Reno Kramer

5. Date of Birth of Child (Month, day, year) Aug. 29, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adolph Kramer
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) South Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Herr
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Wishek North Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Adolph Kramer (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Katie Kramer Midwife Address American Falls, Idaho Date May 12-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-113021-551

346166

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Joseph Wayne Cole

5. Date of Birth of Child (Month, day, year) July 13 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Edwin Cole

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Fairview (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gwendolyn Evans

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Rundale (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 4 a M. on the date stated above, and that personal particulars were furnished by Gwendolyn Evans Cole (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 42 years of age, that I have known this person for 42 years, and that W. R. Parkinson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gwendolyn Evans Cole Signature

P. O. Address

Subscribed and sworn to before me this 18 day of May, 1942

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-210-026-433

346176

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Camas
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Camas,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Betty Adele McCall

5. Date of Birth of Child (Month, day, year) Apr. 10th 1922

6. Sex Female

7. Twin or Triplet 2nd

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lawrence John McCall
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Letts, Iowa,
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile Store,

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Banker McCall,
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cincinnati, Ohio,
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah } ss.
County of Salt Lake }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 20 years, and that Dr. Earl D. Jones (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Banker McCall Signature
Salt Lake City P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL) W. D. Starley Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mary K. Adams, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-123-022-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346215
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: In own home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address (For registration notice): 336 Cypress St. (Street or R.F.D.) Klamath Falls (Postoffice) Ore

3. RESIDENCE OF FATHER (city, state) Klamath Falls, Ore

4. FULL NAME OF CHILD Earl Devere Baker

5. DATE OF BIRTH (Month, day, year) Sept 23, 1922

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wallace Winfield Baker

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Hubble, Nebraska (City or Town) (State or foreign country)

14. Exact Occupation Thresherman

15. Industry Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Dagmar Avilda Larsen

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Spanish Fork Utha (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Wallace Baker (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAY 8 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAY 23 1942 MAY 26 1943 APR 17 1973

APR 5 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

413-210-027-995

34624.3

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in my own home no doctor
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Ida

4. FULL NAME OF CHILD Yvonne Baptiste Mallory

5. Date of Birth of Child (Month, day, year) May 10 - 1922

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Aloysious Mallory
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Rawlins (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Elizabeth Reilly
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace New York City (City or town) N.Y. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs E. Mallory Signature

P. O. Address

Subscribed and sworn to before me this 13 day of May, 1942

(SEAL) L. M. Hume Notary Public, residing at 8411 E. 63 Street Chicago, Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by , Registrar.

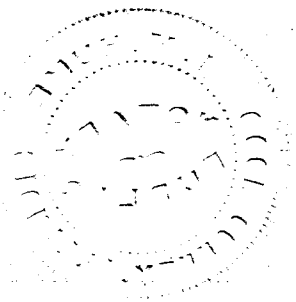
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-208-005-695

346318

346318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346318
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City ST. JOE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Joe
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) St. Joe, Ida.

4. FULL NAME OF CHILD Helen Henrietta Dittman

5. Date of Birth of Child (Month, day, year) Apr. 8, 1922

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry John Dittman
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Chicago, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Fietzer
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace ? (City or town) Russia (State or foreign country)
20. Exact Occupation Housawife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 20 years, and that Dr. (First name) Yousie (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Dittman Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942

(SEAL) IDAHO RESIDING AT ST. MARIES, IDAHO MY COMMISSION EXPIRES FEB. 24, 1943

Paul A. Davis Notary Public, residing at St. Maries, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Maud Teel, Registrar.

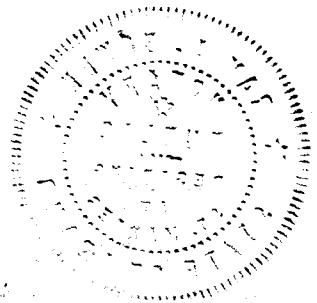
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-213-003-694

346381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: Dean Hanes
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address (For registration notice):
   Grace, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Grace Ida

4. **FULL NAME OF CHILD** Mary Elizabeth Rich

5. **DATE OF BIRTH** (Month, day, year) July 17, 1942

6. Sex Fe

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Rich

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Morgan (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Ormond

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Coveville (City or Town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Dean Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live Alive (born alive, stillborn) at 6:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ada Rich (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 4 1942 (Date received) (b) Mabel H. Nelson (Registrar's signature)

25. Attendant's **OWN signature** Russell Tigert M.D. (~~D.O., Midwife, etc.~~)
and address Soda Springs Ida. Date 5/1/42

27. Given name added on ..... by ..... (Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

MAY 26 19[illegible]

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That ~~in~~ cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

694-129-003-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346383
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1520 Taft ave.
(d) Name of Hospital or Maternity Home: North Pocatello Idaho
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 10 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1520 Taft ave.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address 1520 Taft ave

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** William James Frum

5. Date of Birth (Month, day, year) Dec 12-29-22

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy usual

9. Legitimate? Certainly

FATHER OF CHILD

10. **FULL NAME** Ernest Frum

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Morgantown-W.VA. (City or town) (State or foreign country)

14. Exact Occupation Boilermaker

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Cragum

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Pleasantview Utah (City or town) (State or foreign country)

20. Exact Occupation X

21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 14 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's
OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest Frum., being first duly sworn, say that I am Father (Related to (or) acquainted with)
Related As Father (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Young (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ernest Frum Signature

1073 Calzona St., Los Angeles Cal. P. O. Address

Subscribed and sworn to before me on this 21st day of April, 19 42

(SEAL) G.E.Magoon Notary Public, residing at Los Angeles County, California

My Comm ex Mch 5, 1946.

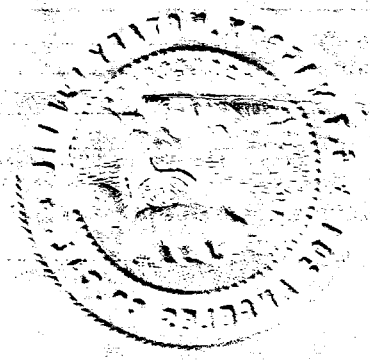
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



546-104-035-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346384
Local Reg. No.
Reg. Dist. No.

MAY 14 1942

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1932 9th Ave.
(d) Name of Hospital or Maternity Home: White Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or ~~Mat. Home~~ 10 days.
In **THIS** county 15 years 3 month 9 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1932 9th Ave.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address 1932 9th Ave.

3. **RESIDENCE of FATHER** (city, state): Lewiston Idaho.

4. **FULL NAME OF CHILD** Robert Marifield Edwards

5. Date of Birth (Month, day, year) March 4-1922

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Marifield Edwards
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Genesee (City or town) Idaho (State or foreign country)
14. Exact Occupation Truck Driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Elizabeth Bowen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kansas City (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born~~ alive (born alive, stillborn) at 9:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ora Edwards (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 15 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** E. L. White, M.D. (D.O., Midwife, etc.)
and address Lewiston Ida Date 5-8-42

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ora Elizabeth Edwards, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Robert Marifield Edwards (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. White (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ora Elizabeth Edwards. Signature

1730 E. 84th St., Los Angeles, Calif. P.O. Address

MERL HUTTER
NOTARY PUBLIC

Subscribed and sworn to before me on this 29, day of April, 1942

(SEAL) and for the County of Los Angeles, State of California

Merl Hutter Notary Public, residing at Los Angeles County Calif.

My Commission Expires June 18, 1945

MAY 14 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-109032-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346387
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Lemhi (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: Dr. Hyde
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 30 Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Lemhi
   (c) City Shoshone
   (d) Street Address or R.F.D. No. I Dawes Ranch
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address (For registration notice): Shoshone - Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Shoshone Idaho

4. **FULL NAME OF CHILD** James Madison Wilson

5. **DATE OF BIRTH** (Month, day, year) February 9 1922

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Oscar Wilson

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Norwood Mo
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Brooks

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Caswell Tennessee
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 Solution 1%

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive, (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by James (First name) Wilson (Last name), who is related to this child as father. (Mother, etc.)

26. (a) MAY 20 1942 (Date received) (b) Mabel Wheeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone, Idaho Date May 8/42

MAY 26 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None.

(b) Labor: Complications: None.

Induced? No.

(c) State all operations for delivery None.

(d) Did baby have any:

(1) Congenital Malformation? No.

Describe: —

(2) Birth Injury? None —

Describe: no

(3) Was mother given a Wasserman before delivery?

Yes..... No. no Pos..... Neg.....

(e) Signature of Physician:

[signature] M.D.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 346387

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Fathers middle name	Arthur	James Oscar Wilson
Year March	1923	Feb. 1922

Subscribed and sworn to before me this 13
day of April, 1943

Signed James Oscar Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

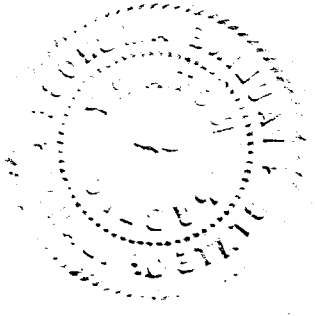
My commission expires .....
(Seal)

(Street Address, City, State)

NOV 12 1969

JAN 10 1984

APR 13 1943



351-111-019-3#4

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346405
Local Reg. No. 403
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In view Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 37 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Challis Ida

4. FULL NAME OF CHILD Ames Franklin Leaton Jr

5. Date of Birth of Child (Month, day, year) Feb. 11. 1922

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ames Franklin Leaton
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Challis (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business Meat Market Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Cameron Leaton
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ~~Tottie Bishop~~ M.D. Midwife Address ~~Challis~~ ~~Date~~ ~~Ida~~

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 20 years, and that Dr. C. L. Kirtley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Leaton Signature
Challis Ida P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942
(SEAL) John Boyd Custer Co. Recorder Notary Public, residing at Challis, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 1962

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-109.006-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346441
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Boyd Yale Cox

5. Date of Birth of Child (Month, day, year) August 9, 1922

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Peril Cox
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Taylorsville Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva Maranda Johnson
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 7 20 P.M. on the date and at the place stated above and that personal particulars were furnished by Mrs. Iva Cox (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature L P. Egbert M.D. ~~Midwife~~ Address Arco Idaho Date Mar. 25-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by ..... Registrar.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856-111-735-859

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346446
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick, Ida.

4. FULL NAME OF CHILD Lewis Harlen Hewett

5. Date of Birth of Child (Month, day, year) July 11, 1942

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harlen Lewis Hewett
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Southwick (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Heinrick
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Spokane (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 19 years, and that Dr. William Seeley (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Harlen Hewett Signature
Clarkston R2 Box 114 P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942

(SEAL) Philip Weisgerber CLERK OF THE DISTRICT COURT EX-OFFICIO AUDITOR AND RECORDER Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mark Weldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

24-119-023-133

346560

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Gem years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Vernon Eugene Shurtz

5. Date of Birth of Child (Month, day, year) December 11 1922

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William Orion Shurtz
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation farmer laborer
15. Industry or Business /

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Pearl Allen
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Iona (City or town) Idaho (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 11. P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Clara Blunt M.D. Midwife Address Jerome Idaho Date 12-19-1922

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, ~~being~~ first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 20 years, and that Clara Blunt (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Blunt Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942
(SEAL) William G. Comstock Notary Public, residing at Jerome Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Probate Judge & Ex Officio Clerk Registrar.

Use only BLACK Ink or BLACK Record Typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

247-208041-414

346651

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346651
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Tetonia Ida. (b) City Teton.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Tetoni
(c) City Tetonia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Agnes Maurine Buxton

5. Date of Birth of Child (Month, day, year) May 8, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Carnel Buxton
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Abraham Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Amelia Maughan
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Weston Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 A M. on the date and at the place stated above, and that personal particulars were furnished by Annie Buxton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that Dr. Culbertson (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Amelia Maughan Buxton Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of May, 1942

(SEAL)

Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mark H Elder, Registrar.

MAY 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 22-10170-1

759-103-003-219

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Lynn Bros Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO 346860

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

JUN 1 1942

CERTIFICATE OF BIRTH

346860

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Maurice Barrett Perkins

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? ..... | 8. Date of birth July 3, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Rulon Callan Perkins	18. Full maiden name Stella Barrett
10. Residence (usual place of abode) (If non-resident, give place and State) California	19. Residence (usual place of abode) (If non-resident, give place and State) California
11. Color or race white | 12. Age at last birthday 40 (years)	20. Color or race white | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Dayton Idaho	22. Birthplace (city or place) (State or Country) Pocatello Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Grocery
16. Date (month and year) last engaged in this work Aug., 1936 | 17. Total time (years) spent in this work 15	25. Date (month and year) last engaged in this work June, 1940 | 26. Total time (years) spent in this work 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 6 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. Thomas, M. D.

or ..... Midwife

Address Pocatello, Idaho

Give name added from a supplemental report JUN 1 1942 (Date of)

Filed JUN 1 19.. 19.. Mabel F. Elder

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child or birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

Jim
Bishop
203 Buffum

JUN 2 1942

695-27-0242-864

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346926
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD Leonard Asbury Winkle Jr.

5. Date of Birth of Child (Month, day, year) August 27-1922

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leonard Asbury Winkle
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Lamar (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Young
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Escalante (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 19 years, and that Dr Frank (First name) Dwight (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Winkle Signature
Filer Idaho P. O. Address

Subscribed and sworn to before me this 28th day of May, 1942

(SEAL) ..... Notary Public, residing at Filer Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

OCT 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-119-009-959

346927

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
~~Reg. Dist.~~ No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Laclede
(c) Street Address or R.F.D. No.
(d) Name of Hospital ~~or Maternity~~ Home: Residence at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Laclede
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Laclede Ida.

4. FULL NAME OF CHILD Theodore August Carl

5. Date of Birth of Child (Month, day, year) 6-19-22

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Paul Carl
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Madstein (City or town) Germany (State or foreign country)
14. Exact Occupation Lumber Inspector
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresia Mary Reishl
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Greinert (City or town) Bavaria Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by [redacted] (First name) [redacted] (Last name), who is related to this child as [redacted] (Mother, etc.)

25. Attendant's X **OWN** signature [redacted] M.D. ~~Midwife~~ Address Unknown Date

State of Wash[redacted]
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 20 years, and that ~~Theodore~~ (First name) ~~August~~ ~~Carl~~ (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Paul Carl Signature

P. O. Address

Subscribed and sworn to before me this 21 day of May, 1942

(SEAL) J A Sanford Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 5 1970

JUN 2 1942

MAR 1 4 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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214-128030-45P

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346932
Local Reg. No.
Reg. Dist. No. 6

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At my own home.
(e) Mother's stay **BEFORE** delivery: Home.
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Spokane Wash

4. FULL NAME OF CHILD Harry Paul Bauer.

5. Date of Birth of Child (Month, day, year) 12/28/22

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? None

FATHER OF CHILD

10. **FULL NAME** Max William Bauer.
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Spokane (City or town) Washington (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Mae DeAtley
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born alive at 12 P~~ mistake (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Alice Bauer (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~24~~ 53 years of age, that I have known this person for 53 years, and that Mae (First name) DeAtley (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Max Bauer Signature
Gibbonsville Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1942.
(SEAL) Lena Heidt Notary Public, residing at Gibbonsville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mabel Felder, Registrar.

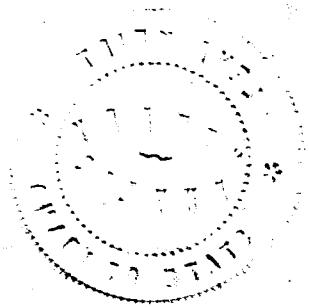
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



IV-206-210-55b

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346977
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 5
   (d) Name of Hospital of Maternity Home: at parents home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls, Idaho.
   (d) Street Address or R.F.D. No. 5
   (e) How long has MOTHER lived in Idaho? 33 yrs.
   (f) Mother's mailing address (For registration notice):
   579-10th St. Idaho Falls, Idaho (current add.)
   (Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Blanch Ores Foleshill Judd

5. DATE OF BIRTH (Month, day, year) Aug. 6, 1922.

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes,

FATHER OF CHILD

10. FULL NAME Sanford Warren Judd

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Orephi (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Emily Newman

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Willow Creek (City or Town) Idaho. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5-A M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Emily Judd (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 29 1942 (Date received) (b) Merl Wheeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Josephine H Newman M.D. (D.O., Midwife, etc.)
and address Rigby R 1 Date May 25 1942

JUN 2 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

819-22-275-436

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 346978
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Country Home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community 8 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Lapwai, Rural (If outside city or town limits, write RURAL)
(d) Street No. Near Sweetwater (If rural, give location)

3. Full name of child Serena Nina Harrison

4. Date of birth Aug. 21, 1922 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Is mother married? Yes

FATHER OF CHILD

9. Full name Louie Augusta Harrison
10. Color or race Indian 11. Age at time of this birth 33 yrs.
12. Birthplace Wellpinit (City, town, or county) Washington (State or foreign country)
13. Usual occupation Farming
14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Nora McFarland
16. Color or race Indian 17. Age at time of this birth 34 yrs.
18. Birthplace Lapwai (City, town, or county) Idaho (State or foreign country)
19. Usual occupation Home Maker
20. Industry or business _____

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? None

22. Mother's mailing address for registration notice:
Lapwai, Idaho
Mrs. Nora Harrison

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 1:00 Am. on the date above stated and that the information given was furnished by Nora Harrison, related to this child as Mother

24. Date received by local registrar _____
25. Registrar's own signature _____
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature Nora Harrison
M. D., midwife, or other Mother Date signed _____
Address Lapwai, Idaho

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

I certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, this 25th day of May, 1942.

Supt. Northern Idaho Agency

Subscribed and sworn to before me this 25th day of May, 1942 at Lapwai, Idaho.

My commission expires: 3/17/1943

Notary Public

JUN 2 1942

DELAYED

863-124-027-351

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346991
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Ida.

4. FULL NAME OF CHILD Floyd Myrrell Hollibaugh Jr.

5. Date of Birth of Child (Month, day, year) Aug. 24, 1922

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Floyd Myrrell Hollibaugh Sr.
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Gerring, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Velma Leatherman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Shelbina, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 1:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Floyd M. (First name) Hollibaugh (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 19 years, and that (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floyd M. Hollibaugh Signature
P.O. Box 1928 Las Vegas Nevada Address

Subscribed and sworn to before me this 25 day of May, 1942

(SEAL) Sallie J. Gordon Notary Public, residing at Las Vegas, Nev. Oct 5, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel F. Elder, Registrar.

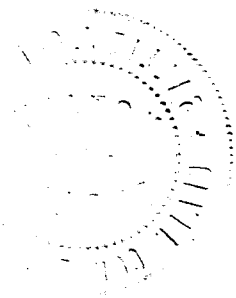
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



269-212-01V-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346996
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Route 5
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Route 5
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marcine Elma Borg

5. Date of Birth of Child (Month, day, year) Feb. 12, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma Peter Borg
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura May Whitehead
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Loa (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 20 years, and that Dr. Robinson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cleone Potter Signature
1089 N. State St. Weiser, Ida. P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942.
(SEAL) Cecille Reynolds Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

551-101-010-395 JUN 4 1942 347077 347077

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Spencer Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 9 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vaughn Gradie Evans

5. Date of Birth of Child (Month, day, year) Sept. 1, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gradie S. Evans
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Lewiston, N.C. (City or town) (State or foreign country)
14. Exact Occupation Insurance
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vella Agnes Lindholm
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Vella A. Evans (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature W Ray Hatch M.D. ~~Midwife~~ Address Idaho Falls, Idaho Date May 25, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mary F Eagen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-114-010-866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347197
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Hospital of Dr. J. O. Mellor
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) Street Address or R.F.D. No. 11th St.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Earl Hulett

5. Date of Birth of Child (Month, day, year) April 19, 1922

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles R. Hulett
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business truck driving mostly

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia E. Hoover
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Firth Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lydia E. Hulett (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John O. Mellor M.D. Address Idaho Falls, Idaho Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel Hedelund, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 4 1942

JUL 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

54-109-003-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347277
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon Idaho

4. FULL NAME OF CHILD Nathaniel Vernette Edwards

5. Date of Birth of Child (Month, day, year) June 8, 1922

6. Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Lawrence Edwards Sr.
11. Color or Race White **12.** Age at time of THIS birth 59 yrs.
13. Birthplace Sac City Iowa U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Retired.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Brown Edwards
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Rockland, Idaho U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 19 years, and that Dr. Wilson F. McDell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Charles Lawrence Edwards Sr. Signature
McCammon Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942

(SEAL) Anna Nelson Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 10 Idaho Code Annotated.) Comm. Expr. 9-22-42

Received for filing on MAY 18 1942 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312.103.017-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347331
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Kilgore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Kilgore Ida

4. FULL NAME OF CHILD Reo Arland Casper

5. Date of Birth of Child (Month, day, year) Oct. 3, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Geo Melvin Casper
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lewisville (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Grover
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Rigby (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11-10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Nancy (First name) Casper (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 19 years, and that Dr. D. (First name) Tucker (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Casper Signature
Spencer Ida P. O. Address

Subscribed and sworn to before me this 27 day of May, 1942

(SEAL) C. W. Hardy Notary Public, residing at Spencer Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-117-028-799

347333

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootina (b) City Coeur D'alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: lived in rooming house on 4th st.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootina
(c) City Coeur D'alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same as mother

4. FULL NAME OF CHILD Robert Vernon Robinson

5. Date of Birth of Child (Month, day, year) April 17, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marion Mitchell Robinson
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Georgetown (City or town) Kentucky (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Pritchett
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Beetown (City or town) Wisconsin (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Martha E. Robinson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 20 years, and that Martha E. Robinson (First name) (Last name), who attended this birth Dr. John Dwyre (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Elizabeth Robinson Signature
5844 so Alaska Tacoma P. O. Address

Subscribed and sworn to before me this 27 day of May, 19 4 wash.
(SEAL) Robert M. Dean Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

697-22-029-487

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347355
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City JULIAETTA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 37 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City JULIAETTA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** MARY CATHERN FIX

5. Date of Birth of Child (Month, day, year) MAR. 25th 1922

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** IRA WILBUR FIX
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace JULIAETTA. IDAHO (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LIZZIE PEARL DYGERT
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace Woodstock, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LATAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for always years, and that LIZZIE (First name) RICHARDSON (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira wilber Fix Signature

JULIAETTA, IDAHO P. O. Address

Subscribed and sworn to before me this 1st day of JUNE, 1942

(SEAL) Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-105-002-369

347413

347413

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Bear
(c) Street Address or R.F.D. No. no street no.
(d) Name of Hospital or Maternity Home: at parents' home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years 1 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Bear
(d) Street Address or R.F.D. No. No St. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Bear, Idaho

4. FULL NAME OF CHILD HUGH SAMUEL SMITH

5. Date of Birth of Child (Month, day, year) Feb 5, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JESSE FRANK SMITH
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Elva (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN CORNETTE
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Indian Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation Home making
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 20 years, and that Mrs. Amy Smith (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Smith Signature

Bear, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942

(SEAL) ____ Notary Public, residing at Council

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mary Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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515-101-014-515 347424 347424

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Wilder
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Verlyn Van Curen

5. Date of Birth of Child (Month, day, year) Dec. 1st 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Bennie R. Van Curen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Maple Grove Wis. (City or town) (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Reclamation service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie May Van Sickle
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Dallas Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of ~~Canyon~~ ADA } ss. OET

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for ~~[illegible]~~ 19½ years, and that Dr. Dora Weymouth (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie May Van Curen ✓ Signature
Caldwell, Idaho Rt. 4 P. O. Address

Subscribed and sworn to before me this 8TH day of JUNE, 1942

(SEAL) [signature] Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

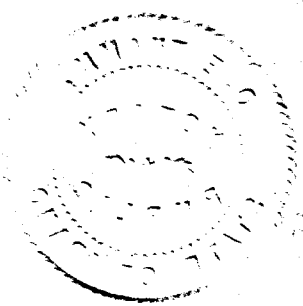
JUN 8 1942

SEP 28 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



663-224037-218

347536

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee-Idaho (b) City Sheaville, Ore. P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years -0- months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Edith Wolfe

5. Date of Birth of Child (Month, day, year) February 24, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Judson Wolfe
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Logan, Ohio (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Mae Bay
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Harney } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 20 years, and that my mother (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Mae Wolfe Signature

Burns, Oregon P. O. Address

Subscribed and sworn to before me this 1st day of June, 19 42

(SEAL) C. B. McConnell Notary Public, residing at Burns, Oregon

My commission expires March 10, 1944

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 13 1944

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

216-105'003.815

347542

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock. (b) City Central
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 9 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho.

4. FULL NAME OF CHILD Norman Allen Bjorkman

5. Date of Birth of Child (Month, day, year) Feb'y 5, 1922.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Albert Bjorkman
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Copenhagen (City or town), Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Karen Sophia Hansen
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Newton (City or town), Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Karen (First name) Sophia (Last name) Hansen, who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 20 years, and that JOhn (First name) H. Hubbard (Last name) MD., who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Karen Sophia Bjorkman Signature

Grace, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942.

(SEAL) Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719-212-018-754

347562

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Ahsahka
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Ahsahka
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Ahsahka, Ida.

4. FULL NAME OF CHILD Georgie E. Parsley

5. Date of Birth of Child (Month, day, year) June 12, 1922

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jesse Stinson Parsley
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Wellsburg Falls, Okla. (City or town) (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Sophia Pedersen
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Gilroy, Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sophia Pedersen (First name) (Last name) who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Peaceam, Ida. Date June 12, 1922

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 40 years, and that Dr. E.W. Brownell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Violet Parsley Signature

Ahsahka Idaho P. O. Address

Subscribed and sworn to before me this 2 day of June, 1942

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony [illegible] 17-9[illegible] Idaho Code Annotated)

Received for filing on MAY 19 1942 by [illegible] Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-213-016-843

347567

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Declo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Declo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Melba Whittier

5. Date of Birth of Child (Month, day, year) Aug 13-1922

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Raymond Madsen Whittier
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Milton Morgan Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Opal Hulet
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Summit Iron Co. Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 20 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M.D. [signature] Signature
[signature] P.O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

225-117-030-865

347595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi Co. (b) City Leadore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: birth occured at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 8 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wallace Donald Skelton

5. Date of Birth of Child (Month, day, year) Dec. 17th 1922

6. Sex Male

7. Twin or Triplet //// If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Harold Skelton
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Tooele City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Elnore Hover
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Butte (City or town) Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 19 years, and that I the midwife Skelton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Harold Skelton Signature

Box 626, Vancouver, Washington P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 42

(SEAL) M. A. Peters Notary Public, residing at Vancouver, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated)

Received for filing on JUN 4 1942 by [illegible], Registrar.

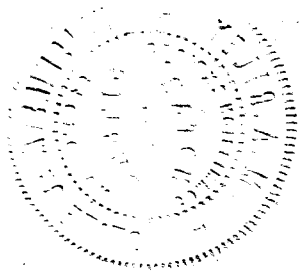
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



396-22-010-791

347607

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 223 2nd Street
(d) Name of Hospital or Maternity Home: Private Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 6 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County Gallatin
(c) City West Yellowstone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) West Yellowstone, Mont

4. FULL NAME OF CHILD Thelma Darlene Croft

5. Date of Birth of Child (Month, day, year) May 22, 1933

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Farley Alonzo Croft
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Bonneville (City or town) Utah (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ann Krall
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Bonneville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Montana } ss.
County of Gallatin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 15 years, and that Dorothy (First name) Croft (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC for the State of Montana
Residing at Bozeman, Montana
My Commission Expires November 28, 1944

Mrs Margaret Ann Croft Signature
P. O. Address

Subscribed and sworn to before me this 1 day of June, 1942

(SEAL) Mrs L Gonsaves Notary Public, residing at Bozeman Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel Weeks, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

347618

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Harold Dunn

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Apr 4, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Harold Theron Dunn	18. Full maiden name Pearl Marguerite Kuhl
10. Residence (usual place of abode) (If non-resident, give place and State) Plummer	19. Residence (usual place of abode) (If non-resident, give place and State) Plummer
11. Color or race W | 12. Age at last birthday 27 (years)	20. Color or race W | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Hortonville Wisc.	22. Birthplace (city or place) (State or Country) Neenah Wisc.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. garage	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
16. Date (month and year) last engaged in this work March, 1922 | 17. Total time (years) spent in this work 3 yrs	25. Date (month and year) last engaged in this work Apr., 1922 | 26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother ~~none~~ (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ✓ (Born Alive or Stillborn) at 2 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed JUN 4 1942, 193 Mabel F. Elder Registrar.

DELAYED

445-104-005-248

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Harold Dunn being first duly sworn says that Arthur is the son (Relationship of child)* of Harold and Pearl Dunn born Apr. 4, 1922 (Date of birth) at Plummer, Idaho, whose certificate of birth is hereto attached, and that Mrs. Harold Dunn desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Arthur Harold Dunn not recorded hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Clizer, M. D., ~~Midwife~~ was the medical attendant at the birth of said Arthur Harold Dunn and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. Harold Dunn

P. O. Address 1024 N. 25th St.

Subscribed and sworn to before me this 1st day of June, 19 42

Earl Ruger
Notary Public.

Residing at Milwaukee Wisconsin ~~Idaho~~

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

457-229-043-693

347629

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Norwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Norwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Norwood, Idaho

4. FULL NAME OF CHILD Elva Lorene Meador

5. Date of Birth of Child (Month, day, year) August 29, 1921

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Manfred Edwin Meador
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Berry County Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer & Bee keeper
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margret Blanche Williams
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Audrain County Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New Mexico } ss.
County of Colfax }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 52 years of age, that I have known this person for 19 years, and that Mrs Lewis (First name) Thornton (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Margret Blanche Meador Signature

my Commission expires July 26 1943 Maxwell, N. Mex. P. O. Address

Subscribed and sworn to before me this 5th day of June, 1942

(SEAL) Ignacio Lopez Notary Public, residing at Maxwell N. Mex.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mabel Weeks, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

SEP 1 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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38-114-032-713

347648

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln. (b) City Richfield.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Lincoln.
(c) City Richfield.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Richfield, Idaho.

4. FULL NAME OF CHILD Leslie Odell Chatfield.

5. Date of Birth of Child (Month, day, year) May 14, 1922.

6. Sex Male.

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Christopher Otho Chatfield.
11. Color or Race White.
12. Age at time of THIS birth 42 yrs.
13. Birthplace Edina, (City or town) Knox Co., (State or foreign country) Missouri.
14. Exact Occupation Farming.
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Patrick.
17. Color or Race White.
18. Age at time of THIS birth 36 yrs.
19. Birthplace Perkins County, (City or town) Nebraska. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE Attendant Deceased.

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Lincoln. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for since birth years, and that Mary (First name) Chatfield, (Last name) midwife, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

Christopher Otho Chatfield Signature

Richfield, Idaho. P. O. Address

Subscribed and sworn to before me this 6th day of June, 19 42.

(SEAL) Vesta B. Haddock Notary Public, residing at Shoshone, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mabel R. Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 14 1942
JUN 11 1942

FEB 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-216-008-389

347723

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Vina Fern Biggers

5. Date of Birth of Child (Month, day, year) July 16, 1922

6. Sex Female

7. Twin or Triplet 3 If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ebb Clarence Bigger
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fall river (City or town) Green Wood Kans. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Frances ~~Biggers~~ Christison
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lebo (City or town) Coffey Co Kans. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 p M. on the date and at the place stated above, and that personal particulars were furnished by Lula (First name) Biggers (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary B Rainey ~~M.D.~~ Midwife Address Home Dale Ida Date June 8

State of ..... }
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 15 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-208-007-386

347751 347751

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Casey
(c) Street Address or R.F.D. No. Casey Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 28 years 8 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Casey
(d) Street Address or R.F.D. No. Casey Idaho
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Casey Idaho

4. FULL NAME OF CHILD Ellen Devon Thomas

5. Date of Birth of Child (Month, day, year) May 8 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Snell Thomas
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Lorena Thomas
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Wellington Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 20 years, and that Dr. T. T. Snyder (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorena T Thomas Signature

Massing Idaho P. O. Address

Subscribed and sworn to before me this 8 day of June, 19 42

(SEAL) Leona S. Hawes Notary Public, residing at Massing, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Mabel F Lyon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

386-206-203-168

347841

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: IN THIS county 15 years 7 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD ELIZA GRAYCE THOMAS

5. Date of Birth of Child (Month, day, year) Oct. 6, 1927

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Raymond John Thomas
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Fairfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Johnson
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature × M.D. Midwife Address Grace, Idaho Date May 1942

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 19 years, and that Elizabeth Grayce Thomas (First name) (IS MY DAUGHTER) (Last name) AND THAT DR. JOHN HYRAM HUBBARD who attended this birth IS NOW DECEASED (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Elizabeth Johnson Thomas Signature
Grace, Idaho P. O. Address

Subscribed and sworn to before me this — day of May, 1942
(SEAL) Notary Public, residing at Grace, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

644-105-010-285

347934

347934

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347934
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Victor Carlyle Fudge

5. Date of Birth of Child (Month, day, year) Mch. 5, 1922

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ora E. Fudge
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Marne, Iowa (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Cecilia Shearer
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Lewis, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Idaho Falls on the date and at the place stated above, and that personal particulars were furnished by Mrs. O. E. Fudge (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. L. Wilson M.D. ~~Midwife~~ Address Idaho Falls Date June 11, '42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-210-009-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347962
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Laclede
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Laclede
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Laclede, Ida.

4. FULL NAME OF CHILD Lois Evelyn Price

5. Date of Birth of Child (Month, day, year) Sept 10,1922

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Earl Price
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Post Falls, Idaho (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business common work

MOTHER OF CHILD

16. FULL MAIDEN NAME Leona Ireme Graves
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Rural) Shelton, Wash (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business hiusewife at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Leona Price (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Jane P. Graves XXXXX Midwife Address Elma, Wash. Rt-2 Date June 5,1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane P. Graves Signature
Elma, Wn. Rt #2 P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-210-035-214

347964

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Leland Ida.

4. FULL NAME OF CHILD Myrtle Lucile Schmidt

5. Date of Birth of Child (Month, day, year) Feb. 10. 1927

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest Christian Schmidt
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Hinckley, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Otelia Margaret Bauman
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace SPRINGFIELD, ILL. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by ERNEST (First name) SCHMIDT (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Jennie Hund (Mrs) M.D. Midwife Address Leland Date Idaho

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-8 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Mabel Weeks, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 23 1942

419-231-003-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347969
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: V
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Arimo, Idaho

4. FULL NAME OF CHILD Aurelia Mary Marinoni

5. Date of Birth of Child (Month, day, year) March 31, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Marinoni
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business V

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rita Stabiline
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business V

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Andrew Marinoni (First name) (Last name), who is related to this child as Father. (Mother, etc.)

25. Attendant's ✓ **OWN** signature — M.D. Midwife — Address — Date

State of South Dakota
County of Lawrence } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Dr. Harvenson (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rita Marinoni Signature
Deadwood, South Dakota P. O. Address

Subscribed and sworn to before me this 8th day of June, 19 42

(SEAL) Francis J. Parker Notary Public, residing at Deadwood, S. Dak.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91 Idaho Code Annotated.) My commission expires Jan. 13th, 1944.

Received for filing on JUN 11 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-214019 453

348017

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Clayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Sullivan Hot Springs
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days.
In THIS county 22 years 5 month 7 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Clayton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Clayton, Idaho

3. RESIDENCE of FATHER (city, state) Clayton, Idaho

4. FULL NAME OF CHILD Willamae Anna Sullivan

5. Date of Birth (Month, day, year) August 14 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Emmett Sullivan
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Bayhorse (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Hazel Dellen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Gibbonsville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Sadie Sullivan (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's OWN signature Saidie Bradshaw, D.O. (D.O., Midwife, etc.)
and address Date

26. (a) JUN 10 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mae Sullivan, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Willamae Anna Sullivan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mae Sullivan Signature

Clayton P. O. Address

Subscribed and sworn to before me on this 8th day of June 1942

(SEAL) J. E. Boyd, Custer Co. Recorder Notary Public, residing at Challis, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 56, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

955-230035-613

348077

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Southwick
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Born at Home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Southwick
(d) Street Address or R.F.D. No. General Deliver
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick, Idaho

4. FULL NAME OF CHILD Geraldine Elizabeth Reeser

5. Date of Birth of Child (Month, day, year) March 30, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward William Reeser
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Marion, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith May Walker
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Pulaski (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington, County of Kitsap, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 20 years, and that Dr. Seeley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edith Reesere Signature

1111 Sidney, Bremerton, Wash. P. O. Address

Subscribed and sworn to before me this 10th day of June, 1942

(SEAL) A. Dawson Notary Public, residing at Bremerton,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

* 255-223042819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348108
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Hansen
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ... years ... months ... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Hansen
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hansen, Idaho.

4. **FULL NAME OF CHILD** Mary Patricia Bender

5. Date of Birth of Child (Month, day, year) April 23, 1922.

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Arvel Bender

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Industry (City or town) Kansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Harvey

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Glen Elder (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home making.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date ... and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife Address ... Date ...

State of California } ss.
County of Yolo }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for twenty years, and that Samuel M. Bender M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary E. Bender Signature

P.O. Box 402 Woodland, Calif. P. O. Address

Subscribed and sworn to before me this 5th day of June, 1942.

(SEAL) ... Notary Public, residing at Woodland, Yolo County, California.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by ..., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Twin Falls
City of Filer
No. 352-225042-693 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 348115
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gloria Amelia Lester

3. Sex girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? ..... | 8. Date of birth Aug. 25, 1922 (Month, Day, Year)

FATHER
9. Full name Elmer Elliott Lester
10. Residence (usual place of abode) (If non-resident, give place and State) Three Creek Idaho
11. Color or race White | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason work & Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 15 years

MOTHER
18. Full maiden name Ora Audry Wilson, (Lester
19. Residence (usual place of abode) (If non-resident, give place and State) Three Creek Idaho
20. Color or race White | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or Country) Medford Jackson Co. Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother five (At time of this birth and including this child) (a) Born alive and now living three (b) Born alive but now dead two (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alfred A. Newberry, M. D. Filer Idaho
or Mrs Amelia Wilson Nurse, Midwife
Address Filer Idaho
Filed JUN 11 1942, 193.. Mabel L. Elder
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

JUN 17 1942

DELAYED

465-213003 351

348150

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vannice Eleanor Montague

5. Date of Birth of Child (Month, day, year) Nov. 13, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edward Montague

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Custer (City or town), Idaho (State or foreign country)

14. Exact Occupation Auto mechanic

15. Industry or Business Garage

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Pauline Leabo

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Livingston Lat., Montana (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6— A. M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Pauline Montague (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 19 years, and that Dr. John Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Pauline Montague Signature
5122 Towne Ave. Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942

(SEAL) Louise M. Lutteroos Notary Public, residing at Los Angeles Calif.
My Commission Expires Feb 25 1946

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by Mary M. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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986-208010-312

348152

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: IN THIS county years 21 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 21½ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Josephine Mary Rhoades

5. Date of Birth of Child (Month, day, year) 3/8/22

6. Sex female **7.** Twin or Triplet none If so—born 1st, 2nd, 3rd 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Pritchard Rhoades
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Idaho Falls Route 3 Idaho (City or town) (State or foreign country)
14. Exact Occupation Veterinary Fireman Union Pacific
15. Industry or Business Railroad Roundhouse

MOTHER OF CHILD

16. FULL MAIDEN NAME Della Taberum
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Meadows Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 20 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph P. Rhoades Signature
Idaho Falls Idaho R.F.D. #2 P. O. Address

Subscribed and sworn to before me this 5th day of June, 1942

(SEAL) Francis E. Smith Notary Public, residing at Idaho Falls Idaho
My Comm Exp. 8/2/1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

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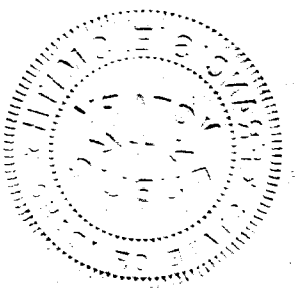


514-106-001443 348181

United States Department of Commerce Bureau of the Census JUN 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348181
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 808 Eastman
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or ~~R.F.D.~~ No. 808 Eastman
(e) How long has **MOTHER** lived in Idaho? ~~47~~ 29 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Walter James Nourse

5. Date of Birth of Child (Month, day, year) Oct 6, 1922

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Carker Nourse
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Nourse Auto Wrecking Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosalie A Unternahrer
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Lakota (City or town) North Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for ~~20~~ 19 years, and that Doctor Dutton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosalie A Nourse Signature
Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June, 1942
(SEAL) Marion E Ess Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mary F Elder, Registrar.

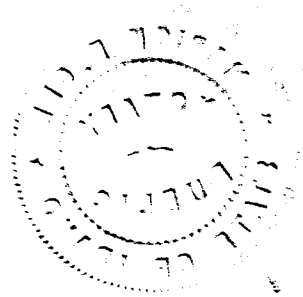
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-203 022693

348233

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Helen Arzella Smith

5. Date of Birth of Child (Month, day, year) 1-3-1922

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Lyle Marion Smith
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada May Williams
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Morgan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Alameda }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for since birth yrs, and that Dr. Gray (First name) (Last name), who attended this birth ? (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Jan. 14, 1943

Ada May Smith Signature
42 Begier Avenue, San Leandro, Calif Address

Subscribed and sworn to before me this 13th day of June, 1942

(SEAL) Esther Dougherty Notary Public, residing at San Leandro, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by , Registrar.

OCT 14 1957

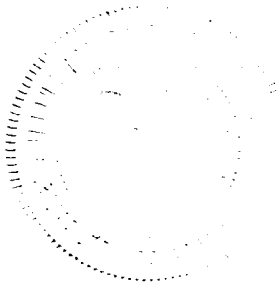
APR 18 1952

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669 208014 643

JUN 22 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348399
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 11th Ave N
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 11th Ave N
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Naomi Louise Forrey

5. Date of Birth of Child (Month, day, year) August 6, 1942

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Howard Vernon Forrey
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Harison Township Jewell Co. Kans.
(City or town) (State or foreign country)
14. Exact Occupation P.F.E. Ice Plant Iceman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Gladys (Odle) Forrey
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Harrison Township Jewell Co. Kans.
(City or town) (State or foreign country)
20. Exact Occupation House WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 20 years, and that Dr. Chilton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Howard Vernon Forrey Signature
925 S. 7th Boise Ida. P. O. Address

Subscribed and sworn to before me this 22 day of June, 1942.

(SEAL) [illegible] Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Maud Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

MAR 2 7 1974

DEC 1 6 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 212 022 168

349683

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville, Ida

4. FULL NAME OF CHILD Hilda Louise Carter

5. Date of Birth of Child (Month, day, year) Sept. 12, 1922

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Lester Carter
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Chester (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Elizabeth Johnson
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cottonwood Sanpete (City or town) Utah (State or foreign country)
20. Exact Occupation Home - wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M on the date and at the place stated above, and that personal particulars were furnished by Carrie Carter (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Ashton Idaho Date 6-2-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-118-010 632

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349702
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Was taken care of at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 0 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida.

4. FULL NAME OF CHILD Leonard Konrad Swanson.

5. Date of Birth of Child (Month, day, year) Mar. 18, 1922.

6. Sex Male. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9. **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME David K. Swanson.
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olga Olson
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Murray, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Olga (First name) Swanson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. L. Willson M.D. ~~Midwife~~ Address Idaho Falls Date June 10, '42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

MAR 15 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-12010-249

349759 349759

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349759
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jerry Allen Milligan

5. Date of Birth of Child (Month, day, year) April 12, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert William Milligan
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Winterset, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elva Smith
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Lake City, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol - 15%

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive 3:00 A. (Born alive, stillborn) M. on the date and at the place stated above and that personal particulars were furnished by Elva Milligan (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls Ida Date 5/15/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by [signature], Registrar.

NOV 1 2 1945

JUN 2 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin Via Oakley
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Basin Idaho

4. FULL NAME OF CHILD Ronald Kay Fairchild

5. Date of Birth of Child (Month, day, year) 18 april 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. W. Fairchild
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Basin Via Oakley (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel S. Clark
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Dr Jessie L. Rains now deceased — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 20 years, and that Dr Jessie L. Rains (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel S. Clark Fairchild Signature
Burley Idaho Rt #1 P. O. Address

Subscribed and sworn to before me this 20 day of June, 1942.

(SEAL) S H Kinnan Notary Public, residing at Burley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

MAY 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-115 003 252

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349887
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Grace Idaho

4. FULL NAME OF CHILD Elden Junior Robinson

5. Date of Birth of Child (Month, day, year) March 15, 1922

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred David Robinson
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Lamoni (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Sophia Kesler
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Irene Westenfelder M.D. Midwife Address Grace Date 6-23-42

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 20 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel S. Robinson Signature
Grace Idaho. P. O. Address

Subscribed and sworn to before me this 23 day of June, 1942

(SEAL) Ada Middleton Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by Mabel Hessler, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349934
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Lynn Brothers Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida

4. **FULL NAME OF CHILD** June Maxine Cooper

5. Date of Birth of Child (Month, day, year) May 27, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alonzo F. Cooper
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Kemmer Wyoming (City or town) (State or foreign country)
14. Exact Occupation Stock Clerk
15. Industry or Business Automobile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva K. Marts
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Knoxville, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO3 2%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Iva (First name) Houtz (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature J. W. Lynn M.D. Address Pocatello Ida Date 4-21-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by , Registrar.

JUN 2 7 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-117 024-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349985
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gooding Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 11 yr. 5 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Hagerman, Ida.

4. FULL NAME OF CHILD Robert Evans Eastman
5. Date of Birth of Child (Month, day, year) Feb. 17, 1922.
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Ernest Edwin Eastman
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Paola (City or town), Kansas (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Florence Frances Evans.
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mount Prairie (City or town), Minnesota (State or foreign country)
20. Exact Occupation teacher before marriage.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Intrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Florence (First name) Eastman (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature H E Lamb M.D. ~~Midwife~~ Address Eugene Ore Date June 22 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

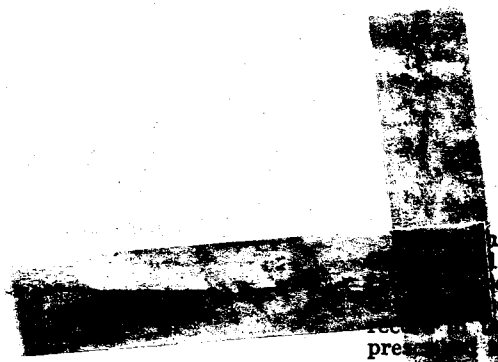
(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by Mary F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[illegible]e birth of a child born prior to the effective date of [illegible], 1911 Session Laws, has not been recorded, or in case of [illegible]eport any birth which has occurred subsequent to such [illegible]eport may be received and filed by the local registrar for [illegible]e Bureau of Vital Statistics for the purposes and uses [illegible]n Chapter 2, Title 38, Idaho Code Annotated, when such [illegible] accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350067

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At My home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years 2 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Margie Emma Christensen

5. Date of Birth of Child (Month, day, year) March 18 1922

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9mo **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Henry C. Christensen
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Butter maker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emmaline J. Christensen
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Lehi (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) J. Christensen (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. C. H. Davis M.D. Midwife Address Grace Date Idaho

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 20 years, and that John H. Christensen (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Christensen Signature
Grace P. O. Address

Subscribed and sworn to before me this day of Jun 24 1942, 19

(SEAL) John Whitbeck Notary Public, residing at Grace Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by , Registrar.

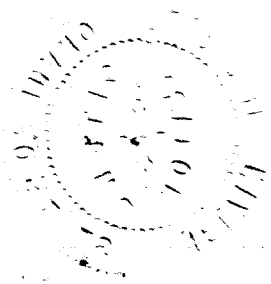
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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350095

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Irwisville Idaho

4. FULL NAME OF CHILD Wesley Dean Christiansen

5. Date of Birth of Child (Month, day, year) Sept. 21, 1922

6. Sex Male

7. ~~Twin or Triplet~~ If so ~~born~~ 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Hans Christiansen
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Kilgore (City or town) Idaho (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business Schools

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Casper
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rigby (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1% -

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (Born alive, stillborn) at 9:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Eliza Casper (First name) Christiansen (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date June 20, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ranch home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City MAY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) MAY Idaho

4. FULL NAME OF CHILD Charles William O'Neal

5. Date of Birth of Child (Month, day, year) Nov. 22 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Chisholm O'Neal
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace May Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MINABELLE SMITH
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Perry Mo. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 19 years, and that Maud (First name) Ostrom (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Chisholm O'Neal Signature
May, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942
(SEAL) Vina Thompson Notary Public, residing at May
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue Ida

4. FULL NAME OF CHILD Ruth mae Rockwell

5. Date of Birth of Child (Month, day, year) Sept. 22, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Vern Lloyd Rockwell

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Macomb Oklahoma (City or town) (State or foreign country)

14. Exact Occupation Tramway employe

15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Aline Gardner

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Cuprum (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mildred (First name) Rockwell (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Lena Heckert M.D. Midwife Address Bellevue, Idaho Date May 28, 1942

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that Mrs (First name) Lena Heckert (Last name), who attended this birth has signed this certificate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vern Lloyd Rockwell Signature
Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of June, 1942

(SEAL) R. K. McCoy Notary Public, residing at Hailey, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by [illegible], Registrar.

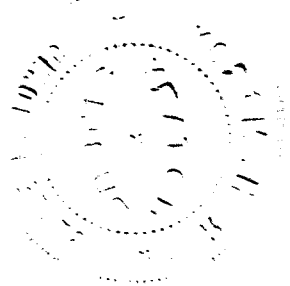
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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350241

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) ~~Street~~ Address or R.F.D. No. Lorenzo RFD 1.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Annis Idaho

4. **FULL NAME OF CHILD** Gae Nell Fisher

5. Date of Birth of Child (Month, day, year) Dec. 25 1922

6. Sex Female

7. Twin or Triplet ~~If so—born~~ 1st, ~~2nd~~, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Martin Fisher
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Annis (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Alice Harrop.
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Annis (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for from birth years, and that Mrs. (First name) Smithem (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Alice Fisher Signature
Lorenzo Idaho R.F.D.1. P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942.
(SEAL) George M. Larsen Notary Public, residing at Minan Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35025f
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) ~~Street Address or~~ R.F.D. No. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years 9 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) ~~Street Address or~~ R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Elizabeth Blanche Davis

5. Date of Birth of Child (Month, day, year) May 14th 1922

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elza Curtis Davis
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Jane (City or town) Mo. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Blanche Keith
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Maysville (City or town) Arkansas (State or foreign country)
20. Exact Occupation House - wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Blanche (First name) Davis (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ora D. Keith M.D. ~~Midwife~~ Address Buhl, Ida Date May 14 1922

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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155-208022 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

368258 350258

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Sunrilda
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Neither
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sunrilda
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 45 yrs.
(f) Mother's mailing address Box 243 St Anthony

3. **RESIDENCE of FATHER** (city, state) St Anthony, Ida.

4. **FULL NAME OF CHILD** Erma Idaho Jenkins

5. Date of Birth (Month, day, year) 6/18/22

6. Sex Femail

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward Jenkins
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Common Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Belle Smith
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Tazewell, Virginia (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Nannie Belle Jenkins (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 25 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's
OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Fremont ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nannie Belle Smith, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Erma Idaho Jenkins (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr W B Mast (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nannie Belle Jenkins Signature

St Anthony Box 243 P. O. Address

Subscribed and sworn to before me this 24 day of June

(SEAL) [signature] Notary Public, residing at St Anthony Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350303
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18½ years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Challis Ida

4. FULL NAME OF CHILD Edna Virginia Van Camps

5. Date of Birth of Child (Month, day, year) Jan 30th 1922

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME James Henry Van Camps
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Challis (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Mae Johnston
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Ritchie (City or town) Ida (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 20 years, and that Dr C L (First name) Kirtley (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace Basey Signature
Wapato Wash Box 53 P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1942.

(SEAL) Floyd Foote Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mark F. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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350305

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Ross Fuller Judd

5. Date of Birth of Child (Month, day, year) Nov. 5, 1922

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnacy Reg

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Arthur Clark Judd.
11. Color or Race Wh.
12. Age at time of THIS birth 31 yrs.
13. Birthplace Tanguitch, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Craner
17. Color or Race Wh.
18. Age at time of THIS birth 31 yrs.
19. Birthplace Oakley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at One A M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Craner (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature D. G. E. Craner M.D. ~~Midwife~~ Address Burley Idaho Date 6-18-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350388

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

350388

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alice Kay Newman

3. Sex Female

If plural births: 4. Twin, triplet, or other 1 ; 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? yes

8. Date of birth Feb 9th, 1922 (Month, Day, Year)

FATHER

9. Full name Nelso P. Newman

10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Ida

11. Color or race White | 12. Age at last birthday 50 (years)

13. Birthplace (city or place) (State or Country) Prineville Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dept of Interior

16. Date (month and year) last engaged in this work permanent, 19 ____

17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name Eva Lee Vanderhoof

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Idaho

20. Color or race White | 21. Age at last birthday 46 (years)

22. Birthplace (city or place) (State or Country) John Day Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work permanent, 19 ____

26. Total time (years) spent in this work 23

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) C. F. Zeller, M. D.

or ____, Midwife

Address Jerome, Ida

Give name added from a supplemental report ____

(Date of)

Filed JUL 3 1942, 193 ____

Registrar. ____

Registrar.

JUL 3 1962

DELAYED

249-116-010-413

350404

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

350404

1. PLACE OF BIRTH
County of Bonniville
City of Idaho Falls
No. 400 - I - Street St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jearld Edward Burrup

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Sept 16, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Tanser Burrup	18. Full maiden name Beulah Dalton.
10. Residence (usual place of abode) (If non-resident, give place and State) 400 - I - Street	19. Residence (usual place of abode) (If non-resident, give place and State) Deased
11. Color or race White | 12. Age at last birthday 60 (years)	20. Color or race White | 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country) Ogden Utah	22. Birthplace (city or place) (State or Country) Springville Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wholesale Grocery	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. our own home
16. Date (month and year) last engaged in this work June 15th 1938 | 17. Total time (years) spent in this work 11 years	25. Date (month and year) last engaged in this work Dec. 19th, 1937 | 26. Total time (years) spent in this work 24

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) Six (a) Born alive and now living 6 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation none { months or weeks

30. Cause of Stillbirth none { During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from supplemental report ..... (Date of)

Filed JUN 30 1942, 193 Maud F Elder Registrar.

Registrar.

WRITE PLAINLY WITH UNFAD
one child at birth a Separate Return must be made for each, and the ... of each, in order of birth stated.

19 116-010-413

Chase, A.

STATE OF IDAHO
~~BARZILLA W.~~ CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonnieville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Tanser Burrup being first duly sworn says that is the Father (Relationship of child)* of Jearld Edward Burrup born Sept-16th 1927 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that James Tanser Burrup desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jearld Edward Burrup hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Junkin M. D. was the Midwife medical attendant at the birth of said Jearld Eward Burrup and that the said medical attendant is adress unknown now by me (Now deceased (or) cannot be located)

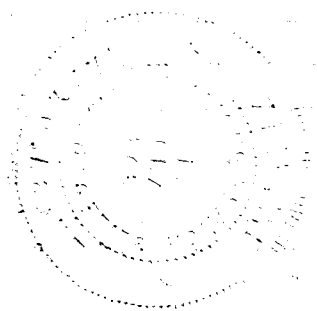
Name of Affiant James Tanser Burrup
P. O. Address 1628½ E. Easton Tulsa Okla

Subscribed and sworn to before me this 27th day of June, 1942

J. Hark
Notary Public.

Residing at Tulsa Okla, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



269 13 1031 666 JUL 13 1942 350446 350446

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Forest, Idaho, Ida.

4. FULL NAME OF CHILD Wallace Ted Sorenson

5. Date of Birth of Child (Month, day, year) July 31, 1922

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Marion B. Sorenson
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Palouse (City or town) Washington (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Clerk

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora J. Wood
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Dayton, (City or town) Washington. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Nez Perce. } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 20 years, and that Dr. Kelly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora J. Sorenson Signature
1228 16th Ave., Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942

(SEAL) C. E. Hawley Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 13 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453 114030 396

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350551
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bert Crook Detton

5. Date of Birth of Child (Month, day, year) July 14, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lawrence Moylan Detton
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bancroft (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Bessie Crook
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salmon (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Thurston }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 20 years, and that Dr. C.F. Hammer (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Bessie Detton — Signature

Yelm, Washington — P. O. Address

Subscribed and sworn to before me this 20th day of June, 19 42

(SEAL) Notary Public, residing at Yelm.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by ____, Registrar.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

163 110016 366

350598

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho

4. FULL NAME OF CHILD Lyle J. Jolley

5. Date of Birth of Child (Month, day, year) 2-10-22

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Wilson W. Jolley
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Mt. Carmel (City or town) Utah (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez V. Cook
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Violet (First name) Cook (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 20 years, and that Mrs Bassingill (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inez Jolley Signature
Albion Idaho P. O. Address

Subscribed and sworn to before me this 30th day of June, 1942

(SEAL)

Notary Public, residing at Albion Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by , Registrar.

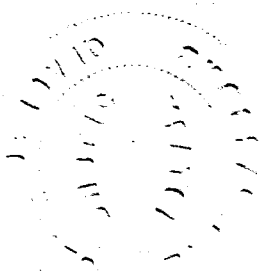
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



966 703-05-864

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

350604

1. PLACE OF BIRTH
County of Benewah
City of
No. St.
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Merle Dean Rowland

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth May 3, 1922 (Month, Day, Year)

FATHER
9. Full name Herman Rike Rowland
10. Residence (usual place of abode) (If non-resident, give place and State) Benewah
11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work still engaged 19
17. Total time (years) spent in this work 8

MOTHER
18. Full maiden name Winnie May Young
19. Residence (usual place of abode) (If non-resident, give place and State) Benewah
20. Color or race White 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house
25. Date (month and year) last engaged in this work still engaged 19
26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn
29. If stillborn, period of gestation months or weeks
30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Winnie Rowland Mother, M. D.
or , Midwife
Address St. Maries, Idaho
Filed JUL 6 1942, 193 Mabel F. Elder Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

DELAYED

966 103-005-864

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Winnie Rowland being first duly sworn says that she is the Mother (Relationship of child)* of Merle Dean Rowland born May 3, 1922 (Date of birth) at Benewah County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Merle Dean Rowland hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no ~~or~~ M. D. ~~was~~ the Midwife medical attendant at the birth of said Merle Dean Rowland and that the said medical ~~attendant~~ is none (Now deceased (or) cannot be located)

Name of Affiant Winnie Rowland

P. O. Address St. Maries, Idaho

Subscribed and ~~sworn~~ to before me this 29 ~~day of~~ June, 19 42

Paul E. Kelton
Notary Public.

Residing at St. Maries, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

459-221-003-515

350660

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No. Rt. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No. Rt. #2
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Bancroft, Idaho

4. FULL NAME OF CHILD Lucy Lucille Marietta

5. Date of Birth of Child (Month, day, year) Feb. 21, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ettore Marietto
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Santa Giustina (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catterina Venzo
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cavareno (City or town) Italy (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

JUL 1 19

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5-th (b) Born alive and now living All

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Whatcom }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 20 years, and that No one (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catterina Venzo Marietto Signature

P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) ..... Notary Public, residing at Bancroft

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by Mabel Nielsen, Registrar.

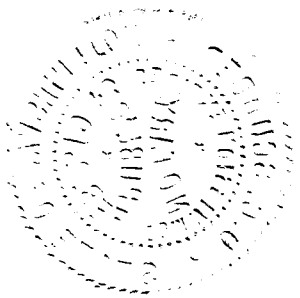
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



292-210-04219

350724

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Wash. (b) City Weiser
   (c) ~~Street Address~~ or R.F.D. No. #4
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. At Home
   IN **THIS** county 12 years 5 month 20 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Wash
   (c) City Weiser
   (d) Street Address or R.F.D. No. #4
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address Weiser Ida

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Mary Ellen Kiser

5. Date of Birth (Month, day, year) 1-10-42

6. Sex Female

7. ~~Twin~~ or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Augustus Kiser
11. Color or Race American
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pueblo (City or town) Colorado. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Agnes Barlow
17. Color or Race American
18. Age at time of THIS birth 28 yrs.
19. Birthplace Gresham (City or town) Nebr. (State or foreign country)
20. Exact Occupation House wife
21. ~~Industry~~ or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead -/- (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, ~~stillborn~~) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Clara Kiser (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 6 1942 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Eva J Sewallon M.D. (D.O., Midwife, etc.)
and address Weiser R 4 Date 1-10-42

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara A. Kiser, being first duly sworn, say that I am Mother (Related to (or) acquainted with) as ____ (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clara A. Kiser Signature

Weiser Idaho, P. O. Address

Subscribed and sworn to before me on this 15th day of June, 1942

(SEAL)

Jos I Gaffney Notary Public, residing at Weiser Idaho

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

358-20-018-437

350898

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Teakean
(c) Street Address or R.F.D. No. 1 (Lenire)
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Teakean
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Teakean, Idaho

4. FULL NAME OF CHILD Tula June Lehman

5. Date of Birth of Child (Month, day, year) July 1, 1922

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oscar Wealthy Lehman
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Nez Perce (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Tula Mc Guire
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Mabel (City or town) North Carolina (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 20 years, and that Dr. Seeley (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O. W. Lehman Signature
2914 S.E. Taylor Portland, Ore. P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942.

(SEAL) W. Eggleston Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by Registrar.

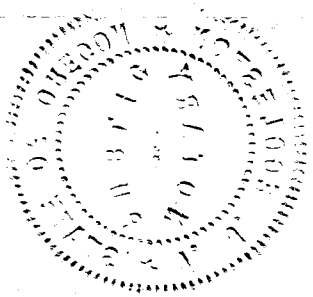
NOV 18 1965

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



1264-229-003-319

350957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
3 miles from McCammon (at home)
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City MC Cammon
(d) Street Address or R.F.D. No. 3 miles from McCammon
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Agnes Fern Southworth

5. Date of Birth of Child (Month, day, year) Jan. 29, 1922

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Orgin Southworth
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace Montpelier, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Amelia Larsen
17. Color or Race
18. Age at time of THIS birth 24 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 24 years, and that Dr. Lilly (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Amelia Larsen Southworth Signature
112 W. Gould P. O. Address

Subscribed and sworn to before me this 9th day of July 1942
(SEAL) Anna Keefe ~~Notary Public, residing at~~ Clk. Dist. Court, Ex-Officio Auditor & Recorder

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 9 1974

JUL 1 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

69-116-027-249

350966

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 3 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Ida.

4. FULL NAME OF CHILD Robert Joe Wilkes

5. Date of Birth of Child (Month, day, year) April 16 '42

6. Sex Boy.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Truman Joseph Wilkes

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Mountain Home, Ida.
(City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business Farmer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Artie B. Smith.

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Mountain Home, Ida.
(City or town) (State or foreign country)

20. Exact Occupation House Wife.

21. Industry or Business House Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11:39 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Truman Wilkes (First name) (Last name) who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Jerome }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that Dr. W. R. Cuttler (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Truman Wilkes, Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 10th day of July, 19 42

(SEAL) Estella H. Pierce Notary Public, residing at Jerome, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 4 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-202 037-367

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350988
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Wilson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City - Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Silver City, Idaho

4. FULL NAME OF CHILD Jessie Mae Mitchell

5. Date of Birth of Child (Month, day, year) 4-2-22

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ray Otis Mitchell
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Wichita (City or town) Kansas USA (State or foreign country)
14. Exact Occupation Farmer and
15. Industry or Business Assessor Owyhee Co. Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Frances Cox
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace Wilson (City or town) Idaho USA (State or foreign country)
20. Exact Occupation Housewife and
21. Industry or Business some clerical work

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Female (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lydia F. Mitchell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Oroville, Calif Date July 9-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Owyhee }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 20 years, and that Mrs. John Mathers (First name) (Last name) nurse, who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia F. Mitchell Signature
Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of July 1942

(SEAL) T. H. Leonard Notary Public, residing at Murphy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by , Registrar.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-1 JUL 3 1942 5-213

351131

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 29
Now Reg. Dist. No. 520

1. PLACE OF BIRTH:
(a) County Caribou (b) City Grace
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital of Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Grace
(d) ~~Street Address~~ or R.F.D. No. #1
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address (For registration notice): Soda Springs, Ida
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Soda Springs Ida

4. FULL NAME OF CHILD Melverton Lamar Brown

5. DATE OF BIRTH (Month, day, year) 7-25-22

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Melverton C. Brown

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Manti, Utah ~~Idaho~~
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Balls

17. Color or Race White [illegible] at time [illegible]HIS birth 28 yrs.

19. Birthplace Davisville, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:45 A M. on the date and at the place stated above, and that personal particulars were furnished by Inez Brown (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 4-30-42 (Date received) (b) Dr Russell Tiguh (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Russell Tiguh M.D. (D.O., Midwife, etc.)
and address Soda Springs Ida Date 4-30-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 9 1974
JAN 29 1981

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

JUL 3 1942

351133

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 27
Reg. Dist. No. 570

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:

(a) County Caribou (b) City Soda Springs

(c) Street Address or R.F.D. No.

(d) Name of Hospital of Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Caribou

(c) City Soda Springs

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 32 yrs.

(f) Mother's mailing address (For registration notice):

Soda Springs
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Mable Laura Margaret Perkins

5. DATE OF BIRTH (Month, day, year) Dec. 26, 1922

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Wilbur Perkins

11. Color or Race W

12. Age at time of THIS birth 37 yrs.

13. Birthplace Vernon Springs, Iowa
(City or Town) (State or foreign country)

14. Exact Occupation farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Mar Jones

17. Color or Race W

18. Age at time of THIS birth 32 yrs.

19. Birthplace Downey, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12A M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Mar (Jones) Perkins (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 2-15-42 (Date received) (b) D. Russell Tyler (Registrar's signature)

27. K Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Ackley M.D. (D.O., Midwife, etc.)

and address Soda Springs Date 2/5/42

JUN 2 6 1974

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

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MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

256-117-010-419 AMENDED ITEMS #6 & #19 3-8-99 MS **351147**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Oregon

4. FULL NAME OF CHILD Raymond Edwin Snow

5. Date of Birth of Child (Month, day, year) May 17-1922

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Thomas Snow
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Roxboro (City or town) no Carolina (State or foreign country)
14. Exact Occupation General Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rilla Marshburn
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace COMFORT, NORTH CAROLINA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 9-P M. on the date and at the place stated above, and that personal particulars were furnished by Rilla (First name) Snow (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Deceased Address none Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 20 years, and that Dr John C. Cutler (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rilla Snow Signature
P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942

(SEAL) William G. Comstock, ~~Notary~~ Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Probate Judge & Ex-Officio Clerk

Received for filing on JUL 15 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

3-1-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 1922-351147
Date Filed JUL. 15, 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for RAYMOND EDWIN SNOW (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MAY 17, 1922 (Date of Event)

in IDAHO FALLS (BONNEVILLE) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#6 CHILD'S SEX	UNKNOWN	MALE
#19 MOTHER'S BIRTH PLACE	UNKNOWN	COMFORT NORTH CAROLINA

Subscribed and sworn to before me this 8th day of March, 1999.

Notary Public, Mary Schneider
Residing at Meridian Id
My commission expires 2-16-2000
(Seal)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

+Raymond E Snow
Signature of Applicant

+2108 Denver, Boise Id
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

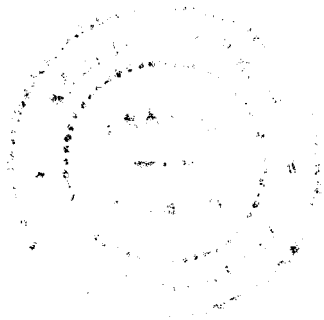
_____
Street Address, City, State

STATE OF IDAHO CERTIFICATE OF DEATH SHOWS RILLA MARSHBURN SNOW DIED OCT. 3, 1965 IN JEROME (JEROME) ID AND WAS BORN IN COMFORT, NORTH CAROLINA

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 1/15/1927 FILE #1927-148790 SHOWS DOROTHY JANE SNOW BORN OCT. 13, 1926 IN JEROME (JEROME) ID MOTHER'S BIRTH PLACE NORTH CAROLINA VIEWED VS.

STATE OF IDAHO CLASS D DRIVER'S LICENSE ISSUED TO RAYMOND E. SNOW BORN MAY 17, 1922 IS A MALE ISSUED APRIL 20, 1993 VIEWED VS.

STATE OF OREGON BIRTH CERTIFICATE SHOWS DAVID SNOW BORN JUNE 11, 1955 FATHER'S NAME RAYMOND EDWARD SNOW VIEWED VS.



216-220-231-393

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 351158

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Lorraine Bjorklund

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? Yes

8. Date of birth August 20, ~~193~~ 1922 (Month, Day, Year)

FATHER

9. Full name Arthur Henry Bjorklund

10. Residence (usual place of abode) (If non-resident, give place and State) Winchester

11. Color or race white | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Moscow Latah Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work about 3 yrs.

MOTHER

18. Full maiden name Evelyn ~~Bjorklun~~ Gillespie

19. Residence (usual place of abode) (If non-resident, give place and State) Winchester

20. Color or race ..... | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Wollaston Massachusetts

OCCUPATION

23. Trade, profession, or particular kind of work done, as ~~housekeeper~~, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living yes (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ~~Deceased~~, M. D.

or Arthur Bjorklund, ~~Midwife~~ Father

Address 222 Lynn Ave Moscow, Ida

Filed JUN 24 1942, 193.. Mabel F. Elder Registrar.

DELAYED

216-220-031-743

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arthur Bjorklund being first duly sworn says that he is the Father of Olive Jane Ruth Lorraine Bjorklund
(Relationship of child)*

born Aug 20 1922 (Date of birth) at Princeton, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ruth Lorraine Bjorklund hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. L. Kelly M. D. was the Midwife medical attendant at the birth of said Ruth Lorraine Bjorklund and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Arthur Bjorklund

P. O. Address Moscow Idaho

Subscribed and sworn to before me this 17 day of March, 19 42

P. L. Armour
Notary Public.

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 17 1942

249-215-003-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351175
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Lynn Bros. Benevolent Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ellen Marie Burley

5. Date of Birth of Child (Month, day, year) Aug. 15. 1922.

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Sam Berdine Burley
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden (City or town) Washington (State or foreign country)
14. Exact Occupation Burners Helper
15. Industry or Business Corn Cop Food Products

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Marie Simington
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lawrenceburg (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 H M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature J. W. Lynn M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by Mabel F. Eder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 111 044 693

352405

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Wash (b) City Midvale
(c) ~~Street Address or~~ R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 24 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Midvale
(d) ~~Street Address or R.F.D.~~ No. 1
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Midvale, Ida

3. RESIDENCE of FATHER (city, state) Midvale Ida

4. FULL NAME OF CHILD Vernon Wayne Sutton
5. Date of Birth (Month, day year) April 11-1922
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Clay Sutton
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Dodge City (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Beulah Opal Williams
17. Color or Race
18. Age at time of THIS birth 28 yrs
19. Birthplace Pearl (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 9 M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by W Clay Sutton (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUL 18 1942 (Date received) Marvel I Elsfern (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature F A Schmitz M.D. (D.O., Midwife, etc.)
and address 7-10 Date 7/10/42
Wilson Idaho

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1961

JUL 22 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

915 117-02-749

352406

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home:
4 years
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City St. Anthony
(d) Street Address or R.F.D. No. Gen. Gel.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Ida

4. FULL NAME OF CHILD Raymond Rantos

5. Date of Birth of Child (Month, day, year) May 17 '22

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Rantos
11. Color or Race Greek **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Greece (City or town) (State or foreign country)
14. Exact Occupation Foreman on Railroad
15. Industry or Business Railroad man

MOTHER OF CHILD

16. FULL MAIDEN NAME Luise Ruiz
17. Color or Race Spanish **18.** Age at time of THIS birth 18 yrs.
19. Birthplace California, San Bernardino (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... P.M. on the date and at the place stated above, and that personal particulars were furnished by Louise (First name) Gaxiola (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for life years, and that name unknown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Louise Gaxiola Signature
400 W. Ramona Blvd., Wilmar, Cal. P. O. Address

Subscribed and sworn to before me this 30th day of January, 19 42.

(SEAL) Gust Helenopoulos Notary Public, residing at Wilmar Calif.
My Commission Expires April 5, 1942

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mabel Fraser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1942

DEC 22 1944

JUN 13 1960

JUN 11 1964

OCT 27 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

798-206-041-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352439
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county ... years ... months ... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Donnetta Piquet

5. Date of Birth of Child (Month, day, year) 6 Aug. 1922

6. Sex female

7. Twin or Triplet? If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Augustus C. Piquet

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Teton (City or town) Mass. (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Martin Piquet

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Oakley Idaho (City or town) (State or foreign country)

20. Exact Occupation farm-wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary M. Piquet (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Eva Hillman M.D. Nurse Midwife Address Driggs Date July 9 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Teton }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for ... years, and that ... (First name) (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Piquet Signature
Driggs Idaho P. O. Address

Subscribed and sworn to before me this 20 day of July, 1942.
(SEAL) Ina Strong Notary Public, residing at Driggs, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1942 by ... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

881 716 036-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352465
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Holbrook
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Holbrook
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dallas Lawrence Hyatt
5. Date of Birth of Child (Month, day, year) 4/16/22
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Homer Le Roy Hyatt
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Central (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice DeVenna Loveland
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Deweyville (City or town) Utah (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at about 3 P M. on the date and at the place stated above, and that personal particulars were furnished by H L Hyatt (First name) (Last name), who is related to this child as Father (Mother, etc.)
25. Attendant's ~~OWN~~ signature Florence Chidester ~~M.D.~~ Midwife Address 514-W-3 ono Date July 18

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 19[redacted] 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.

235 712 025 356

352467

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD Leon Martin Steen

5. Date of Birth of Child (Month, day, year) Jan. 18, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer Martin Steen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Effie Leonard
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Winona, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Effie Steen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Jennie Barry M.D. ~~X.X.~~ Midwife Address 2786 ElNoble St Oroville, Calif Date July 16, 42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 16 day of July, 1942

(SEAL) Flora A. Sutherland Notary Public, residing at Oroville, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by Mabel Nebeker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Montour
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Wesley Hendrix

5. Date of Birth of Child (Month, day, year) June 22, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Franklin Hendrix
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Claudia Lettie Vincent
17. Color or Race Wh
18. Age at time of THIS birth 44 yrs.
19. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife

This certificate issued in accordance with the 1937 Idaho Session Laws permitting new certificates issued in the foster name. Adoption Order, dated July 17, 1925, by Gem County Probate Court, State of Idaho, filed this 15th day of July, 1942 in Bureau of Vital States, Boise, Idaho.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Claudia Hendrix (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 18 years, and that attending physician (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claudia Lettie Hendrix Signature

204 East Illinois St, Newberg, Oregon P. O. Address

Subscribed and sworn to before me this 17th day of July, 1942

(SEAL) R. G. Bennett Notary Public, residing at Newberg, Oregon

My commission expires Jan. 9, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel H. Fisher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 9 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby Idaho

4. **FULL NAME OF CHILD** Earl J. Barrow

5. Date of Birth of Child (Month, day, year) May 5th 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl Raymond Barrow
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Elizabeth Brown
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Grant (City or town) Ida. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child. First (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Brown Barrow (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. G. Anderson M.D. M.D. Midwife Address Rigby Idaho Date July 18, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Mabel E. Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-219 022-763

352506

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 1/2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eldeane Marie Taylor

5. Date of Birth of Child (Month, day, year) Dec 19-1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester Orvill Taylor
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Wilford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Agnes Gold
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace ~~Sodman~~ Swan Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:15 A M. on the date and at the place stated above, and that personal particulars were furnished by Eliza (First name) Taylor (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address St Anthony Idaho Dec 19-1922 Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 20 years, and that Dr. (First name) West (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eliza Taylor Signature
P. O. Address

8/2/44

Subscribed and sworn to before me this 14 day of July, 1942

(SEAL) [signature] Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1964

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

229-123042966 JUL 24 352545 352545

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
   (a) County Twin Falls (b) City Filer
   (c) Street address or R. F. D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay BEFORE delivery: In Hospital or Maternity Home ..... Days; In THIS county ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street address or R. F. D. No. Route 4
   (e) How long has MOTHER lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice): Route 4 (Street or R. F. D.) Buhl (Postoffice)

3. RESIDENCE OF FATHER (city, state) Buhl Idaho

4. FULL NAME OF CHILD Merrill Lynn Skinner

5. DATE OF BIRTH (Month, day, year) Aug. 23, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph Sidney Skinner

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Stillwater (City or Town) Okla. Payne County (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosetta Maye Rowland

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Bigelow (City or Town) Kansas Butler Co. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes
   (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Emmazett (First name) Sligar (Last name), who is related to this child as Midwife (Mother, etc.)

26. (a) JUL 24 1942 (Date received) Maud F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Emmazette Sligar M. D. (D. O., Midwife, etc.)
and address Twin Falls Ida Date Aug 23, 1922

JUL 24 19[illegible]

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

163-125016-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352644
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 1922 months and days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Anthony Jay Jolley

5. Date of Birth of Child (Month, day, year) 3/25/42

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Reuben J Jolley
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Washington Utah (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ezra Conger
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Clay Alabama (City or town) (State or foreign country)
20. Exact Occupation at Birth was housewife
21. Industry or Business Was a Cook

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, ~~say that I am the~~ mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 20 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ezra Jolley Signature
5609 N Stanley Portland Ore P. O. Address

Subscribed and sworn to before me this 3 day of July, 1942

(SEAL) Chas A Pelin Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

MY COMMISSION EXPIRES FEBRUARY 1, 1943

JUL 6 1942

Received for filing on JUL 23 1942 by Mark Taylor, Registrar.

Use only BLACK ink on BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1942

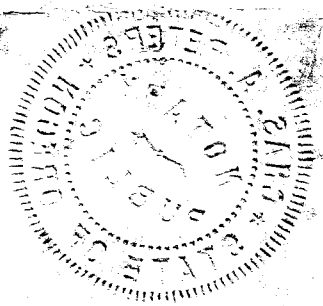
APR 26 1971

DEC 15 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713 107 035 369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352726
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. R.F.D. no. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Ro F. D. no. 2
(e) How long has **MOTHER** lived in Idaho? 8 mon. yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida.

4. **FULL NAME OF CHILD** Frederick Palermo
5. Date of Birth of Child (Month, day, year) June 7, 1922
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Palermo
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Naples (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis Cozza
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by Francis (First name) Cozza (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature X Mrs. Frank Marcelle M.D. Midwife Address North Lewiston RR 2 Date 7/23/42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Maud F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-116 006-386

352796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: At Home
   In Hospital or Maternity Home ..... Days
   In **THIS** county 3 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address (For registration notice): R.1 Box 238 A Dandy Utah
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ralph T. Marchant

5. **DATE OF BIRTH** (Month, day, year) 2-16-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harvey A. Marchant

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Pesa Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business At Home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan E. Thomas

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Oxford Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Susan E. Thomas (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 29 1942 (Date received) (b) Mabel Hyde (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley, Ida. Date 6-10-42

JUL 2 9 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

635 / 30025-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352837
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Whitebird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Whitebird Idaho

4. FULL NAME OF CHILD THOMAS ANDREW OLNEY

5. Date of Birth of Child (Month, day, year) Aug. 30, 1922

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Olney
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Juliaetta, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Pettingill
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace St. Paul, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the maternal aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 19-11/12 years, and that Dr. W. A. Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Olney Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of July, 19 42.

(SEAL) Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mary E Eden Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

MAY 7 1958

AUG 13 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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665-102070-575

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352849
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Lava St.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Lava St.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Edward Eugene Owen

5. Date of Birth of Child (Month, day, year) May 2 1922

6. Sex male

7. ~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Horace Edward Owen
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Potato Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Jane Van Eps
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Callender (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at hr. unknown on the date and at the place stated above, and that personal particulars were furnished by Inez Jane Owens (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary A Holden ~~M.D.~~ Midwife Address Idaho Falls, Ida Date July 22,'42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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463-122 030-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352850
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Lemhi
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Lemhi
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lemhi, Idaho

4. **FULL NAME OF CHILD** Otis Doty

5. Date of Birth of Child (Month, day, year) July 22, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Duane Doty
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Bingham (City or town) Utah (State or foreign country)
14. Exact Occupation Sawmill operator
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Martin
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace O'Neal (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 20 years, and that Ida (First name) Ling (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ling Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 27th. day of July, 1942

(SEAL) W.W. Simmonds, Clerk of the District Court in and for Lemhi Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at By Elmer Edwards Deputy

Received for filing on JUL 29 1942 by Mabel F. Eldredge, Registrar.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243 246 025 275

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352854
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. O. S. Hospital
(d) Name of Hospital or Maternity Home: Virgin Short Time Hospital
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Kansas (b) County Lyon
(c) City Emporia
(d) Street Address or R.F.D. No. W. 3. Apts
(e) How long has MOTHER lived in Idaho? 6 mos yrs.

3. RESIDENCE OF FATHER (city, state) 6 mo's

4. FULL NAME OF CHILD Flora Mae Butterworth

5. Date of Birth of Child (Month, day, year) Nov. 6 1922

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 8½ **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin James Butterworth
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Manchester (City or town) England (State or foreign country)
14. Exact Occupation Air Inspector D.S.L.R.R.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Esther Spellman
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Emporia (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for life years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Esther Butterworth Signature
3422 Holyoke Dr. L.A. Calif. P. O. Address

Subscribed and sworn to before me this 24th day of January, 1942
(SEAL) M. E. Kane Notary Public, residing at 1814 Winmar Dr L&J Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Mary E Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

491 121 035 595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352916
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LELAND
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LELAND
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD ERVIN NEAL DRAPER

5. Date of Birth of Child (Month, day, year) JAN 21, 1924

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ROBERT E. DRAPER
11. Color or Race WHITE **12.** Age at time of THIS birth 23 yrs.
13. Birthplace LELAND, IDAHO (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LAURA OPAL VINCENT
17. Color or Race WHITE **18.** Age at time of THIS birth 18 yrs.
19. Birthplace LELAND, IDAHO (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LATAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for always years, and that DR. Wm SEELEY (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Laura Opal Draper Signature
LELAND, IDAHO P. O. Address

Subscribed and sworn to before me this 25th day of July, 1942
(SEAL) Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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353002

353002

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353002
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Barber
(c) Street Address or R.F.D. No. Box 3rd St
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Barber
(d) Street Address or R.F.D. No. Box 3rd St
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Barber, Ida

4. FULL NAME OF CHILD Thomas Uberuaga

5. Date of Birth of Child (Month, day, year) Dec. 6, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Domingo Uberuaga
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Municipio, Spain (City or town) (State or foreign country)
14. Exact Occupation Lumber Piler
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Doniana Erquiaga
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Espicotan Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1 — P.M. on the date and at the place stated above, and that personal particulars were furnished by Marie (First name) Rude (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature Ursula Billas Midwife Address Emmett, Ida Date Aug. 6-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1962

MAY 14 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF Idaho

State File No. 353131
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: At home of Mother Mother
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Fruitland Idaho

4. FULL NAME OF CHILD Velma Ruth Riffle

5. Date of Birth of Child (Month, day, year) 1-12-1922

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Lyman Riffle
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Indiana (City or town) Iowa (State or foreign country)
14. Exact Occupation Auto Mechanic
15. Industry or Business Own Shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Ruth Hillerman
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace East St Louis (City or town) Ill. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado } ss.
County of Chaffee }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 20 years, and that O. H. Avery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse Lyman Riffle Signature
Buena Vista Colo. P. O. Address

Subscribed and sworn to before me this 31st day of July, 1942.

(SEAL) Myrtle Jones Notary Public, residing at Salida, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Dec. 1, 1943

Received for filing on AUG 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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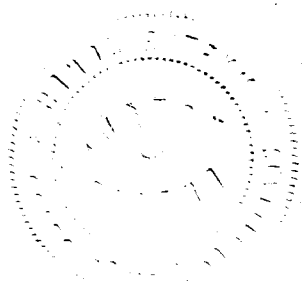
AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



465-22-1006813

353175

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) ~~Street~~ Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) ~~Street~~ Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moreland Ida

4. **FULL NAME OF CHILD** Sarah Elizabeth Monson

5. Date of Birth of Child (Month, day, year) May 21 1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lorenzo Monson
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jane Yates
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Park Valley (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mary Hatch M.D. Midwife Address Moreland Idaho Date 31 July 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mabel E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Route 4
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county # years 9 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Don Victor Park

5. Date of Birth of Child (Month, day, year) 19 Jan, 1922

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Hugh Park

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Millcreek (City or town) Salt Lake Co. Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Beatrice Bolton

17. Color or Race White

18. Age at time of THIS birth 42 yrs.

19. Birthplace Granger, (City or town) Salt Lake Co. Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag No 3

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, Stillborn) at 5:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (First name) Park (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J W Roberts M.D. ~~Midwife~~ Address Shelley, Idaho. Date 7/31/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

674-130-011-234

353271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at our home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. In the Country
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) near Bonners Ferry, Ida.

4. FULL NAME OF CHILD James Robert Ogden

5. Date of Birth of Child (Month, day, year) Apr. 30-1922

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Nathaniel Ogden
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Winfield (City or town) Kansas (State or foreign country)
14. Exact Occupation Trimmerman
15. Industry or Business Bayonier Inc.

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Theresa Stuck
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Ghent (City or town) Belgium (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic acid Sol.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:20 P. M. on the date and at the place stated above, and that personal particulars were furnished by S. Ella (First name) Ogden (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature S. Ella Ogden M.D. ~~Midwife~~ Reg. Nurse Address Shelton, Wash. Date July 28-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

246-128 024-246

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353277
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, st Wendell, Ida.

4. FULL NAME OF CHILD Ray Allen Suffa

5. Date of Birth of Child (Month, day, year) May 28/22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry J. Suffa
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Neome (City or town) Minn. (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza J. Suffa
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Berdsley (City or town) Minn. (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eliza J. Suffa (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] Address Wendell, Idaho Date July 21/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by [signature], Registrar.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-203-002-755

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353318
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home: parents' home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years 11 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD ALICE MARIE HIGGINS

5. Date of Birth of Child (Month, day, year) Aug 3, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Harrison Higgins
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Council, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Elizabeth Peebles
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Council, Idaho (City or town) (State or foreign country)
20. Exact Occupation home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Clara Elizabeth Higgins (First name) (Last name), who is related to this child as her mother (I am grandmother (Mother, etc.)

25. Attendant's **OWN** signature Alice M Higgins M.D. Address Council, Idaho Date 7-23-1942

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 19 years, and that Alice M Higgins (Sr) (First name) (Last name), who attended this birth has signed above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1987 Session Laws.

Clara Elizabeth Higgins Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1942

(SEAL) [illegible] Notary Public, residing at Council

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-21-003-643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353327
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 554 W Carson
   (d) Name of Hospital of Maternity Home: General Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 10 Days
   In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice): Station A
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Stella Ruth Walton

5. **DATE OF BIRTH** (Month, day, year) August 11, 1922.

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Brigham Walton

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Pocatello (City or Town) Idaho (State or foreign country)

14. Exact Occupation Brakeman

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Pearl Fuller

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace [illegible] (City or Town) Utah (State or foreign country)

20. Exact Occupation Housewife Idaho

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (born alive, stillborn) at 8:05 A. M. on the date and at the place stated above, and that personal particulars were furnished by Stella (First name) Pearl Fuller Walton (Last name), who is related to this child as mother (Mother, etc.)

Mark Holden (Registrar's signature)

26. (a) AUG 7 1942 (Date rec'd) (b)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Pocatello Date 6-19-1942

27. Given name added on by (Registrar's signature)

AUG 1 2 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

613 111-003643

353328

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello Ida
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: General Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 10 Days
   In **THIS** county 11 years — months — days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 535 W Cason
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.
   (f) Mother's mailing address (For registration notice):
   Mother Dead
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Montpelier Ida

4. **FULL NAME OF CHILD** Joseph Robert Walton

5. **DATE OF BIRTH** (Month, day, year) ~~Jan 10 1922~~ August 11, 1922

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Brigham Walton

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Pocatello Idaho.
(City or Town) (State or foreign country)

14. Exact Occupation Brakeman

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Pearl Fuller

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace ~~Fairview~~ Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (born alive, stillborn) at 8:40 a. M. on the date and at the place stated above, and that personal particulars were furnished by Stella Pearl Fuller Walton (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) AUG 7 1942 (Date received) (b) Mabel H Holden (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Pocatello Ida Date 6-19-1942

27. Given name added on ..... by ..... (Registrar's signature)

AUG 1 2 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, ~~upon conviction thereof, shall be fined not less than $10 nor more than~~ $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

861-116043-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353382
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Roseberry
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Roseberry Idaho

4. FULL NAME OF CHILD GLEN M. HOAGLAND

5. Date of Birth of Child (Month, day, year) Sept. 16 - 1922

6. Sex Male **7.** ~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward L. Hoagland
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret D. Mackay
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs (First name) Stredder (Last name), who is related to this child as No (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 20 years, and that Mrs. Stredder (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret D. Hoagland. Signature
Melba, Idaho P. O. Address

Subscribed and sworn to before me this 5 day of August 1942

(SEAL) Clay C. Todd Notary Public, residing at Melba, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 8 1942 by Mark Reeder, Registrar.

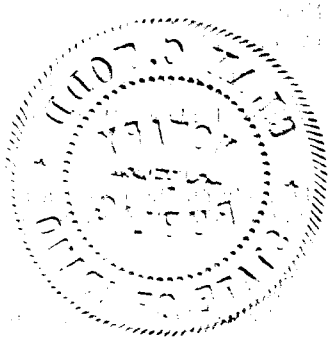
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



352-211-043-346

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353434
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Valley (b) City Donnelly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Donnelly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Donnelly, Ida.

4. **FULL NAME OF CHILD** Thelma Mildred Lehti

5. Date of Birth of Child (Month, day, year) Mar. 11, 1922

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Antone Lehti
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Harma (City or town), Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Luopa
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Vaasa (City or town), Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ohio
County of Lorain } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 20 years, and that Mary (First name) Ax (Last name), who attended this birth cannot be located ~~(Is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Esther Lehti Signature

J. N. STONE, Notary Public
Lorain County, Ohio
Commission expires June 25, 1945

147 No. Pleasant, Oberlin, Ohio P. O. Address

Subscribed and sworn to before me this 23 day of July, 1942

(SEAL) ..... Notary Public, residing at Oberlin Ohio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mabel F. Edgerton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 249-114-007-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353435
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls

4. **FULL NAME OF CHILD** Glen Laurence Burns

5. Date of Birth of Child (Month, day, year) May 14, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alvin J. Burns
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Dodge City (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nevieve Beck
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Eureka (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Oregon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 20 years, and that Mrs Stitt (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nevieve Burns Signature
Nyssa Ore P. O. Address

Subscribed and sworn to before me this 10 day of August, 19 42
(SEAL) Jessee E Graham Notary Public, residing at Nyssa Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mary E Graham, Registrar.

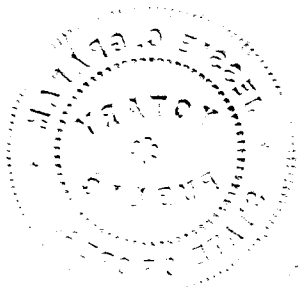
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DECLASSIFIED

619-11-1028-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353525
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 4 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Kootenai
(c) City POST FALLS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (If different) Coeur d'Alene, Idaho

4. FULL NAME OF CHILD Roger Martin Farnsworth

5. Date of Birth of Child (Month, day, year) Nov. 18, 1922

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Mr. Vergoby A. Farnsworth
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Monroe (City or town), Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Laduatry

MOTHER OF CHILD

16. FULL MAIDEN NAME Emelie Marie Martin
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace St. Ouen (City or town), France (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 12:20 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Fontella Benham (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Fontella Benham M.D. Midwife Address Date

State of Washington } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 19 years, and that Dr. (First name) McCauley (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Fontella Benham Signature
R.R. # 2 Box 420 Vancouver Wash. P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942

(SEAL) E. E. Bonser Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-230-025-955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353604
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City KAMIAH
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City KAMIAH
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) KAMIAH, IDA.

4. FULL NAME OF CHILD GRETTA JUANITA MORRIS

5. Date of Birth of Child (Month, day, year) AUG. 30-1922

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** LG. SYLVANNIS MORRIS
11. Color or Race WHITE 12. Age at time of THIS birth 22 yrs.
13. Birthplace GreenCreek, IDAHO (City or town) (State or foreign country)
14. Exact Occupation RURAL LETTER CARRIER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET DELILAH REED
17. Color or Race WHITE 18. Age at time of THIS birth 19 yrs.
19. Birthplace OTTUMWA, IOWA. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born~~ alive (Born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Morris (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature C. I. Bryan M.D. ~~Midwife~~ Address Kamiah Id Date 8/1/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-115 C022-625

353663 353663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County FREEMONT (b) City SQUIRREL
(c) Street Address or R.F.D. No. —
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home — Days
In THIS county 9 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County FREEMONT
(c) City SQUIRREL
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address (For registration notice): SQUIRREL, IDA.
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) SQUIRREL, IDA.

4. **FULL NAME OF CHILD** HENRY KARL SCHAEFER

5. **DATE OF BIRTH** (Month, day, year) Aug. 15, 1922

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** ADOLF SCHAEFER

11. Color or Race WHITE

12. Age at time of THIS birth 40 yrs.

13. Birthplace — (City or Town) Germany (State or foreign country)

14. Exact Occupation Farming

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HERMINE OBERMAN

17. Color or Race WHITE

18. Age at time of THIS birth 38 yrs.

19. Birthplace — (City or Town) Germany (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Hermine Schaefer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) [illegible]6 25 1942 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [illegible] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 6-22-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 25 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

DELAYED

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

419-273-001-819 1942 353670

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353670
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1509 N. 5th St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1509 N. 5th St.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Dolly Opal March
5. Date of Birth of Child (Month, day, year) March 13, 1922
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 7
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chester Arther March
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Danville (City or town), Ill. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Cleo Harrison
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Collen Co. (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 20 years, and that Dr. E. T. Biwer (First name) (Last name), who attended this birth is now in Boise, Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Cleo March Signature
23rd & Smith Ave., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of August, 1942

[signature] (SEAL) Probate Judge Ada County, Idaho Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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499-2021020-649

353779

United States
Department of Commerce
~~Bureau of the Census~~

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Juana Uriarte
5. Date of Birth of Child (Month, day, year) March 2, 1922
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Justo Uriarte
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Benyaca (City or town) Spain (State or foreign country)
14. Exact Occupation sheep herder (?)
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sebastiana Arioso
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Garnica (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature Ben Arions → ~~M.D.~~ Midwife Address Mountain Home Ida Date Aug 12, 1942

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

Witness: Louis A. Aldazabal
Witness: Glenn J. Salman

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 1 above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mabel F. Elsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 1974

AUG 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when such report is accom-~~panied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-211-034-759

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353782

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Minadoka (b) City Paul

(c) Street Address or R.F.D. No. None

(d) Name of Hospital or Maternity Home: at Parents' home

(e) Mother's stay **BEFORE** delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Minadoka

(c) City Paul

(d) Street Address or R.F.D. No. None

(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Conrad, Mont.

4. FULL NAME OF CHILD Rosa Kerbs

5. Date of Birth of Child (Month, day, year) October 11, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John George Kerbs

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Frankrich (City or town) Russia (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Elizabeth Gier

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Frankrich (City or town) Russia (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Kerbs (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature John Kerbs M.D. Midwife Address Date Aug. 16, 1942

State of

County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mark Tiedeman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 216 003 - 791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355055
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Chesterfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Chesterfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Louise Muir

5. Date of Birth of Child (Month, day, year) Oct. 16, 1922

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Moses Vasco Muir
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth D. Grant
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Chesterfield (City or town) Idaho (State or foreign country)
20. Exact Occupation Wife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boraxacid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth (First name) G. Muir (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Eliza Ann Tolman ~~M.D.~~ Midwife Address Logan Utah Date Aug. 19th 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-107-001 AUG 31 1942 355101 355101

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355101

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ada (b) City Boise Idaho
   (c) Street Address or R.F.D. No. 144 Jefferson
   (d) Name of Hospital or Maternity Home: St Alphonsus Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 144 Jefferson
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Joaquin Adolfo Solosabal

5. Date of Birth of Child (Month, day, year) January 7, 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joaquin Solosabal
11. Color or Race Spanish
12. Age at time of THIS birth 45 yrs.
13. Birthplace Solosan (City or town) Spain (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business Industry - Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Filomena Sievago Solosabal
17. Color or Race Spanish
18. Age at time of THIS birth 30 yrs.
19. Birthplace Canchone (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Angela (First name) Aldecoa (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Angela Aldecoa M.D. ~~Midwife~~ Address Mtn. Home, Ida. Date Aug. 31 1942

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 20 years, and that Angela (First name) Aldecoa (Last name), who attended this birth signed above (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joaquin Solosabal Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of September, 19 42

(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Merl F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394 106-036-699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355154
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Cedar Hill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Cedar Hill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cedar Hill, Ida

4. **FULL NAME OF CHILD** Robert Allen Timmons

5. Date of Birth of Child (Month, day, year) June 6th 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob W. Timmons
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wayne (City or town) Nebraska (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie E. Fritz
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 20 years, and that Clara Bright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Timmons Signature

Route # 2 Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of August, 19 42

(SEAL) Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-101-003-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355266
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Mc Cammon
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mc Cammon
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Mc Cammon, Idaho

4. FULL NAME OF CHILD Milton Eugene Smith

5. Date of Birth of Child (Month, day, year) July 1 1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vernon Eugene Smith
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Ione Marley
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pocatello (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 20 years, and that Dr. Mc Dill (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella Ione Smith Signature

P. O. Address

Subscribed and sworn to before me this 24th day of August, 19 42.

(SEAL) R. Barley Probate Judge ~~Notary Public~~, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by Mabel F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-112-032-219

355286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. P.O. Box 81
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home two Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No. P.O. Box 81
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address (For registration notice): Richfield (Street or R.F.D.) Box 81 (Postoffice)

3. RESIDENCE OF FATHER (city, state) Richfield

4. FULL NAME OF CHILD Jack Sevaar Newby

5. DATE OF BIRTH (Month, day, year) Jan. 12 1922

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nicholas F. Newby

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Finland (City or Town) England (State or foreign country)

14. Exact Occupation RR. Pumper

15. Industry Business RR.

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarmacha Emily Parker

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Salem (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag Mo3. Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead one (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was div (born alive, stillborn) at 6. 9. M. on the date and at the place stated above, and that personal particulars were furnished by Sarmacha (First name) Newby (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) [redacted] 27 1942 (Date received) (b) Mabel F. Elsfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone, Idaho Date Aug 26/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 2 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None.

Induced? No.

(c) State all operations for delivery None.

(d) Did baby have any:

(1) Congenital Malformation? No.

Describe: —

(2) Birth Injury? No.

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes..... No No Pos..... Neg.....

(e) Signature of Physician:

DELAYED

318-22-4042-469

355365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: County Hospital, Twin Falls
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Filer, Idaho

4. FULL NAME OF CHILD Jaye Louise Taylor

5. Date of Birth of Child (Month, day, year) April 24, 1942

6. Sex Female **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Ambrose Taylor
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Plateau Ind. Ter. (Oklahoma) (City or town) (State or foreign country)
14. Exact Occupation Ranch hand
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Louise Morris Taylor
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Woodford Oklahoma (City or town) (State or foreign country)
20. Exact Occupation Housework (House wife)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing 1% Silver Nitrate Solution

~~**23. Number of children of this mother: (a) At time of birth and including this child** 2 **(b) Born alive and now living** 1~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Texas } ss.
County of Upton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that F. A. Dwight (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. A. Taylor Signature

P. O. Address

G. C. PAILEY Notary Public in and for Upton County, Texas (SEAL)

Subscribed and sworn to before me this 27 day of August, 1942.

G. C. Pailey Notary Public, residing at McCamey, Texas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 31 1942 by Mabel Fiddler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 - 218 - 06 - 386

355408

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital of Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home at home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. R.F.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address (For registration notice): 847 N. Lee Idaho Falls
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Jewell Hancock

5. DATE OF BIRTH (Month, day, year) 3-18-1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elgia LeRoy Hancock

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Ogden, Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Lovena Thompson

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Ogden, Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 30 a. M. on the date and at the place stated above, and that personal particulars were furnished by Lovena (First name) Hancock (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) SEP 2 1942 (Date received) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 8-31-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 4 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

466-206-035-681

355429

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355429
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of [illegible] cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Lewiston
(c) Street Address or R.F.D. No. Steel's addition
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lewiston
(d) Street Address or R.F.D. No. Steel's addition
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD June Elizabeth Moore

5. Date of Birth of Child (Month, day, year) April 6 1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Urban Moore
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lewiston Idaho (City or town) Nebraska (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Belle Wyatt
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Spangle (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Paul B Johnson M.D. ~~Midwife~~ Address Lewiston Ida. Date 9-1-42

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 20 years, and that Paul (First name) Johnson (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Belle Hillon Signature

611-34 Ave Seattle P. O. Address

Subscribed and sworn to before me this 1st day of August, 1942

(SEAL) Audrey J. Ballot Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel F. Keeler, Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section [redacted]

Where the birth of a child born prior to the effective [redacted] 191, 1911 Session Laws, has not been recorded, or in [redacted] report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 35, Michie's Code Annotated, [redacted] such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

65-207-031-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355483
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezi Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. 6
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eunice Louise Weaver

5. Date of Birth of Child (Month, day, year) May 7 1922

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Chuning Weaver
11. Color or Race white **12.** Age at time of THIS birth 48 yrs.
13. Birthplace ? (City or town) Mississipi (State or foreign country)
14. Exact Occupation Market gardener
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Benson Buckland
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Hinton (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by Albert C Weaver (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 20 years, and that can not recall (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora B Woodland Signature

Woodland Washington % Tony Manfredi 1183 P. O. Address

Subscribed and sworn to before me this 1 day of September, 19 42

(SEAL) Amos O. Buker Notary Public, residing at Woodland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by [illegible], Registrar.

SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent to such date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-110-027-344

355502

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Hazelton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Hazelton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5yrs yrs.

3. RESIDENCE OF FATHER (city, state) Hazelton Idaho

4. FULL NAME OF CHILD Byron Martin Bacus

5. Date of Birth of Child (Month, day, year) Sept-10-1922

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Perl Byron Bacus
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Centerville (City or town) Iowa (State or foreign country)
14. Exact Occupation Vetrinarian
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche M Cummings
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Rome (City or town) Lawson (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature E. L. Bourquin M.D. Midwife Address Boise, Idaho Date 9/3/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-107-041-259

355504

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dale Knight Price

5. Date of Birth of Child (Month, day, year) July 3 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Vandis Alonzo Price

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Nephi Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera Knight Price

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Ogden Utah (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Teton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 20 years, and that Dr. H.H.Culbertson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera Knight Price Signature

Driggs, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of September, 19 42

(SEAL) ..... Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331 (Paid previously) 13-223-297

355573 355573

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 512 W. 3rd. North
(d) Name of Hospital or Maternity Home: Private residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 512 W. 3rd North
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Ida.

4. **FULL NAME OF CHILD** ROBERT L. CLARK

5. Date of Birth of Child (Month, day, year) Feb. 13, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LuVern Thomas Clark
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ammon, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Bigler
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Afton, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 20 years, and that J. E. Milton, MD (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cynthia Bigler Clark Signature

340 South 5th Ave. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of September, 19 42

(SEAL) Asa Chase Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Mary E. Eagen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-218-042-313

355608

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly, Ida
(c) Street Address or R.F.D. No. Box 262
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county yrs years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Annabell Marie Brown

5. Date of Birth of Child (Month, day, year) Oct. 18-19[illegible]

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Brown
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Mc Minnville Tenn (City or town) (State or foreign country)
14. Exact Occupation Potato Buyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Belle Bartlett
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Berkeley Springs W. Va. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 19 yrs., and that Dr. J. R. Morgan (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ollie M. Tate Signature
Kimberly, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of June, 19 42

(SEAL) Leo A. Davison Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

314-214-026-415

355646

United States
Department of Commerce
Bureau of the Census

SEP 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 38 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho, (b) County Jefferson
(c) City Rigby,
(d) Street Address or R.F.D. No. I,
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) Milo, Ida

4. **FULL NAME OF CHILD** Rose Campbell

5. Date of Birth of Child (Month, day, year) May 14-1922

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Lemuel Campbell
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kaysville, Utah, (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Racheal Davis
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Milo, Idaho. (City or town) (State or foreign country)
20. Exact Occupation House Wife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Wash,
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho,
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 20 years, and that Sarah H Howard (First name) (Last name), who attended this birth is Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum Lemuel Campbell Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of September, 1942

(SEAL) Percy Groom Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

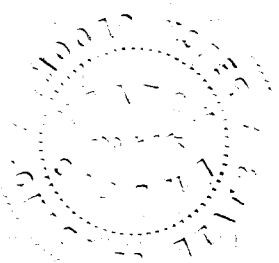
OCT 2 5 2007

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



434-115-022-313

355663

United States
Department of Commerce SEP 4 1942
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county 7 years 2 months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address (For registration notice):
Ashton, Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD William Eugene Mc Dermott

5. DATE OF BIRTH (Month, day, year) 3/15/22

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter James Mc Dermott Sr.

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Montpelier (City or Town) Idaho (State or foreign country)

14. Exact Occupation Locomotive Engineer

15. Industry Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Callahan

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Inkom (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Margaret McDermott (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) Maud F. Eldon (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature E. L. Hargis M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

NOV 1 1975

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

493 113029 319

355833

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch, Idaho

4. FULL NAME OF CHILD Gerald Albert Dickinson

5. Date of Birth of Child (Month, day, year) Nov 13, 1922

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert D. Dickinson
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma J. Carr
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace West Virginia (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1 00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Dickinson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature J. W. Thompson M.D. ~~Midwife~~ Address Moscow Date Aug 22 '42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Clearwater }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 55 years of age, that I have known this person for 19 years, and that Dr W. H. Thompson (First name) (Last name), who attended this birth resides in Moscow (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Dickinson Signature
RFD #3 Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) Chas. W. Earhart Notary Public, residing at Orofino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 129 021 264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 12 1942

State File No. 355903
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Fairview, Idaho.

4. FULL NAME OF CHILD Fay Bodily Christensen

5. Date of Birth of Child (Month, day, year) August 29, 1922

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harris Christensen
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Thatcher (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebenia Bodily
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Fairview (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10: A. M. on the date and at the place stated above, and that personal particulars were furnished by Rebenia (First name) Christensen (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 20 years, and that William (First name) Parkinson (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robenia Bodily Christensen Signature
Bancroft, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942

(SEAL) Willard Earl Notary Public, residing at Bancroft, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1942 by Mary Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-214003-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355949
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City CHESTERFIELD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City CHESTERFIELD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LORRAINE MARJORY MOORE

5. Date of Birth of Child (Month, day, year) 3-14-22

6. Sex FM

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Moore
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Larson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Michigan
County of Alcona } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 20 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Josephine Moore Signature
Spruce P. O. Address

Subscribed and sworn to before me this 8th day of September, 1942

(SEAL) George Freer Notary Public, residing at Harrisville, Mich.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mabel F. Eliffer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

758-121041-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355954
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Tetonia Id
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Tetonia ID

4. FULL NAME OF CHILD Junior Glen Pehrson

5. Date of Birth of Child (Month, day, year) Feb. 21, 1922

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Glen R. Pehrson
11. Color or Race white 12. Age at time of THIS birth 20 yrs.
13. Birthplace Haden (City or town) Id (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona F. Olsen ~~Pehrson~~
17. Color or Race white 18. Age at time of THIS birth 16 yrs.
19. Birthplace Grace (City or town) Id. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at ~~6 A~~ M. on the date and at the place stated above, and that personal particulars were furnished by Leona (First name) F. Pehrson (Last name), who is related to this child as ~~mother~~ (Mother, etc.)

25. Attendant's **OWN** signature ~~Leona F. Pehrson~~ M.D. Midwife Address ~~Tetonia Id.~~ Date 9, 8, 42

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 20 years, and that Caroline (First name) Rammell (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona F. Pehrson Signature

TETONIA, IDAHO P. O. Address

Subscribed and sworn to before me this 8 day of Sept 1942

(SEAL) [signature] Notary Public, residing at TETONIA, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1968

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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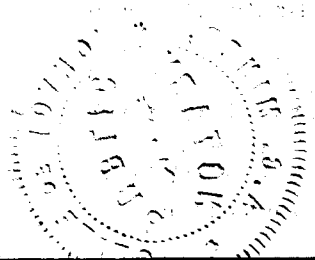


DELAYED

Dup of 1922-100548

CA 415-209036-915

356008

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: born at parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ten years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Eva Davis

5. Date of Birth of Child (Month, day, year) Nov. 9, 1922

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Stuart Davis
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Randall
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Centerville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Stuart (First name) Davis (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Catherine Hamblin M.D. Midwife Address Samaria Ida Date Sept. 11, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 228031-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356108
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Winchester Ida
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Winchester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winchester Idaho

4. **FULL NAME OF CHILD** Mary Louise Durst

5. Date of Birth of Child (Month, day, year) 1-28-1927

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Grover Durst
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hugo (City or town) Kansas (State or foreign country)
14. Exact Occupation Lumber handler
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Pierce
17. Color or Race W
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mike (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 20 years, and that J. E. McLaughlin (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae Pierce Durst Signature

Winchester Idaho P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942

(SEAL)

Notary Public, residing at Winchester Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

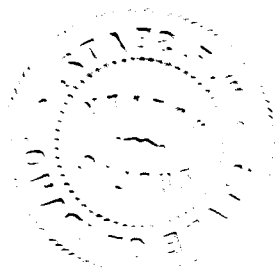
Received for filing on SEP 14 1942 by Mabel W. Nelson, Registrar.

SEP 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689-219 035 816

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 21 1942

State File No. 357217

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Sweetwater

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: At my home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce

(c) City Sweetwater

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Sweetwater, Ida

4. **FULL NAME OF CHILD** Alice Lorraine White

5. Date of Birth of Child (Month, day, year) April 19, 1929

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Emanuel White.

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Alto (City or town) Washington (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Grace Hawley

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Keeping Water (City or town) Nebraska (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Ethel (First name) White (Last name) is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Ruth Walter M.D. Midwife Address Moxee City, Wash Date Aug. 29, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 2 1944

SEP 2 2 1942

OCT 2 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title ~~38, Idaho Code Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

CA 345-29010-142

357218

United States
Department of Commerce
Bureau of the Census

SEP 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Margaret Hannah Lundberg

5. Date of Birth of Child (Month, day, year) Oct. 19, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nathan Oscar Lundberg
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Stromsburg Neb. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Lydia Anderson
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Dawson Minn. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 20 years, and that Annie Finley (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

N. O. Lundberg Signature

246 - 7th St., Idaho Falls Ida P. O. Address

Subscribed and sworn to before me this 16 day of September 1942

(SEAL) A. A. Annice Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785 209-036 557

357223

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Arbon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Arbon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Arbon, Ida.

4. FULL NAME OF CHILD Annabel Phelps

5. Date of Birth of Child (Month, day, year) Jan. 9, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Woodward Phelps

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Cedarvale (City or town) Kansas (State or foreign country)

14. Exact Occupation farming

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Marie Neal

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Dayton (City or town) Washington (State or foreign country)

20. Exact Occupation telephone operator

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number ~~of children of this mother~~: (a) ~~At time~~ of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rose Marie (First name) Phelps (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Anna Pitt M.D. Midwife Address Parma, R.R.2 Date Sept. 12 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by , Registrar.

JUL 20 1962

SEP 2 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-124044-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 24 1942

State File No. 357309
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marian Henry Hauntz

5. Date of Birth of Child (Month, day, year) March 24, 1922

6. Sex Male

7. Twin ~~XX~~ ~~XXXXX~~ If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter George Hauntz
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Midvale, (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorena Rachel Potter
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Midvale, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4:30 AM. on the date and at the place stated above, and that personal particulars were furnished by Lorena Rachel Hauntz (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Wiren Idaho Date 9-22-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

913-127007-45 SEP 25 1942

357361

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 118
Reg. Dist. No. 410

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address (For registration notice):
   Hailey, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Wilburt Robert Rathke

5. **DATE OF BIRTH** (Month, day, year) 9-27-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Rathke

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Yokum (City or Town) Texas (State or foreign country)

14. Exact Occupation Carpenter

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Margaret Deadman

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Farnham Surrey, England (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 8:30A M. on the date and at the place stated above, and that personal particulars were furnished by Hilda (First name) Rathke (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 9-24-1942 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Hailey, Idaho Date 9-24-1942

SEP 29 1942 OCT 8 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined ~~not~~ less than ~~$10 nor more~~ than ~~$300.~~

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? Yes

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: —

(2) Birth Injury? No

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes..... No.— Pos..... Neg.....

(e) Signature of Physician:

[signature]

DELAYED

363-211003-442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357375
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marva Collett

5. Date of Birth of Child (Month, day, year) 6/11/22

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Collett
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Vernal (City or town) Utah (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Own my own Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melvina Duke
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Vernal (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Beautician

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 20 years, and that Mrs. Wm Larkins (First name) (Last name), who attended this birth not sure as to living or dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melvina Duke Collett Signature
1145 Major St. Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me this 22nd day of September, 1942

(SEAL) my com. exp. 6/27/46. N.H. Tanner Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel F. Eldefina, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-215032-364

357432

357432

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Dietrich

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery: IN THIS county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln

(c) City Dietrich

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Dietrich, Ida.

4. FULL NAME OF CHILD Florine Berriochoa

5. Date of Birth of Child (Month, day, year) Aug. 15, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carlos Berriochoa

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace (City or town) Spain (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ramona Comporrodondo

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace (City or town) Spain (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Ignacio Berriochoa Midwife Address Shoshone, Idaho Date 10-1-42

State of

County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1942 by Mark F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

357448

Send Birth certificate to, Jack Rollin Cleek, 1799 Markhan Way, Sacramento, California.

United States 335-115001- (Be sure the information is as of date of birth of THIS child) State File No. 357448

Department of Commerce 253 Local Reg. No.

Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Star

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Neither.-Private home.

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State (b) County

(c) City

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jack Rollin Cleek

5. Date of Birth of Child (Month, day, year) Oct 15-22

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Pfost Cleek

11. Color or Race White 12. Age at time of THIS birth 62 yrs.

13. Birthplace Bates County, Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Worked for self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Amelia Bell

17. Color or Race White 18. Age at time of THIS birth 36 yrs.

19. Birthplace South Dakota, town of Trip (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Grace Amelia Cleek (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Mary A. Callaway M.D. ~~Midwife~~ Address Boise Idaho Date 10-4-42

State of ... County of ... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

973-203020-513

357452 357452

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mtn. Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 7 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Raquel Carolina Iglesias

5. Date of Birth of Child (Month, day, year) 4-8-42

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Saturnino Iglesias
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Vizcaya (City or town) Spain (State or foreign country)
14. Exact Occupation Sheep herder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eufina Machiondo
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Vizcaya (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 20 years, and that Mrs. Josepha Anchustegui (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eufina Iglesias Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of October, 1942

(SEAL) V. E. Worrell Notary Public, residing at Mtn. Home, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 1942 by Maud Hall, Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

444-114003-466

357461

357461

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357461
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Near Bancroft
   (c) Street Address or R.F.D. No. On Farm
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Near Bancroft
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Bancroft, Ida

4. **FULL NAME OF CHILD** Ted Dumont

5. Date of Birth (Month, day, year) Aug. 14, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Dumont
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Newton, Illinois (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Mower
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pocatello, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 12 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. L. F. Guthrie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ted Dumont (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Frank Dumont (Name of attendant at birth), who attended said birth is living in Am. Falls. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mother is out of touch with him.

Mrs Ellen Guthrie Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of April, 1941

(SEAL) John Jackson Notary Public residing at

Probate Judge Ada County, Idaho.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital~~ Statistics ~~for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-109006-884

357509

United States
Department of Commerce
Bureau of the Census

SEP 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt

4. FULL NAME OF CHILD Raeo Deloss Johnson

5. Date of Birth of Child (Month, day, year) Oct. 9 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hans Andrew Johnson
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Ovid (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Hymas
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Liberty (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Dora Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. R. Egbert M.D. M.D. ~~[illegible]~~ Address Arco, Idaho Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1945

OCT 2 1942

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391 211-001-515

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

OCT 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357645
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: St. Alphonsus
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER-(city, state) Boise Ida

4. FULL NAME OF CHILD Dorothy Edith Crane

5. Date of Birth of Child (Month, day, year) March 11- 1922

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Earnest Crane
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Ditch Rider on
15. Industry or Business Ridenbaugh Canal

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Vanderwende
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Paterson (City or town) New Jersey (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 45 years of age, that I have known this person for 20 years, and that Dr. Geo. Callister (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Katherine Vanderwende Crane Signature
1505 Boise Ave., Boise, Ida. P. O. Address

Subscribed and sworn to before me this 5th day of Oct., 1942

(SEAL) W. E. Loy Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mark Kessler, Registrar.

MAY 28 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-124 003-595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357783
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In her own home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ronald Keith Panter

5. Date of Birth of Child (Month, day, year) March 24 - 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wilford Panter
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Thatcher (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vinnie Nielsen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Thatcher (City or town) Ida (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive; stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Vinnie (First name) Panter (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ida B. Condie ~~M.D.~~ Midwife Address Thatcher Idaho Date Oct. 5/1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mark H. Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-116-007-6B

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357798
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

4. FULL NAME OF CHILD Harold Jr. Thomas

5. Date of Birth of Child (Month, day, year) Sept. 16, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Grant Thomas
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Wall
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Venice, Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Jennie R. Thomas (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's OWN signature Jennie R. Thomas M.D. ~~Midwife~~ Address Paul, Idaho Date Sept. 22, '42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Minidoka } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Dr. Horsten Snyder (First name) (Last name), who attended this birth is now deceased (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts in the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie R. Thomas Signature
Paul, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of September, 1942

(SEAL) T. E. Clemans Notary Public, residing at Paul Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mary H. Stephens, Registrar.

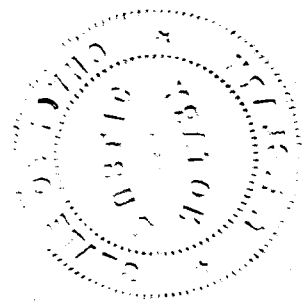
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-104.002-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357923
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Goodrich
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of Midwife
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Goodrich
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Goodrich Ida

4. **FULL NAME OF CHILD** John William Brown

5. Date of Birth of Child (Month, day, year) 8-4-22

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Warren Brown
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Rockville (City or town) Nebraska (State or foreign country)
14. Exact Occupation railroad worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Arathusa Dodge
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Hot Spring (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Brown (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Grace Brown Midwife Address Payette Idaho Date 10.2.1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+459-204-009-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358179
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Harlem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Harlem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Harlem

4. FULL NAME OF CHILD Emily Rose Merritt

5. Date of Birth of Child (Month, day, year) Aug 4, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Tad Charles Merritt
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Dayton (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy McDaniel
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Deer Park (City or town) Wash (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elsa M. Leathers (First name) (Last name) who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Elsa M. Leathers ~~M.D.~~ Midwife Address Hardman Date Oreg.

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1942 by Mary L. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 449-121-022 - 715

County of Fremont

City of St. Anthony

No. ..... St.

Idaho

(If born in hospital or institution give name.)

OCT 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 358186

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lynford Panter Murri

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Oct 21st, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Henry Murri	18. Full maiden name Luella Panter
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race W. | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) Midway (State or Country) Wasatch Co Utah	22. Birthplace (city or place) Wilford (State or Country) Fremont Co Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. leased farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Oct, 1942 Mabel F. Elder
Registrar.

Registrar.

DELAYED

OCT 13 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Madison } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, John Henry Murri being first duly sworn says that
he is the Father (Relationship of child)* of Lynford Panter Murri
born October 21, 1921 (Date of birth) at St. Anthony, Idaho,
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lynford Panter Murri
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. G. West (now deceased), M. D., was the Midwife
medical attendant at the birth of said Lynford Panter Murri and that
the said medical attendant is now deceased
(Now deceased, (or) cannot be located)

Name of Affiant John H. Murri

P. O. Address Newdale, Idaho

Subscribed and sworn to before me this 14th day of September, 1942

D. W. Smith
Notary Public.

Residing at Rexburg, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 2 0 1942

132-208·002-249

United States
Department of Commerce
Bureau of the Census

OCT 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358233
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Meadows
(c) Street Address or R.F.D. No. x
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Meadows
(d) Street Address or R.F.D. No. x
(e) How long has **MOTHER** lived in Idaho? five yrs.

3. RESIDENCE OF FATHER (city, state) Meadows, Ida.

4. FULL NAME OF CHILD Ethel Mae Albin

5. Date of Birth of Child (Month, day, year) April 8, 1922

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Albin
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Shelbyville Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Goldie May Burnett
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Mtayr Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Denver } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 20 years, and that Vina Albin (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Goldie May Albin Signature
Denver Colo. P. O. Address

My Commission expires September 20, 1945

Subscribed and sworn to before me this 14th day of October, 1942

(SEAL) Mary E. Ehrenbrook Notary Public, residing at Denver, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

APR 19 1951

OCT 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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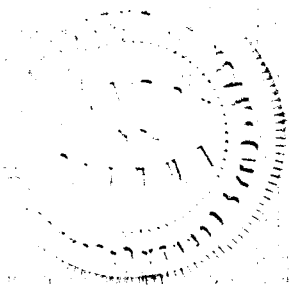

693-21-033-912

359276

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Donna Wickham

5. Date of Birth of Child (Month, day, year) Oct. 13, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Vernon H. Wickham
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Rasband
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Heber City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the attending nurse (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 20 years, and that Dr. Frank (First name) Watkins (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Rasband Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of October, 1942.

(SEAL) Nancy Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mark Hales, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 2 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-114-033-312

Unit States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359351
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar
(c) Street Address or R.F.D. No. (rural)
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison.
(c) City Sugar.
(d) Street Address or R.F.D. No. (rural),
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bacilio Cardenas,

5. Date of Birth of Child (Month, day, year) June 14, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Gerardo Cardenas.
11. Color or Race Mexican
12. Age at time of THIS birth 28 yrs.
13. Birthplace Jerez, (City or town) Mexico. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Juanita Tabarez.
17. Color or Race Mexican
18. Age at time of THIS birth 20 yrs.
19. Birthplace Torreon, (City or town) Mexico. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Juanita Cardenas (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature (---) XXXX Midwife Address none. Date

State of Washington, }
County of Yakima, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for twenty years, and that Dorotea (First name) Cardenas, (Last name), who attended this birth and now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gerardo Cardenas Signature

R.F.D. #1, Wapato, Washington. P. O. Address

Subscribed and sworn to before me this 17th day of October, 1942.

(SEAL) Notary Public, residing at Wapato, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mabel Wheeler, Registrar.

OCT 2 3 1942

JUN 2 5 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-224-003-294

United States
Department of Commerce
Bureau of the Census

OCT 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359355
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 425 So. 9th Ave.
(d) Name of Hospital or Maternity Home: Pocatello General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 425 So. 9th Ave.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Thel Eunice Smith

5. Date of Birth of Child (Month, day, year) Nov 24/72

6. Sex X

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Harold Smith
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Egin (City or town) Idaho (State or foreign country)
14. Exact Occupation Manager of Armour Creameries
15. Industry or Business Manufacturing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Augusta Krueger
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Glidden (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Friday (Born alive, ~~stillborn~~) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Pocatello, Ida Date 10/12/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-108-033-968

359358

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Sugar City
   (c) Street Address or R.F.D. No. R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Born at family home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Sugar City
   (d) Street Address or R.F.D. No. R.F.D No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar City, Ida.

4. **FULL NAME OF CHILD** Kenton R. Pincock

5. Date of Birth of Child (Month, day, year) July 8, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Haren Pincock
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wilford, Fremont Co. Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture and Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Rohner
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace New Harmony, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Irene (First name) Pincock (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Severinda Pond Midwife Address Sugar City, Idaho Date 20 Oct. 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated)

Received for filing on OCT 21 1942 by Mark Shaffer, Registrar.

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-116-006-519

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 26 1942

State File No. 359435

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Sterling

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: At home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham

(c) City Sterling

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Sterling, Idaho

4. FULL NAME OF CHILD Paul Prophet Kendell

5. Date of Birth of Child (Month, day, year) 6-16-22

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Kendell

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Uinta (City or town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith May Earl

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace South Weber (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 20 years, and that Doctor C. F. Schiltz M.D. (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith May Earl Kendell Signature

Sterling Idaho P. O. Address

12-1-45

Subscribed and sworn to before me this 23 day of October, 1942

(SEAL)

M. D. Linschied Notary Public, residing at Aberdeen, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mark Hyer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 0 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-217-019-618

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359439
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Stanley
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Stanley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Stanley Ida.

4. FULL NAME OF CHILD Clara May Thompson

5. Date of Birth of Child (Month, day, year) May 17th 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charlie Smith Thompson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Custer (City or town) Idaho (State or foreign country)
14. Exact Occupation Hoist operator
15. Industry or Business Logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie May Way
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mitchell (City or town) So Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by Lottie (First name) Thompson (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Affie Cothern M.D. Midwife Address Stanley Ida. Date

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-213-001-643

359458

359458

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359458
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elizabeth Jane Beatty

5. Date of Birth of Child (Month, day, year) Sept 13 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Mathew Beatty
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Toquerville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vilate Abigal Fuller
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Cedar City (City or town) Utah (State or foreign country)
20. Exact Occupation Farmer wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO
County of ADA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 20 years, and that D.N. Neal (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vilate Beatty Signature

R#5 - BOISE. IDA. P. O. Address

Subscribed and sworn to before me this 28TH day of OCTOBER, 1942

(SEAL) O E Ramm Notary Public, residing at BOISE, IDA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mary F Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 22-105998

819-208-019-343 359476 359476

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359476
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Elmore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Lulu Harmon

5. Date of Birth of Child (Month, day, year) MARCH 8, 1922

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Parley Allen Harmon
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Lewisville Idaho (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Railroad - U.P.R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Mae Tucker
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Greenville Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping House

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Elmore } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that Dr. R. D. Tucker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Mae Tucker Harmon Signature

Glenns Ferry, Idaho. P. O. Address

Subscribed and sworn to before me this 31st day of October, 1942

(SEAL) Burton E. Hansen Notary Public, residing at Glenns Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

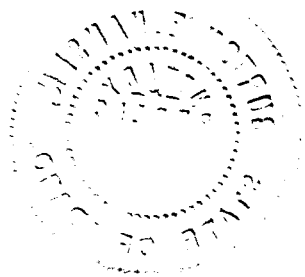
Received for filing on NOV 4 1942 by Mabel F. Elder, Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



458-117-024-292

United States
Department of Commerce OCT 27 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359533
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address ~~or R.F.D. No.~~ 813 Idaho
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address ~~or R.F.D. No.~~ 813 Idaho St.
(e) How long has **MOTHER** lived in Idaho? over 2 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding Idaho

4. FULL NAME OF CHILD John Macy Meyer

5. Date of Birth of Child (Month, day, year) 12/17/'22

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Meyer
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace near Dayton Ohio (City or town) (State or foreign country)
14. Exact Occupation Hardware Merchant
15. Industry or Business Hardware Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Heywood Bibbins
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace St Paul, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Helen (First name) Meyer (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J H Crommell M.D. ~~Midwife~~ Address Gooding Ida Date 10-24-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by Mabel F. Etchen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-125-002-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359547
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City New Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 9 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City New Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 0 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ore.

4. **FULL NAME OF CHILD** Warren Melvin McReynolds

5. Date of Birth of Child (Month, day, year) Dec. 25, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Charles McReynolds
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Unknown (City or town) Oregon (State or foreign country)
14. Exact Occupation farming.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen May Clark.
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace New Meadows (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the ~~date~~ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 19 years, and that Unknown (First name) Dr. Schyler (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen McReynolds Signature

New Meadows Idaho P. O. Address

Subscribed and sworn to before me this 22 day of October, 1942

(SEAL) ____ Notary Public, residing at New Meadows Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by Mark Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-a27-010-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359569
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls, Ida.
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 3 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls Idaho
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 10+ yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Vera LaDean Russell

5. Date of Birth of Child (Month, day, year) April 27 / 22

6. Sex female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Jackson Russell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Provo Co. (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Bird
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salina (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Vera B. Russell (First name) (Last name), who is related to this child as mother (Mother, etc.)

(Duplicate)

25. Attendant's **OWN** signature N. L. Nielsen M.D. ~~Midwife~~ Address Idaho Falls, Ida. Date Oct. 27, 1942

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mark Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-119-014-153

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359687

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No. Challis, Idaho
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Challis, Ida

4. **FULL NAME OF CHILD** Robert Leroy Kerr

5. Date of Birth of Child (Month, day, year) 10/19/22.

6. Sex MALE

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) 1

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James N. Kerr
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Atchinson, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Cattle Raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Iverson
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Sandy Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12 oclock P.M. on the date and at the place stated above, and that personal particulars were furnished by Nora Kerr (First name) (Last name), who is related to this child as His Mother (Mother, etc.)

25. Attendant's **OWN** signature Katherine G. Coleman, ~~MD~~ Midwife Address Challis Idaho. Date Oct. 28. 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mabel Redden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code ~~Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 359687

County of Custer } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Robert L. Kerr (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 19, 1921 (DATE OF EVENT)

in Challis, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on November 16, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date	Oct. 19, 1922	Oct. 19, 1921

Subscribed and sworn to before me this 16th day of November, 19 42

A. R. Neuhardt

Notary Public, residing at Challis, Ida

My commission expires August 12, 1945

(SEAL)

Signed Mrs. James N. Kerr.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Challis, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Custer }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of November, 19 42

A. R. Neuhardt

Notary Public, residing at Challis, Idaho

My commission expires August 12, 1945

(SEAL)

Signed Mary Salomon

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Challis, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 2 3 1942

DEC 27 1954

349-103-037-236 359707

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359707

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau, Ida.

4. **FULL NAME OF CHILD** John William Turner

5. Date of Birth of Child (Month, day, year) Dec. 3, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Vernon Turner
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bruneau (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betty Elmira Stonedahl
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Port Wing (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 19 years, and that Dr. Becker (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Betty E. Turner Signature

Box 1513 - Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 14 day of November, 1942

(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 16 1942 by Mary F Elder, Registrar.

NOV 16 1942

APR 25 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-122-003-142

359901

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Usual Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland Ida

4. FULL NAME OF CHILD Dewaine Jensen

5. Date of Birth of Child (Month, day, year) August 22 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elcanna B. Jensen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bear River City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella B. Austin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cleveland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Minidoka

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all life years, and that Dr. Hubbard (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elcanna Jensen Signature

Rupert, Idaho Route #1 P. O. Address

Subscribed and sworn to before me this 3rd day of November, 1942

(SEAL) A C DeMary Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649-125042-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360113**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls - Idaho
(d) Street Address or R.F.D. No. 1st north
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clarence Freman Wurster Jr.

5. Date of Birth of Child (Month, day, year) May 25 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Freman Wurster Sr

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Carrol Co. (City or town) Missouri (State or foreign country)

14. Exact Occupation manager lumber yard

15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rafel Joann Mathiesen

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Bogard (City or town) Missouri (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Clarence (First name) F Wurster Sr (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Charles R Scott M.D. ~~Midwife~~ Address Twin Falls Date 9 days

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code~~ Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

353 112010 719

United States
Department of Commerce
Bureau of the Census

NOV 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360147
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.D. #7
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.D. #7
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) 22

4. FULL NAME OF CHILD Paul Eugene Telford

5. Date of Birth of Child (Month, day, year) May 12, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Lafayette Telford
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lewiston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavinna Parke
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Malta (City or town) Idaho (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P. A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature H Ray Hatch M.D. ~~Midwife~~ Address Idaho Falls, Idaho Date 11-5-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

NOV 2 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

458 22 2026 863

United States
Department of Commerce
Bureau of the Census

NOV 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360226
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elvina Lydia Mehlhoff

5. Date of Birth of Child (Month, day, year) Feb. 22, 1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christ Mehlhoff
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace South Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Karolina Hochhalter
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace South Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Clatsop } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 20 years, and that the midwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christ Mehlhoff Signature
Gearhart - Oregon P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL) C. W. Gilden Notary Public, residing at Seaside - Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

REPORT FILING IN AND FOR THE STATE OF OREGON
MY COMMISSION EXPIRES JUNE 18, 1946.

Received for filing on NOV 12 1942 by Mabel F. Elders, Registrar.

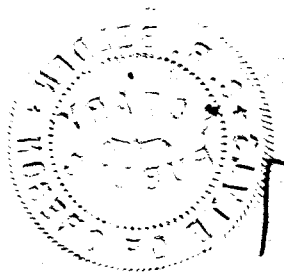
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



BOTH DELAYED

Dup of 1922 - 140697

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-229030-212 360264 **360264**

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City May
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address May, Idaho

3. RESIDENCE of FATHER (city, state) May, Idaho.

4. FULL NAME OF CHILD Nellie Juanita Black

5. Date of Birth (Month, day year) 10/29/22

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Francis Black
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Fillmore (City or town) Millard Co. (State or foreign country) Utah
14. Exact Occupation
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Cordelia Basinger
17. Color or Race White **18.** Age at time of THIS birth 32 yrs
19. Birthplace Thebes, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 23 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie C. Black, being first duly sworn, say that I am Related (Related to (or) acquainted with) Nellie Juanita Black (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Nellie C. Black Signature

Salmon, Ida. P. O. Address

Subscribed and sworn to before me on this 24th day of Sept, 19 42

(SEAL) W. O. Earle Notary Public, residing at Salmon, Idaho.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

ID - OR DC # 05-90419

DECEASED

365-117032-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360378
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kansas (b) City Ashton
(c) Street Address or R.F.D. No. Gen Delivery, Box 567
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Norman and Maurice Conklin

5. Date of Birth of Child (Month, day, year) Feb. 17, 1922

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lester George Conklin
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace White Wood (City or town) Idaho (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Doris Coleman
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Nelson (City or town) New Hope Co. Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol, 10%
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was dead (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Doris (First name) Sizemore (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Ashton, Idaho Date Nov 10/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 110022-231

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont Co
(c) City Teton City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Teton Idaho

4. FULL NAME OF CHILD Grant Blackford Pincock

5. Date of Birth of Child (Month, day, year) April 10, 1922

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME J Frank Pincock
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Blackford
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Oldham Lancire (City or town) England (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 20 years, and that Doctor (First name) Young (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Susan Blackford Pincock Signature

Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 16 day of November, 1942

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 20 1942 by Mary F Eldredge, Registrar.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-127-028-718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361474
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 22+ yrs.

3. RESIDENCE OF FATHER (city, state) Athol, Ida

4. FULL NAME OF CHILD Arthur Almerin Stephenson

5. Date of Birth of Child (Month, day, year) Aug-27-1922

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 3
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Arthur Stephenson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Mound City (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura May Payne
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Knobnoster (City or town) Mo (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Dora E. Duvall (First name) (Last name), who is related to this child as Midwife (Mother, etc.)

25. Attendant's **OWN** signature Dora E. Duvall M.D. Midwife ✓ Address Athol Idaho Date Nov 17-42

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 20 years, and that Dora E. Duvall (First name) (Last name), who attended this birth Athol Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura May Stephenson Signature
732 - 2 St Coeur d'Alene Ida P. O. Address

Subscribed and sworn to before me this 17 day of Nov, 1942
(SEAL) H Wolf Notary Public, residing at Coeur d'Alene Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-22-4040-451

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 20 1942

State File No. 361503
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No. 126 E. Brown
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 4 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. 126 E. Brown
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Mary Jane Savage

5. Date of Birth of Child (Month, day, year) April 24, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sam D. Savage
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ropina (City or town) Yugoslavia (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sarah DeJanovich
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Joliet (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho, County of Kootenai. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 20 years, and that Mrs. Mary DeJanovich (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Savage Signature

Cataldo, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of November, 1942.

(SEAL) L.W. Butler Notary Public, residing at Cataldo, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

947-228-025-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361526
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster, Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Harpster, Idaho

4. FULL NAME OF CHILD Lorraine Shirley Rupe

5. Date of Birth of Child (Month, day, year) June 28, 1922

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lloyd E. Rupe
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Chillothi (City or town) Missouri (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Murl Leora Shearer
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Grangeville (City or town), Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Murl Leora Rupe (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs A Addie [illegible] M.D. Midwife Address Harpster Date Nov. 18, 42

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for 20 years, and that Mrs Johanna Ruff (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lloyd E Rupe Signature

Harpster, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of November, 1942

(SEAL) Henry Fletcher County Recorder Grangeville, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1962

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-209-010-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361639
Local Reg. No.
Reg. Dist. No. 610

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Janice Marie Keller
5. Date of Birth of Child (Month, day, year) June 9-1922
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Keller
11. Color or Race W.
12. Age at time of THIS birth 39 yrs.
13. Birthplace Wadena, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Gergen
17. Color or Race W.
18. Age at time of THIS birth 37 yrs.
19. Birthplace New Hampton, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Frank Keller (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature H. L. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date Nov-23-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1942 by Mabel F. Elderson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-220-016-238

361644

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City
   (c) Street Address or R.F.D. No. Yale Route
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City
   (d) Street Address or R.F.D. No. Yale Route
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Frances Luella Braun

5. Date of Birth of Child (Month, day, year) Oct. 20, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Braun
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Schuh
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 20 years, and that Margerte Schuh (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lydia Braun. Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of Nov. 1942

(SEAL) Vera Black Notary Public, residing at Burley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel Helsley, Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-110-031-766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361792
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Ida.

4. FULL NAME OF CHILD Howard Samuel Boyer.

5. Date of Birth of Child (Month, day, year) Nov. 10 1922

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin R. Boyer.
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Sprague (City or town) Wash. (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Wilma Gwydonia Goodnight.
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Victor (City or town) Colorado. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 37 years of age, that I have known this person for 20 years, and that Dr (First name) Kelly (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. D. M. Irwin Signature
E. 25 3 — 2nd Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 27th day of November, 1924

(SEAL) A. W. Voigt Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1924 by Mabel Thelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-102-03-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361867

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Central
   (c) Street Address or R.F.D. No. R F D
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Central
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) Central, Ida

4. **FULL NAME OF CHILD** Evan J. Sorenson

5. Date of Birth of Child (Month, day, year) Mar. 2nd 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Leroy Sorenson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Ovid, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Johnson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Ovid, Idaho (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 20 years, and that Dr. John H. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Johnson Sorenson Signature

Bancroft Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 19 42

(SEAL) Harold B Lowe Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

SEP 7 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-122-029-813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361965
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 718 S. Main
(d) Name of Hospital or Maternity Home: Gritman Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County Whitman
(c) City Rural: Just across line from Latah County, Idaho
(d) Street Address or R.F.D. No. Moscow, Route 4
(e) How long has **MOTHER** lived in Idaho? 0 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** Abraham L. Haynes

5. Date of Birth of Child (Month, day, year) Jan. 22, 1922

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Haynes
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Clinton, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby P. Hall
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Elk City, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 20 years, and that C. L. Gritman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer Haynes Signature

Route 4, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of December, 19 42

(SEAL) Robert W. Peterson Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955-103-DBO-912

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362036
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 7
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 7
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls.

4. **FULL NAME OF CHILD** Owen A. Rennie

5. Date of Birth of Child (Month, day, year) June 3, 1922

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Adam Rennie
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Aberdeen (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viva Blanche Rasband
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Heber (City or town) Utah (State or foreign country)
20. Exact Occupation Seamstress
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Tetracycline
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Viva (First name) Rennie (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date Nov 23 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 20 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-215-079-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362057
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years Two months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Main St % P.C. Omally
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Virginia La Vonne Killian

5. Date of Birth of Child (Month, day, year) Oct 15 - 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Verne J. Killian
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Orange Ville (City or town) Utah (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Doris La Vonne Park
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was bron alive (Born alive, stillborn) at 6A M. on the date and at the place stated above, and that personal particulars were furnished by Doris Park (First name) Killian (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. A. Johnson M.D. ~~Midwife~~ Address Mackay, Ida. Date 12/7/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Mabel F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-110-005-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362111
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah (b) City Tensed
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Tensed
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Tensed Idaho

4. **FULL NAME OF CHILD** Gail Morgan McGuire
5. Date of Birth of Child (Month, day, year) Feb 10 1922
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence Talmage McGuire
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Webster Co (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mazie Idell Eames
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Spokane (City or town) Wash. (State or foreign country)
20. Exact Occupation farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that Dr (First name) Barteau (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Clarence T McGuire Signature
Brewster, Wn P. O. Address

Subscribed and sworn to before me this 10 day of Dec, 1942

(SEAL) Hugh Norris Notary Public, residing at Brewster

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Okanogan }

Certificate No. 332111

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Gail Morgan McGuire (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 10th, 1922 (DATE OF EVENT)
in Benewah County, Oregon (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by prior certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Sex of child	Male	Female

Subscribed and sworn to before me this 7th
day of January, 19 43

Notary Public, residing at Brewster, Wash

My commission expires Jan. 3rd, 1947
(SEAL)

Signed Mazie Eaton McGuire Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the correcte[illegible] as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Signed
(SIGNATURE OF ANY CREDIBLE

Notary Public, residing at

(STREET A

My commission expires
(SEAL)

need
new
delayed

Received for filing on JAN 1 1 1943 By
(REGISTRAR'S

JAN 13 1943

655-220003.433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362197
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carol Janice Wengren

5. Date of Birth of Child (Month, day, year) June 20 - 1922

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Herman Wengren.
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Union (City or town) Utah (State or foreign country)
14. Exact Occupation Transfer man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Elizabeth Mc. Feeney
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 730 P.M. on the date and at the place stated above, and that personal particulars were furnished by John Herman Wengren (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 20 years, and that Dr Marshall (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Elizabeth Wengren Signature
MY COMMISSION EXPIRES APR. 22, 1944
904 N. Willow Compton Calif. P. O. Address

Subscribed and sworn to before me this 11 day of December, 1942.

(SEAL) Irene McGuarrie Notary Public, residing at 141 W Compton Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mabel Fielder, Registrar.

DEC 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dept of 22-104345

154 B0003-819

362220

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 38 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Thatcher, Ida

4. FULL NAME OF CHILD Rex Harris Andersen

5. Date of Birth of Child (Month, day, year) Aug 30 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Parley Pratt Andersen
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Bear River City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Jane Harris
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Thatcher, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 a M. on the date and at the place stated above, and that personal particulars were furnished by Annie J Andersen (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for life years, and that John H. Hubbard M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Jane Andersen Signature

Grace, Idaho. P. O. Address

Subscribed and sworn to before me this 15 day of Dec., 19 42

(SEAL) [signature] Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-205041-295

363595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marjorie Cleo Daniels

5. Date of Birth of Child (Month, day, year) Nov. 5, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Scott Miller Daniels
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Menan (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Jessie Sinclair
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Victor (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that Susan (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona Jessie Sinclair Daniels Signature
105 E. 15th St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1942

(SEAL) Lee Walker Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires [illegible] 1945

Received for filing on JAN 5 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Grace Idaho

4. FULL NAME OF CHILD Norma Pearl Miles

5. Date of Birth of Child (Month, day, year) Oct. 10, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harvey Nelse Miles
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Mink Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vella May Cunningham
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ashton (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Vella (First name) Miles (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 20 years, and that Hyrum Hulstrand (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vella May Miles Brown Signature

2219 17th St. Ogden P. O. Address

Subscribed and sworn to before me this 31st day of December 19 42.

(SEAL) Notary Public, residing at Ogden.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mabel P. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

JAN 4 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-124026-693

363639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Jefferson (b) City Rigby -
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home no hospital Days
In THIS county 20 years — months — days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street address or R. F. D. No. —
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address (For registration notice):
Now deceased in 1942-3
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (City, state) Rigby Idaho

4. FULL NAME OF CHILD Lee Warren Owen

5. DATE OF BIRTH (Month, day, year) July 24th 1922

6. Sex Male

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Henry Owen
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ammon Idaho (City or Town) (State or foreign country)
14. Exact Occupation Stock Buyer & Shipper
15. Industry or Business Cattle -

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie M. Fillmore -
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Grass Valley Utah - (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1% -
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Daniel H Owen (First name) (Last name), who is related to this child as father (Mother, etc.)

JAN 6 1943

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson M.D. M. D. (D. O., Midwife, etc.)
and address Rigby, Idaho Date Jan 2nd 1943

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

+ 666-201042542

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363687
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Betty Lou Fowler

5. Date of Birth of Child (Month, day, year) July 1 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar B Fowler
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace San Bernardino Calif (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie E Eustice
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Fitley [redacted] S. Dak. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ~~Twin~~ Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 20 years, and that Dr F. A. Dwight (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie E Fowler
Mrs E B Fowler Signature
Box 157 Filer, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of December, 1942

(SEAL) [signature] Notary Public, residing at Filer Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363709
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Ryerdale
   (c) Street Address or R.F.D. No. R4 Idaho Falls
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Ryerdale
   (d) Street Address or R.F.D. No. 4 Idaho Falls
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Gladys Backlund

5. Date of Birth of Child (Month, day, year) 2-9-1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Backlund
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Vermland Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elena Nelson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive/stillborn) at 9:30 a. M. on the date and at the place stated above, and that personal particulars were furnished by Elena Backlund (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Adler M.D. ~~Midwife~~ Address Shelley Ida Date 12-2-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Backlund Signature

..... P. O. Address

Subscribed and sworn to before me this 5 day of January, 1943

[SEAL] ..... Notary Public, residing at Magna, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel Fielder, Registrar.

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363711
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Joseph's Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Wash. (b) County Asotin
(c) City Clarkston
(d) Street Address or R.F.D. No. Chestnut St
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Glenn Oval Byers
5. Date of Birth of Child (Month, day, year) March 22, 1922
6. Sex M.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Arthur Byers
11. Color or Race W.
12. Age at time of THIS birth 30 yrs.
13. Birthplace Puyallup (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna May Shirley
17. Color or Race W.
18. Age at time of THIS birth 36 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 10:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Thomas A. Byers (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Paul W. Johnson M.D. Midwife Address Lewiston Ida Date 1-4-43

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 20 years, and that Paul W. Johnson (First name) (Last name), who attended this birth has made the above certificate ~~(Is now deceased) or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Arthur Byers Signature
#927 W. Main Ave Spokane Wash. P. O. Address

Subscribed and sworn to before me this 5th day of January, 1943

(SEAL) Hans H. Phipps Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 6 1943 by Mabel I. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Tetonia
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home: at Home of Parents
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Tetonia
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Tetonia, Ida.

4. **FULL NAME OF CHILD** Rena Jane Hanmear

5. Date of Birth of Child (Month, day, year) July 27-1922

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ernest Charles Hanmear
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet Marie Jensen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lincoln (City or town) Lorain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Teton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 46 years of age, that I have known this person for 20 years, and that Dr. Lathrop J. Martin (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Violet M. Hanmear Signature

Victor, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943

(SEAL) ..... Notary Public, residing at Victor, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Mabel F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City MCCAMMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 2 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City MCCAMMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** SHELDON CARL WATTS

5. Date of Birth of Child (Month, day, year) May 6 1922

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM ERNEST WATTS
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Rockland Idaho (City or town) Oneida (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Garage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Ione Mellor
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Gunnison Utah (City or town) Sanpete (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 20 years, and that Mrs. Ethel McNeil (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Ernest Watts Signature
Box 1-11th St - Coeur d'Alene P. O. Address

Subscribed and sworn to before me this 6 day of January, 1943.

(SEAL) ..... Notary Public residing at Coeur d'Alene, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) NOTARY PUBLIC FOR THE STATE OF IDAHO, RESIDING AT COEUR D'ALENE, IDAHO. MY COMMISSION EXPIRES AUG. 1, 1943

Received for filing on JAN 12 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar in record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

811-111032-452

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Shoshone, Idaho
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address (For registration notice): deceased
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Oliver Joseph Haas

5. **DATE OF BIRTH** (Month, day, year) Nov. 11, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Edward Haas

11. Color or Race White

12. Age at time of THIS birth ..... yrs.

13. Birthplace Ft. Worth, Texas
(City or Town) (State or foreign country)

14. Exact Occupation Business man

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna M. Deasey

17. Color or Race White

18. Age at time of THIS birth ..... yrs.

19. Birthplace Fairfield, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol-10%

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 9 M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 21 1943 (Date received) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone, Idaho Date Dec 16/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 21 1943

JUN 16 1945

JUL 9 1951

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe: —

(2) Birth Injury? None

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes..... No No Pos..... Neg.....

(e) Signature of Physician:

[signature] M.D.

134-120035-453 364006. 364006

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Richard Lockwood Alderman

5. Date of Birth of Child (Month, day, year) January 20, 1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George H. Alderman
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Tillamook, Oregon (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delta
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Tacoma, Washington. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 20 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delta Alderman Signature

3411 Preble St., Bremerton, Wash P. O. Address

Subscribed and sworn to before me this 18 day of January, 1943

(SEAL) Mae H. Lunsway Notary Public, residing at Bremerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau Ida

4. **FULL NAME OF CHILD** Ira Jarrid Purjue

5. Date of Birth of Child (Month, day, year) Feb. 23 - 1922

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Purjue
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Cambrige (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Taylor
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Poland (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 20 years, and that Maggie Taylor (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira Purjue Signature

Issaquah Wash P. O. Address

Subscribed and sworn to before me this 15th day of January, 1943

(SEAL) E. A. Peil Notary Public, residing at Redmond, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 20 1943 by Mabel Register, Registrar.

JAN 23 1943

FEB 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City BOLES
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City BOLES
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD GENE LEROY COX

5. Date of Birth of Child (Month, day, year) JAN 16TH 1922

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 4TH 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN WILLIAM COX
11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace KIOWA, INDIAN TERR (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET ANN BUSICK
17. Color or Race WHITE 18. Age at time of THIS birth 26 yrs.
19. Birthplace GAINSVILLE TEXAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 21 years, and that ~~Frost~~ Myrtle Frost (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John William Cox Signature
Winchester Idaho P. O. Address

Subscribed and sworn to before me this 25 day of January, 1943
(SEAL) W. F. Seaton Notary Public, residing at Winchester Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365448
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. x
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. x
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone

4. FULL NAME OF CHILD Marvin Young Thomason

5. Date of Birth of Child (Month, day, year) Oct. 22, 1922

6. Sex m **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harmon Young Thomason
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Platte Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business x

MOTHER OF CHILD

16. FULL MAIDEN NAME Lenora Calastine Points
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Washington Co. (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 20 years, and that (First name) (Last name), who attended this birth mother (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lenora Calastine Thomason Signature

Box 122, Durkee, Oregon P. O. Address

Subscribed and sworn to before me this 27 day of January, 1943

(SEAL) [signature] Notary Public, residing at Wendell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1943

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Roberts, Ida.

4. **FULL NAME OF CHILD** Annabell Rossback

5. Date of Birth of Child (Month, day, year) December 26, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Gordon W. Rosslock
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Bee Keeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Jane Whitlatch
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12:13 a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Eugene Taylor (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Earl D Jones M D by Mrs Earl Jones M.D. Midwife Address Kate Bahner Date Feb. 10. 1943

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Gordon W. Rosslock Signature
Roberts, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of February, 1943

(SEAL) Arthur R Jensen Notary Public, residing at Roberts Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1943

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-102022231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 8 1943

State File No. 365726

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Ashton

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont

(c) City Ashton

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? all 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. **FULL NAME OF CHILD** William Slatery Martin

5. Date of Birth of Child (Month, day, year) 5-2-22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Hale Martin

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Vermont (City or town) Illinois (State or foreign country)

14. Exact Occupation Sheet Metal Worker

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Slatery

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Vernon (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name ~~prophylactic~~ used to prevent Ophthalmia Neonatorum. Silver Nitrate

23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above; and that personal particulars were furnished by Harriett (First name) Martin (Last name), who is related to this child as Harriett Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address Ashton Idaho Date 2-1-43

State of

County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mabel H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 28 1973

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-224010-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365729
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 453 Walnut St
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 453 Walnut
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Barbra Pearl Marler

5. Date of Birth of Child (Month, day, year) Jan. 24 - 1922

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lathon Jay Marler
11. Color or Race white **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Teton (City or town) Idaho (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Retail Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Thelma Lemmon
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Grant (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Thelma Marler (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature H. D. Junkins M.D. ~~Midwife~~ Address Paris Date [illegible]

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 20 years, and that Dr. H. D. (First name) Junkins (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thelma L. Marler Signature
453 Walnut St. Idaho Falls Ida P. O. Address

Subscribed and sworn to before me this 24 day of December 1942

(SEAL) [illegible] Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel F Elder, Registrar.

FEB 9 1943

APR 12 1956

1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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365809

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Firth Idaho

4. FULL NAME OF CHILD Marguerite Joyce Andrus

5. Date of Birth of Child (Month, day, year) April 18-1922

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Milon Morris Andrus
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Live Stock Buyer
15. Industry or Business Live stock Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Althea Mable Dimm
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Ackerman (City or town) Mississippi (State or foreign country)
20. Exact Occupation House [redacted] Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. M. M. Andrus (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature L. R. Egbert M.D. ~~Midwife~~ Address Preston Ida. Date Jan. 30-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Mary H. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659 117029 255

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

365819

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Latah
City of Genesee Idaho
No. R. R. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Walter Charles Wernecke

3. Sex M.

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 1st

6. Premature No Full term Yes

7. Legitimate? Yes

8. Date of birth Aug 17, 1922 (Month, Day, Year)

FATHER

9. Full name George Herman Wernecke

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race W | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work all

MOTHER

18. Full maiden name Estes May Snelson

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race W | 21. Age at last birthday 17 (years)

22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 a m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Walter A. Burg, M. D.

or _____, Midwife

Address Uniontown Wash

Filed FEB 12 1943 193

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from supplemental report _____ (Date of)

_____ Registrar.

TH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—In case of more than one child, separate Return must be made for each, and the number of each, in order of birth stated.

FEB 12 1943

DELAYED

395720 340 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365832
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City KELLOGG
(c) Street Address or R.F.D. No. GEN. DELIVERY
(d) Name of Hospital or Maternity Home:
WARDNER HOSPITAL
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. Gen Delivery
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, IDA

4. **FULL NAME OF CHILD** Bert Lien

5. Date of Birth of Child (Month, day, year) OCT 20, 1922

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Edward Lien
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Rendbu (City or town) NORWAY (State or foreign country)
14. Exact Occupation PLUMBER
15. Industry or Business Bunker Hill Smelter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inga Serine Holen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Tromso (City or town) Norway (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol,
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason, M.D. Midwife Address Kellogg Ida Date 2/6-43

State of IDAHO
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 20 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Maud Fielder, Registrar.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

497-204-029-168

366093

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ..... Local Reg. No. ..... Reg. Dist. No. .....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch Idaho
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: .....
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County .....
   (c) City Onaway via Potlatch
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? ~~24~~ 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke Ida

4. **FULL NAME OF CHILD** Dorothy Vivian Dixon

5. Date of Birth of Child (Month, day, year) Dec 4 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 9

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mike Elmer Elsworth Dixon

11. Color or Race White Irish

12. Age at time of THIS birth ..... yrs.

13. Birthplace Virone (City or town) Pennsylvania (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Anna Josephine Johnson

17. Color or Race White French

18. Age at time of THIS birth ..... yrs.

19. Birthplace Iowa (City or town) Iowa (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 16.3 years of age, that I have known this person for 20 years, and that Dr E. T. (First name) ~~Hinkley~~ Nelson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Josephine Dixon Signature

Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 15 day of February 1943

(SEAL) Leslie Lyons Notary Public, residing at Potlatch, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC residing at Potlatch, Idaho
My commission expires December 10, 1943

Received for filing on FEB 22 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1943

JAN 19 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1922-107980

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367191
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Grace
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address (For registration notice):
Soda Springs, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Margie Adele Meek

5. DATE OF BIRTH (Month, day, year) April 30, 1922

6. Sex fe

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME LeRoy Meek

11. Color or Race W

12. Age at time of THIS birth 33 yrs.

13. Birthplace Byesville, Ohio
(City or Town) (State or foreign country)

14. Exact Occupation dentist

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Richards

17. Color or Race W

18. Age at time of THIS birth 27 yrs.

19. Birthplace Avon, Montana
(City or Town) (State or foreign country)

20. Exact Occupation houseiwfe

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4P M. on the date and at the place stated above, and that personal particulars were furnished by LeRoy Meek (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) FEB 25 1943 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Attendant's OWN signature Ellis Kackley M. D. (D. O., Midwife, etc.)
Ellis Kackley, M.D.
and address Soda Springs Date 2/20/43

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 3 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

433 212006 386

367253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367253
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 5 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth, Ida.

4. **FULL NAME OF CHILD** DOROTHY ELIZABETH McCURDY

5. Date of Birth of Child (Month, day, year) Mar. 12, 1922

6. Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Winfred Ward McCurdy
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Ovid (City or town) Idaho (State or foreign country) USA
14. Exact Occupation Section Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELVA MAY LYON
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Hyde Park (City or town) Utah (State or foreign country) USA
20. Exact Occupation Housewife
21. Industry or Business ----------

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elva McCurdy (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. R. Egbert M.D. M.D. ~~Midwife~~ Address Arco, Idaho Date Jan. 31-43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mary F. Felder, Registrar.

MAR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-2081 039-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367516
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Am. Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 10 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls

4. **FULL NAME OF CHILD** Mary Theresa Kucera
5. Date of Birth of Child (Month, day, year) March 8, 1922
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph John Kucera
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kutna Hora Bohemia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Helen Kucera
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Silver Lake, Minnesota (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Borned (Born alive, stillborn) at alive M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann Fiek (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Mary Ann Fiek Am. Fr. Idaho Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 20 years, and that Mary Fiek (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Fiek Signature
215 Van Buren Street Am. Fr. P. O. Address

Subscribed and sworn to before me this 1 day of March, 1943

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-210-013-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367571
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Camas (b) City Hill City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Camas
   (c) City Hill City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Dorotha Mell Williams

5. Date of Birth of Child (Month, day, year) April 10, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lon Tomas Williams
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Alton (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Mell Kelso
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Corning (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Camas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for Since Birth years, and that Mary Kelso (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Mell Williams Signature

P. O. Address

Subscribed and sworn to before me this 6th day of March, 1943.

(SEAL) Tom Hokersen, Notary Public, residing at Fairfield Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Jack F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

JAN 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-120-027-665

United States
Department of Commerce
Bureau of the Census

MAR 6 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367643
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity~~ Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mackel Wee Burr Miller
5. Date of Birth of Child (Month, day, year) 8-20-1922
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Warren Dudley Miller
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Florence (City or town) Ariz. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Owens
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace St. David (City or town) Ariz. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Cochise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 20 years, and that Olive Owens (First name) (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Cynthia Owens Miller Signature

P. O. Address

my Com expires 1-27-46

Subscribed and sworn to before me this 1 day of Mar, 1943

(SEAL) Geo. T. Barr Sr. Notary Public, residing at St. David Ariz

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mabel F. Elder, Registrar.

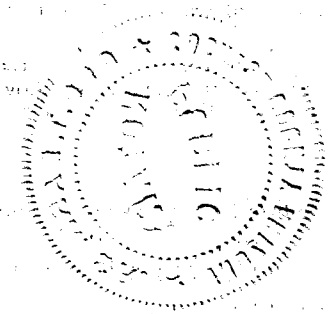
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



263-125-024-363

367705

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No. R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Ida.

4. FULL NAME OF CHILD Earl Lyman Bottoms

5. Date of Birth of Child (Month, day, year) Jan. 25th 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wesley Mc Kinley Bottoms

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Dubuque, (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vilate Collings

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Monroe, (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1 Dr. Argyrol

23. Number of children ~~of this mother~~: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Vilate Bottoms (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Simonton M.D. Midwife Address Glenn's Ferry Ida Date Mar 5 43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Maud F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 15 1964
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 367705

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Earl Lyman Bottoms (Name on Original Certificate) who was born (Was Born or Died) on Jan. 25, 1922 (Date of Event) in Wendell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#6 - Sex of Child	Omitted	Male

Subscribed and sworn to before me this 13 day of July, 1964

Notary Public, residing at Lawrence Nash

My commission expires Aug 13-1966

(Seal)

Signed Mrs. Vilate C. Bottoms
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4815 Earl Eye Lawrence Nash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

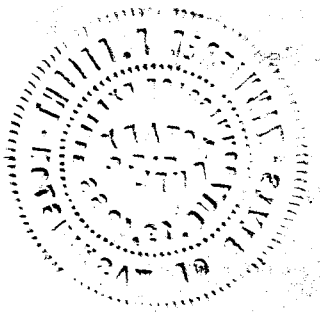
Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

L 6-29-64. nm

FEB 1 3 1970
JUL 17 1964



293-110-026-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367725
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Hamer
   (c) Street Address or R.F.D. No.
   (d) Name of ~~Hospital~~ or ~~Maternity~~ Home: Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 10 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Hamer.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hamer, Idaho.

4. **FULL NAME OF CHILD** Andrew William Killian

5. Date of Birth of Child (Month, day, year) August 10, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Andrew Killian
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Glenwood (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Swenson.
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Sandy (City or town), Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Jefferson }

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Killian Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me this 10 day of March, 1943

(SEAL) Maude Terman, Notary Public, residing at Hamer Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 15 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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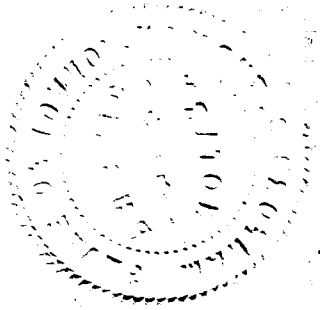


BOTH DELAYED

Dept 22-140698

365-126-219-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367758
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: (Home ate home)
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Challis, Ida.

4. **FULL NAME OF CHILD** Gordon J. Loveland

5. Date of Birth of Child (Month, day, year) Aug. 26, '22

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Elmer Loveland
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Callsfort, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Josephine Johnson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Deweyville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum A G No 1
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature (deceased) M.D. Midwife Address Date

State of Wyoming
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 20 years, and that C. L. Kistley (First name) M. D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X George E Loveland Signature

Afton Wyoming P. O. Address

Subscribed and sworn to before me this 12 day of March, 19 43

My Commission 10/6/44 (SEAL) P. O. Edwards Notary Public, residing at Afton, Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Maurice Elder, Registrar.

MAY 3 1949
MAR 22 1966
JUL 21 1975
MAR 17 1943
JUN 14 1946
JUL 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

557-25-014-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367822
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Wilder
   (c) Street Address or R.F.D. No. R.F.D. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Wilder
   (d) Street Address or R.F.D. No. R.F.D. 1
   (e) How long has **MOTHER** lived in Idaho? Born yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilder, Ida.

4. **FULL NAME OF CHILD** Gwynith Fassanew Engle

5. Date of Birth of Child (Month, day, year) Jan. 15. 1922

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Grant Engle
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vira Pearl Wittel
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Caldwell, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12 M. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 21 years, and that Dr. Allen (First name) (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Libbie E. Wittel Signature

237 W. Tuyunga Burbank Cal. P. O. Address

Subscribed and sworn to before me this 6th day of March, 1943

(SEAL) L. T. Whinnery Notary Public, residing at Burbank.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary F. Elder, Registrar.

Expires January 6, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1922-98409

295-207-035-165

367866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Normal Hill
(d) Name of Hospital or Maternity Home: St Joseph Hospital
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Wash (b) County Asotin
(c) City Asotin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho temporary yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Betty Ann King

5. Date of Birth of Child (Month, day, year) May 7, 1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Hayes King
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Galesburg Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Edna Jones
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Clarkston (City or town) Wash. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Garfield } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs H. A. Hetherington Signature
Jordan, Montana P. O. Address

Subscribed and sworn to before me this 1st day of March, 19 43

(SEAL) Ida A. Hetherington Notary Public, residing at Jordan, Mont.

CLERK OF COURT

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 22 1943 by Mary F. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1955

SEP 24 1969

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-102-003-313 369142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369142
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 8 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. not known
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida

4. **FULL NAME OF CHILD** Jack Noah Newsom

5. Date of Birth of Child (Month, day, year) Feb 2, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Noah Newsom
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Pike County, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Railroad- car dept.
15. Industry or Business railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Tackett
17. Color or Race whita
18. Age at time of THIS birth 34 yrs.
19. Birthplace Floyd County Kentucky (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Jane Newsom (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Jane Newsom M.D. Midwife Address 709 East Court Weiser, Idaho Date 3-31-43

State of Idaho
County of Payette } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 21 years, and that Catherine (First name) Bentley (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Newsom Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 19 43

(SEAL) Martin Fisher, Probate Judge Payette County, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1943

MAR 14 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-204-014-235

369 No

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369150
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parma, Idaho

4. **FULL NAME OF CHILD** Etta Lorraine Meltredt

5. Date of Birth of Child (Month, day, year) April 4 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christopher Carl Meltredt
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Paulina (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Alene Stephens
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Monmouth (City or town) Illinois (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Alene (First name) Meltredt (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 21 years, and that Dr C. B. Allen (First name) (Last name), who attended this birth do now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alene Meltredt Signature
Boise R#2 Idaho P. O. Address

Subscribed and sworn to before me this 5th day of April, 19 43

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Mabel H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Copy of 1922-102210

459-221-008-243

369153

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369153
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Cocolalla
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sagle, Idaho
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Vivian Lucille Deroshia

5. Date of Birth of Child (Month, day, year) April 21, 1922

6. Sex Female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 9th **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Wallace Deroshia
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Angeline Bullock
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace S. Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9th. (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bonner } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 20 years, and that Mrs. Osborne (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Angeline Deroshia Signature
Sagle, Idaho P. O. Address

Subscribed and sworn to before this 24th day of March, 1943
(SEAL) Frances J. Long Probate Judge ~~Notary Public~~, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Maud E. Elder, Registrar.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-106-003-254

369189

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369189
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 326 No. Buchanan
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 326 No Buchanan
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** William Douglas Sharp

5. Date of Birth of Child (Month, day, year) Feb 6, 1922

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Carl Sharp
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Imperial - Neb (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Produce

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winnie Beutler
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Naunan Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3 3%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature J. H. Lynn M.D. Midwife Address Date

State of Missouri
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 21 years, and that J. H. Lynn (First name) J. H. Lynn (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winnie Beutler Sharp Signature
Lewistown, Missouri. P. O. Address

Subscribed and sworn to before me this 13th day of March, 1943

my comm. expires Aug. 30 1946 SEAL Solomon Gruse Notary Public, residing at Lewistown, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-229-016-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 369203

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369203
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Yale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Farm Home of H.W. Rice
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Yale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Yale, Idaho

4. **FULL NAME OF CHILD** Josephine LaVerne Cobb

5. Date of Birth of Child (Month, day, year) Sept. 29, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Farnsworth Cobb
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Prescott (City or town) Washington (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Mary Rice
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Ag No3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3.25 A.M. on the date and at the place stated above, and that personal particulars were furnished by ~~alive~~ Mrs. Josephine Farnsworth (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature V G Logan M.D. ~~Midwife~~ Address American Falls Idaho. Date 3/10/43

AFFIDAVIT

State of ... } ss.
County of ... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Mary E Logan, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

794-118-023-759

369286

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Ola Idaho

4. FULL NAME OF CHILD Arthur Ray Griffith

5. Date of Birth of Child (Month, day, year) Dec 18, 1922

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Calvin Griffith
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Clarissa Perry
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Sandy Utah (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 21 years, and that Harriet McClellan (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Clarissa Perry Signature
Sandy Utah Box A P. O. Address

My Commission Expires: June 3-1945.

Subscribed and sworn to before me this 27th day of March, 1943.

(SEAL) Kore M. Kirk Notary Public, residing at Sandy, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1975

APR 2 1943

MAY 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-114-022-356

United States
Department of Commerce
Bureau of the Census

(Be sure this information is as of date of birth of THIS child.)

MAR - 8 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369299
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Drummond
   (c) Street Address or R.F.D. No. General Delivery.
   (d) Name of Hospital or Maternity Home: Child born at Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Drummond, Idaho
   (d) Street Address or R.F.D. No. General Delivery.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Robert thomas Murdock.

5. Date of Birth of Child (Month, day, year) October 14, 1922.

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William thomas Murdock
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Farr West, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business — None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Jane thomas
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Ogden (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business — None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by William Murdock (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature D. A. Hargis M.D. Midwife Address Ashton Idaho Date 8-25-43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 20 years, and that Doctor (First name) Hargis (Last name), who attended this birth, is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maude Jane Murdock Signature
2627 Monroe Ave, Ogden Utah. P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1943.

(SEAL) My Commission Expires Mar. 23, 1945

Betty Stewart, Notary Public, residing at Ogden, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR - 8 1943 by Maud Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

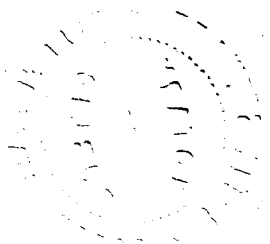
APR 4 1945

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-205-D03-413

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369345
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: LYNN BROS HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.
3. **RESIDENCE OF FATHER** (city, state) POCATELLO.

4. **FULL NAME OF CHILD** OPAL MAY WALSTRAND
5. Date of Birth of Child (Month, day, year) MAY 5 1922
6. Sex FEMALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALBIN GOTTFRID WALSTRAND
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace ARVIKA (City or town) SWEDEN (State or foreign country)
14. Exact Occupation TIE HANDLER
15. Industry or Business U.P.R.R.CO.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVELYN OLIVIA MATTHIES
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace KENOSHA (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 2%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature J. L. Lynn M.D. ~~Midwife~~ Address Pocatello, Idaho. Date 3-24-43

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Maud E. Belyea, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1974

APR 5 1943

APR 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-211-10-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369603
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Peoples' Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 30 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida.

4. **FULL NAME OF CHILD** Betty Lou Bateman
5. Date of Birth of Child (Month, day, year) May 11 1922
6. Sex girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Clarence Bateman
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Alpine (City or town) Utah (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Balmforth Burnham
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Fort Douglas (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living ~~yes~~ 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by Amy Bateman (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O. Mellor M.D. Midwife Address Idaho Falls, Ida. Date May 11-1922

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431-129-016-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369610
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No. #2
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley Idaho

4. **FULL NAME OF CHILD** Boyd Anderson McArthur

5. Date of Birth of Child (Month, day, year) June 29, 1922.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Obray McAnthur
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Paradise (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Marie Anderson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hyrum, (City or town) Utah (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. ~~on the date~~ and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now — 53 — years of age, that I have known this person for — 20 — years, and that Dr. A. F. O. Nielson (First name) — (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl McArthur Signature

P. O. Address

Subscribed and sworn to before me this 12th day of April, 1943

(SEAL) C. G. Larson, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for Cassia County, Idaho
Residing in Oakley
My Commission expires Jan. 1945

Received for filing on APR 16 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

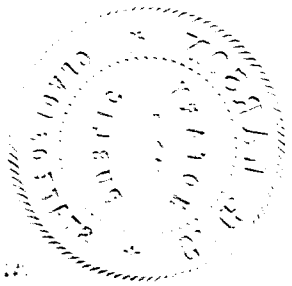
SEP 20 1972

APR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291 113006 695

370818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Basalt
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: at home
   In Hospital or Maternity Home ..... Days
   In **THIS** county 25 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street address or R. F. D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice): Basalt Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Douglas John Bragg

5. **DATE OF BIRTH** (Month, day, year) 3-13-1922

6. Sex Male

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James T. Bragg

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Bowman Georgia
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elise Jane Winterbottom

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Fish Haven - Ida -
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at ..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emma Messick, who is
(First name) (Last name)
related to this child as Aunt
(Mother, etc.)

25. Attendant's **OWN signature** Edwin Cutler M. D.
(D. O., Midwife, etc.)
and address Shelley Ida. Date 4/19/43

26. (a) APR 26 1943
(Date received) (b) (Registrar's signature)

27. Given name added on ..... by Mary Elder
(Registrar's signature)

MAY 5 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

255-226010-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370894
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 374 Basalt St
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls,
   (d) Street Address or R.F.D. No. 374 Basalt St
   (e) How long has **MOTHER** lived in Idaho? Fifty yrs.

3. **RESIDENCE OF FATHER** (city, state) Long Beach, Calif

4. **FULL NAME OF CHILD** PHYLLIS BENTON

5. Date of Birth of Child (Month, day, year) Mch 26, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wm Benton
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Neola (City or town) Iowa (State or foreign country)
14. Exact Occupation Mail Measeger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Burgess
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for Life years, and that Dr. (First name) Junkin (Last name), who attended this birth cannot be located (~~is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabell Burgess Benton Signature
1728 Florida St Long Beach P. O. Address

Subscribed and sworn to before me this 14th day of April, 19 43 Calif.

(SEAL) Jesse M. Henderson, Notary Public, residing at Long Beach, Cali

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires August 2, 1946. -f

Received for filing on APR 29 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter 2, Title 38, Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556 106 035 495

370915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 28 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370915
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Cameron
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Cameron
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cameron Idaho

4. **FULL NAME OF CHILD** Glen Frederick Newman

5. Date of Birth of Child (Month, day, year) Jan. 6, 1922

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Newman
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Norwood (City or town) Minnesota (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Emily Mielke
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace New Auburn (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Newman (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Ida Stoudburn M.D. Midwife Address Cameron Date Apr. 24, 43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-217038-289

370970

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 10 1943

CERTIFICATE OF BIRTH

370970

1. PLACE OF BIRTH
County of Payette
City of Payette
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Viola Ethella Clark

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 17, 19[illegible] (Month, Day, Year)

FATHER

9. Full name Roy Samuel Clark
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Toronto Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail road
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Oct 30, 1921
17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Ethel Elizabeth Byington
19. Residence (usual place of abode) (If non-resident, give place and State) Payette Idaho
20. Color or race white | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Rockland, Idaho Power

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 3.30 pm. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or Mary Ann Byington, Midwife
Address Rockland Idaho

Give name added from a supplemental report .....
(Date of)

Filed MAY 10 1943, 193[illegible] Mary F Elder
Registrar.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 12 1943

JUN 5 1963
JUN 26 1963

DELAYED

DUP OF 1922 - 103339

155-20-021-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 370972

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370972
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Mink Creek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Mink Creek
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mink Creek, Idaho

4. **FULL NAME OF CHILD** Ivonne Jensen

5. Date of Birth of Child (Month, day, year) Mar. 2, 1922

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank George Jensen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mink Creek, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Geneva Petersen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Mink Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature A. P. Cutler M.D. ~~Midwife~~ Address Preston Ida. Date 5-11-43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1969

MAY 1 3 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169 120015 214 MAY 5 1943

371119

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 570

1. PLACE OF BIRTH:
   (a) County Caribou (b) City Soda Springs
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LaVern N. Jorgensen

5. DATE OF BIRTH (Month, day, year) Nov. 20, 1922

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nels Henry Jorgensen
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Garrison Utah (City or Town) (State or foreign country)
14. Exact Occupation Deputy Sheriff
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie May Saulls
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Afton Wyoming (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at ..... M. on the date (born alive, stillborn)
    and at the place stated above, and that personal particulars were furnished by Nels Jorgensen, who is (First name) (Last name)
    related to this child as Father (Mother, etc.)

26. (a) MAY 5 1943 (Date received) (b) Mary [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Russell Tyrrell M. D. (D. O., Midwife, etc.)
    and address Soda Springs Date 5-3-43
    Idaho

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAY 1 1 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

315-21-032962

United States Department of Commerce Bureau of the Census

MAY 17 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371277
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? lifetime yrs.

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Idaho.

4. **FULL NAME OF CHILD** Elza Mae Cannon

5. Date of Birth of Child (Month, day, year) apr. 11. 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Cannon, Lester Beach.
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation laborer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Butler, Violet Rose
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bliss, Idaho. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 9 M. on the date and at the place stated above, and that personal particulars were furnished by Violet (First name) Cannon (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Shoshone, Ida. Date May 14/43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 195

MAY 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has~~ occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-21-031-437

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 20 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372426
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Mohler
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Mohler
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mohler, Idaho

4. **FULL NAME OF CHILD** BERNETTA MARIE COON

5. Date of Birth of Child (Month, day, year) June 15, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Bruce Coon
11. Color or Race W.
12. Age at time of THIS birth 30 yrs.
13. Birthplace Warsaw (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dole Ann McGee
17. Color or Race W.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Hopkins (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended the birth~~ of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frances (First name) McGee (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 20 years, and that Marie (First name) Hamilton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs C. E. Bennett Signature
740-9th St. Clarkston Wn. P.O. Address

Subscribed and sworn to before me this 16 day of May, 1943

(SEAL) Philip Steinguber CLERK OF THE DISTRICT COURT EX-OFFICIO AUDITOR AND RECORDER, Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

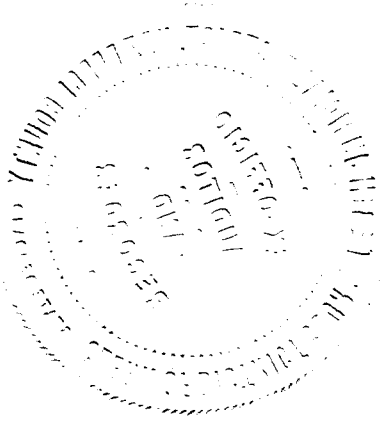
Received for filing on MAY 20 1943 by Maud Felder, Registrar.

MAY 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of ~~the father~~ or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



365-207-037-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372534
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Pleasant Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Pleasant Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho. Pleasant Valley

4. **FULL NAME OF CHILD** Alice Margery Connors

5. Date of Birth of Child (Month, day, year) May 7 22

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Patrick Connors
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Silver City (City or town) Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stock Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Nella Miller
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Coburg (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature W W Jones M.D. M.D. Midwife Address Jordan Valley Ore Date 5-28-43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 3 1943 by Mabel Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

247-21-009-944

372555

United States
Department of Commerce
Bureau of the Census

JUN 5 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372555
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Fort Hill
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Fort Hill
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 years yrs.

3. **RESIDENCE OF FATHER** (city, state) same as above

4. **FULL NAME OF CHILD** Beatrice Estelle Kupka

5. Date of Birth of Child (Month, day, year) Jan 19, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Arthur Kupka
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Rudman
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Clarks (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Pierce } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 50 years, and that no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Kupka Signature
Port Orchard, Wash. Rt.2 P.O. Address

Subscribed and sworn to before me this 31st day of May, 1943.

(SEAL) Mary L Dillon, Notary Public, residing at Gig Harbor

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 7 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-215-022-855

372562

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Nine yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony. Ida.

4. **FULL NAME OF CHILD** Elaine Johnson

5. Date of Birth of Child (Month, day, year) April 15. 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Andrew Johnson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Provo City (City or town) Utah (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business County Schools

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evelyn Mae Henderson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Herefordshire (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington } ss.
County of King }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for Twenty One years, and that Dr. W. (First name) Watkins (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn Mae Johnson Signature
97 Box Kirkland P. O. Address

Subscribed and sworn to before me this 3 day of June, 1943

(SEAL) Wayne Christo Notary Public, residing at Kirkland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 7 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-203-034-236

372716

United States
Department of Commerce
Bureau of the Census Minidoka

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ~~Boise~~ (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at private residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~Boise~~
   (c) City Rupert Minidoka
   (d) Street Address or R.F.D. No. do not now know
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Shirley Carlee

5. Date of Birth of Child (Month, day, year) July 3rd. 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Carlee
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Salesman Insurance Company
15. Industry or Business Insurance Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Scott
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Laramee (City or town) Wyoming (State or foreign country)
20. Exact Occupation now personal director
21. Industry or Business Tool industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Ohio } ss.
County of Cuyahoga }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for ____ years, and that name unknown at this time (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Carlee Signature

10926 Wade Park Ave. Cleveland, Ohio P. O. Address

Subscribed and sworn to before me this 7th day of June, 1943

(SEAL) ____, Notary Public, residing at Cleveland, Ohio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

A. WAXMAN, Notary Public

Received for filing on JUN 14 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

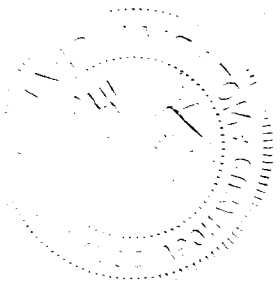
JUL 13 1966

JUN 15 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



299-22-0032-683

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372774
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Fremont (b) City Ghoshone
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery: In Hospital or Maternity Home Jud Hospital Days; In THIS county years 2 months 11 days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 6a yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice) Gooding Ida

3. RESIDENCE OF FATHER (city, state) Gooding

4. FULL NAME OF CHILD Betty Lou Brill

5. DATE OF BIRTH (Month, day, year) 3/21/1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? /

FATHER OF CHILD

10. FULL NAME Ralph Wyant Brill
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kingston (City or Town) New York (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Virginia Wilson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Edlendale (City or Town) Virginia (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1% U
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 9. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs A. C. Morgan (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 16 1943 (Date received) (b) Maud Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [illegible] M. D. (D. O., Midwife, etc.)
and address Gooding Ida Date June 7/43

JUN 17 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

DELAYED

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No.

Describe: None

(2) Birth Injury? None

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes _____ No X Pos. _____ Neg. _____

(e) Signature of Physician:

[signature] M.D.

289-109-033-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372810
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Victor, R.F.D.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor, Idaho

4. **FULL NAME OF CHILD** Charles Ellsworth Byrne

5. Date of Birth of Child (Month, day, year) March 9, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur James Byrne
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Victor (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Dell Cover
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Smith Center (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Teton } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 21 years, and that Mrs. Lena (First name) Sorensen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Dell Cover Byrne Signature

Victor, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of June, 1943.

(SEAL) Ivy M. Strong, Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1943

JUL 23 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

25-261-015-314

372877

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home Soda Springs Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 37 years months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs, Idaho

4. **FULL NAME OF CHILD** Marjorie Anne Beus

5. Date of Birth of Child (Month, day, year) September 11, 1922

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edmund Michael Beus
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer and Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Grace Campbell
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Soda Springs (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrat of Silver
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5-9, M. on the date and at the place stated above, and that personal particulars were furnished by Mary Grace Beus (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kaercy M.D. Midwife Address Soda Springs Ida Date 5-31-40

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1943

JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occured subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799 107 022-799

374240

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 8 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Newdale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home in Newdale Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Newdale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** William Errol Grigg

5. Date of Birth of Child (Month, day, year) 7 July 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Wilford Grigg
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lowa Wain Co (City or town) Utah (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business imployed by Implement Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Deneice (Harris) Grigg
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace St Anthoney (City or town) Fremont Co Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2-15 A. M. on the date and at the place stated above, and that personal particulars were furnished by Peeril (Harris) Graham (First name) (Last name), who is related as Aunt (Sister to the Mother) (Mother, etc.)

25. Attendant's **OWN** signature Peeril Harris Graham M.D. Midwife Address 172 North Main Logan, Cache Co Utah Date 1 July 1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 - 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393-108003-69

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

374301

State File No. 374301
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 9 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State McCammon Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCammon. Idaho

4. **FULL NAME OF CHILD** Harold H. Liljenquist

5. Date of Birth of Child (Month, day, year) Jan. 8-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Warren Mathew Liljenquist
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Nord
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Gunderi (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 21 years, and that Nilson H. (First name) McDee, M.D. (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Warren M Liljenquist Signature

McCammon P. O. Address

Subscribed and sworn to before me this 15th day of July, 19 43

(SEAL) J. J. Whitney, Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-122-022-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374414
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton Idaho

4. **FULL NAME OF CHILD** LESTER REX BROWN

5. Date of Birth of Child (Month, day, year) Mar. 22, 1922

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Louis Brown
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Teton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Ann Stewart
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation Wife and mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 21 years, and that Dr. John R. Gray (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha S. Brown. Signature
Sugar, Idaho RFD 1 P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1943

(SEAL) O K Meservy, Probate Judge, ~~Notary Public, residing~~ at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 - 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 HD-010 345

374421

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 13 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374421
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City
   (c) Street Address or R.F.D. No. Lincoln, Idaho
   (d) Name of Hospital or Maternity Home: J. R. Cunnington Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City
   (d) Street Address or R.F.D. No. Lincoln, Idaho
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ford Duane Gardner

5. Date of Birth of Child (Month, day, year) October 10th 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ford Gardner
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Ammon (City or town) Idaho (State or foreign country)
14. Exact Occupation Town
15. Industry or Business Buyer of live stock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abbie Elnora Cunnington
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation City
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Abbie Elnora Cunnington Gardner (Mother, etc.)

25. Attendant's **OWN** signature Abbie Elnora C. Gardner M.D. Midwife Address Date

AFFIDAVIT

State of IDAHO
County of BONNEVILLE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abbie Elnora Cunnington Gardner Signature
248 3rd St. Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1943

(SEAL) A. T. Gemmell, Notary Public, residing at Idaho Falls.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Mary E. Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1943

NOV 21 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653 209025-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374423
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County [illegible] (b) City Cottonwood
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county two years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County [illegible]
   (c) City Cottonwood
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? Two yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Melva Grace Felkel

5. Date of Birth of Child (Month, day, year) June 9th, 1922

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Felkel
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stock Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Ardella Hochett
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mrs Abercomber
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty Four years of age, that I have known this person for 21 years, and that Mrs (First name) Abercomber (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Ardella Felkel Signature

P. O. Address

Subscribed and sworn to before me this 8th day of July, 19 43

(SEAL) Fred Carmichael, Notary Public, residing at Sumner

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Mary E Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-228-307-845

375637

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No. Gen. Del
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No. Gen. Del
   (e) How long has **MOTHER** lived in Idaho? 7 yrs. 11 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Picabo Ida

4. **FULL NAME OF CHILD** Thelma Gladys Hingerd

5. Date of Birth of Child (Month, day, year) Apr. 28, 1922

6. Sex Female

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alex Van Hingerd
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Florence Hunter
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Okla. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum H.20
23. Number of children of this mother: (a) At time of birth and including this child ~~[illegible]~~ 9 (b) Born alive and now living seven

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at five A M. on the date and at the place stated above, and that personal particulars were furnished by Alex (First name) Hingerd (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature Mrs. A. W. Baldwin helper M.D. Midwife Address Picabo Idaho Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1943 by Maud E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1922-102065

695-128-007-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375638
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 7 yr + 11 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Picabo, Ida.

4. **FULL NAME OF CHILD** William Paul Wingerd
5. Date of Birth of Child (Month, day, year) Apr. 28, 1922
6. Sex male
7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 mo
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alex Van Wingerd
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Florence Hunter
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pkla. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum H.26.
23. Number of children of this mother: (a) At time of birth and including this child eight ~~(b) Born alive~~ and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at four A.M. on the date and at the place stated above, and that personal particulars were furnished by Alex (First name) Wingerd (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Mrs. A. W. Baldwin helper M.D. Midwife Address Picabo Idaho Date

State of ..... } ss.
County of .....

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 6 1943

JUL 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1922-102664

DELAYED

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375666
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Gannett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Gannett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? eight yrs.

3. **RESIDENCE OF FATHER** (city, state) Gannett, Idaho

4. **FULL NAME OF CHILD** Thomas Victor Lilya

5. Date of Birth of Child (Month, day, year) August, 14, 1922

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard Victoy Lilya
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Odgen (City or town), Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva LaDell Hunt
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for from birth years, and that "Grandma Williams" (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Ledell Lilya (Williams) Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of July, 1943

(SEAL) Howard E. Adkins, Probate Judge, Notary Public, residing at Shoshone, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 26 1943 by Mary F. Edg..., Registrar.

JUL 27 1943

MAY 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-21-028-363

375688

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Post Falls, Ida.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alice Virginia Peters

5. Date of Birth of Child (Month, day, year) May 11, 1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry John Peters
11. Color or Race
12. Age at time of THIS birth 32 yrs.
13. Birthplace Near Spokane Wn. (Trentwood) (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lauretta Marie Coles
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bird Island, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Dr. F. L. McCauley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lauretta M Peters — Signature

Post Falls, Ida. — P. O. Address

Subscribed and sworn to before me this 23rd day of July, 19 43.

(SEAL) [illegible], Notary Public, residing at Coeur d Alene, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-215-035-249

375719

375719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375719
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Southwick
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Southwick Idaho

3. **RESIDENCE OF FATHER** (city, state) Southwick Idaho

4. **FULL NAME OF CHILD** Mary Belle Pressnall

5. Date of Birth (Month, day, year) May 15, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benj. W. Pressnall
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Washington (City or town) Kansas (State or foreign country)
14. Exact Occupation Minister + R.F.D. carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Ellen Smith
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Southwick (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Benjamin W Pressnall (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) Aug 14-1943 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Benjamin W Pressnall, being first duly sworn, say that I am related (Related to (or) acquainted with) Mary Belle Pressnall (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr W F Seeley (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Benjamin W Pressnall Name
Southwick Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of August 1943

(SEAL)

W A Anderson Notary Public, residing at Southwick Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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596-220-00-418 375734 375734

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Rt #2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Rt # 2
   (e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Lorraine Armetta Erwin

5. Date of Birth of Child (Month, day, year) Jan. 20, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar H. Erwin
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Muscatine, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beulah Mayhew
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Davenport, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Beulah Erwin (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature John Bock M.D. Midwife Address Boise Ida Date 8-19-43

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-101-029-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375753
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) ~~Street~~ Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county all my life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) ~~Street Address~~ or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Marvin Joseph Hazeltine

5. Date of Birth of Child (Month, day, year) March 1 - 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Henery Hazeltine
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Sanborn (City or town) North Dakota (State or foreign country)
14. Exact Occupation farming
15. **Industry or Business**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Jane Gutches
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. **Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann (First name) Hazeltine (Last name) who is related as Grand Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Ann Hazeltine M.D. Address Tacoma Wash. Date July 13

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name) who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this 26 day of July, 1943

(SEAL) Lawrence E. Huff, Notary Public, residing at Moscow I.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1943 by Maud F. Elder, Reg.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

JUL 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

442-20-2035-559

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375782
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) DEAD

4. FULL NAME OF CHILD FRANCES JANE MUSCAT

5. Date of Birth of Child (Month, day, year) APRIL 2 - 1922

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES MUSCAT

11. Color or Race ITALIAN

12. Age at time of THIS birth 46 yrs.

13. Birthplace CERSI (City or town) ITALY (State or foreign country)

14. Exact Occupation GARDNER

15. Industry or Business GARDENING

MOTHER OF CHILD

16. FULL MAIDEN NAME MINNIE VERSCI

17. Color or Race ITALIAN

18. Age at time of THIS birth 39 yrs.

19. Birthplace CERSI (City or town) ITALY (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO, County of NEZ PERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 21 years, and that MARIE MARCELLO (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Muscat Signature

R.F.D. 3 LEWISTON, IDAHO P. O. Address

Subscribed and sworn to before me this 24th day of July, 1943.

(SEAL) Leo Mc Carty Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1943 by Carl F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-203-022-864

375801

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? All yrs.

3. RESIDENCE OF FATHER (city, state) Los Angeles Calif

4. FULL NAME OF CHILD Myrtle Hunter

5. Date of Birth of Child (Month, day, year) Apr 3rd 1922

6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnacy Usual
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Troy Leslie Hunter
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Nebr (City or town) Ill. (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Saint Eliza Young
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace St Anthony (City or town) Idaho (State or foreign country)
20. Exact Occupation Cook
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that Dr. (First name) Gray (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Faunt E. Gowan Signature
1217-S. Hoover-Los Angeles Calif P. O. Address

Subscribed and sworn to before me this 27 day of July, 1943

(SEAL) Kathryn Coffin Deputy Notary Public residing at Clerk of District Court.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 30 1943 by Mary [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-209-642-362

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375970
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Filer
   (c) Street Address or R.F.D. No. P.O. Box 14
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Filer
   (d) Street Address or R.F.D. No. P. O. Box 14
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Filer, Idaho

4. **FULL NAME OF CHILD** Ada Zola Munger

5. Date of Birth of Child (Month, day, year) May 9, 1922

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Munger
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Lone Pine (City or town) Nebraska (State or foreign country)
14. Exact Occupation threshing
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Rose Cobb
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Dallas, (City or town) Colorado (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 21 years, and that Dr. Frank A. Dwight (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Etta Munger Signature

Box No. 14, Filer, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of August, 19 43.

(SEAL) Lucas Heck, Notary Public, residing at Filer, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1943 by Mark Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-205028-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377197
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Route no 1
   (d) Name of Hospital or Maternity Home: At family Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 15 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wash. (b) County C/ark
   (c) City SPOKANE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Annd Ella Johnson

5. Date of Birth of Child (Month, day, year) Aug-5-1922

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alfred Swen Johnson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Stockholm, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edla Matilda Swenson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 21 years, and that Saderana (First name) Krone (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lily Adele Bergman Signature
411 No. 18th Coeur d'Alene, Ida. P. O. Address

Subscribed and sworn to before me this 20th day of August, 1943.

(SEAL)

Eric G. Osterberg, Notary Public, residing at Coeur d'Alene
Commission Expires 3-5-44

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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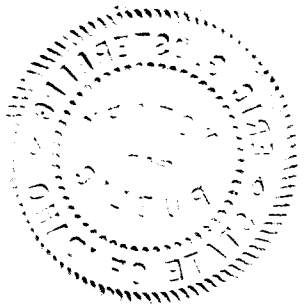

415-216-207-592

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377242
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Gannett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 33 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Gannett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gannett, Idaho

4. **FULL NAME OF CHILD** Emelia Marie Mantey

5. Date of Birth of Child (Month, day, year) Mar. 16, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alvin Mantey
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace LeDuc (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Christine Nisson
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Bullion, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Christine Mantey (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Nisson M.D. Midwife Address Carey, Idaho Date Aug. 14, 1943

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Marie (First name) Nisson (Last name), who attended this birth is my mother (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Christene Mantey Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of August, 1943.

(SEAL) Joseph W. Dale, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1943 by Mary E. Dale, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-12a-014-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

377255 State File No. 377255
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Ranch Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Anthony Conrad Bielenberg

5. Date of Birth of Child (Month, day, year) Jan. 22, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mathia s Aloys Bielenberg
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Found Du La c (City or town) Wis. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine M. Winter
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Glandale (City or town), Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:30 M. on the date and at the place stated above, and that personal particulars were furnished by Katherine (First name) Bielenberg (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Melda McLeandlus M.D. Midwife Address Nampa R.R. 3 Date Aug. 19.

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1943 by Mabel Fyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-112-036-415

377168

377268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Samaria
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years 10 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Samaria
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Samaria Idaho

4. **FULL NAME OF CHILD** Russell D. Thomas

5. Date of Birth of Child (Month, day, year) 4-12-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? 9

FATHER OF CHILD

10. **FULL NAME** David P. Thomas
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Davis
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Samaria (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Who Was born (Born alive, stillborn) at Samaria M. on the date and at the place stated above, and that personal particulars were furnished by Anna Davis Thomas (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Anna J. Thomas M.D. / Midwife Address Malad Idaho Date Sept 4 1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 7 - 1943 by Mabel E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1965

MAY 1 1969

SEP 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-205001-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

378824 378824
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Martha Eleida Dickson
5. Date of Birth of Child (Month, day, year) Nov. 5 1922
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter E. Dickson
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cheyenne, (City or town) Wyoming (State or foreign country)
14. Exact Occupation Horseman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Williamson
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Detroit (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for life years, and that Doctor unknown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha J. Williamson Signature
1119 Bannock, Boise P. O. Address

Subscribed and sworn to before me this 5 day of October, 1943
(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 5-1943 by Mabel Elder, Registrar.

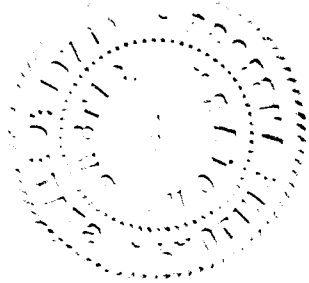
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 OCT 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



134-209001-717

378858 378853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378853
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 312 East Idaho
   (d) Name of Hospital or Maternity Home: St. Lukes Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 11 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 312 East Idaho
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Delphine Juanita Aldecoa

5. Date of Birth of Child (Month, day, year) 9/9/22

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Domingo Aldecoa
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ea (City or town), Spain (State or foreign country)
14. Exact Occupation Woolgrower
15. Industry or Business Sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Gagoaga
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Motrico (City or town), Spain (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 21 years, and that George (First name) Callister (Last name), M.D., who attended this birth (is now deceased) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Aldecoa Signature
312 East Idaho P. O. Address

Subscribed and sworn to before me this 16th day of October, 19 43.

(SEAL) Fern Jones Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

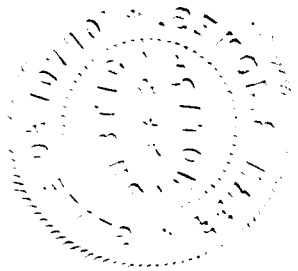
OCT 18 1949

JAN 13 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493 101 009613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378884
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Forrest Duane Miller

5. Date of Birth of Child (Month, day, year) Feb 1 1922

6. Sex male

7. Twin or Triplet . If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Amos Miller
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Pittsboro (City or town) Indiana (State or foreign country)
14. Exact Occupation Shipwright
15. Industry or Business Associated Shipyards

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena A Watts
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Danville (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Seven (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha J. Miller (First name) (Last name), who is related as grandmother (Mother, etc.)

25. Attendant's **OWN** signature Martha J Miller M.D. Midwife ✓ Address Issaquah, Wash. Date 9/22/43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha J. Miller Signature

Issaquah, Wash. P. O. Address

Subscribed and sworn to before me this 22 day of September, 1943.

(SEAL) Notary Public, residing at Issaquah, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-112006-557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378893
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Moreland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City moreland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moreland Idaho

4. **FULL NAME OF CHILD** Rex E Benson

5. Date of Birth of Child (Month, day, year) 3. 12. 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alva Heneny Benson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Lorena England
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Plain City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma Lorena Benson (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature W W Beck M.D. ~~Midwife~~ Address Blackfoot, Ida Date 9-23-43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1943 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244 107 026 642

378941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Jefferson (b) City Rigby
   (c) Street address or R. F. D. No.....
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home no hosp. Days
   In **THIS** county 15 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street address or R. F. D. No.....
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.
   (f) Mother's mailing address (For registration notice): Now deceased
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, RD. 3. Idaho

4. **FULL NAME OF CHILD** Yoshio Kumagae -

5. **DATE OF BIRTH** (Month, day, year) Aug 27, 1922

6. Sex Male

7. Twin or Triplet ~~If so—born~~ 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas M. Kumagae

11. Color or Race Japanese

12. Age at time of THIS birth 42 yrs.

13. Birthplace Japan
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Moto Fukuda

17. Color or Race Japanese

18. Age at time of THIS birth 30 yrs.

19. Birthplace Japan
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (born alive, stillborn) at 4 A. M. on the date PHOTOSTAT - 10/6/43
and at the place stated above, and that personal particulars were furnished by Thomas Kumagae (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) OCT 5 1943 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** H. A. Anderson M. D. (D. O., Midwife, etc.)
and address Rigby, Idaho Date Sept 25, 1943

1943

OCT 2 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

379094

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 6 1943

State File No.
Local Reg. No. 194
Reg. Dist. No. 961

1. PLACE OF BIRTH:
   (a) County Canyon (b) City Wilder
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Wilder
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 26 yrs.
   (f) Mother's mailing address (For registration notice): Wilder (Street or R. F. D.) Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Belyte June Clason

5. DATE OF BIRTH (Month, day, year) June 6 1922

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Geo. W Clason

11. Color or Race W

12. Age at time of THIS birth 41 yrs.

13. Birthplace Les Moines (City or Town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Flora Wittel

17. Color or Race W

18. Age at time of THIS birth 26 yrs.

19. Birthplace Emmett (City or Town) Idaho (State or foreign country)

20. Exact Occupation H W.

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8 00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Agnes Clason (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature W H Gooch M. D. (D. O., Midwife, etc.) and address Boise Ida Date 9-17-43

26. (a) 9-26-43 (Date received) (b) Agnes Denman (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 21 1945

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DUP OF 1922-102186

DELAYED

DECEASED

DUP OF 1922-102186

+ 736 114006-346

379102

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379102
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Binghams (b) City Blackfoot
(c) Street Address or R.F.D. No. R.F.D. 10
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 6 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Binghams
(c) City Blackfoot.
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Gordon Suffkin Stolworthy

5. Date of Birth of Child (Month, day, year) 12-14-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William H. Stolworthy
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Orderville (City or town) – Utah. (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business Stockman

MOTHER OF CHILD

16. FULL MAIDEN NAME Lovera Suffkin
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Salt Lake City (City or town) – Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Lovera (First name) Suffkin (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Mrs Mate Hawes M.D. Midwife Address 234-E-19th Idaho Falls Idaho Date July 17th 1943

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 2 years, and that Mate (First name) Hawes (Last name), who attended this birth Signed item 25 above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lovera Stolworthy Signature

P O. Address

Subscribed and sworn to before me this 3rd day of March, 19 43

(SEAL)

P. Moran Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1943
DEC 9 1944
DEC 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-121-007-818

379104

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Floyd George Reynolds

5. Date of Birth of Child (Month, day, year) Feb. 21, 1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alviner Reynolds
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Butte, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lona Hayes
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Bruneau, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ~~Idaho~~ Oregon } ss.
County of Josephine }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 21 years, and that Dr. (First name) Plummer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lona Reynolds Signature

Grants Pass, Rt 2, Box 495 P. O. Address

Subscribed and sworn to before me this 2nd day of Oct., 1943

(SEAL) Oscar M. Shepherd, Notary Public, residing at Grants Pass, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) March 25-1947

Received for filing on OCT 19 1943 by Mary Holden, Registrar.

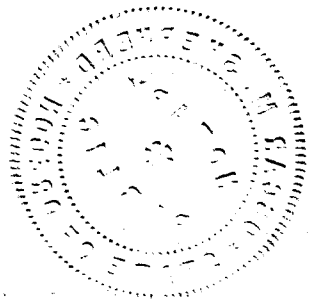
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report may~~ be ~~received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



639 208022 753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380435
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Drummond
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Drummond (Fremont)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parker Idaho.

4. **FULL NAME OF CHILD** Oneita Flint

5. Date of Birth of Child (Month, day, year) Dec. 8, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy. 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Martin Flint
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming & Working on farm
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Christine Peterson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Horsens (City or town) Denmark (State or foreign country)
20. Exact Occupation Rayonier Pulp & Paper Mill
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive/Stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Hilda C. Peterson (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Catherine Flint M.D. Midwife Address Parker Idaho Date 22 Oct 1943

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Fremont } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for her lifetime years, and that Dr. Frank Watkins (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo M Flint Signature
Parker Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of October, 1943

(SEAL) Ruth Litton, Notary Public, residing at St. Anthony, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1943 by Mabel Nielsen, Registrar.

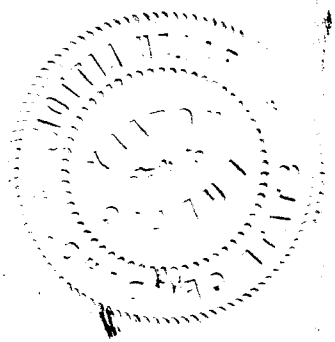
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 9 1990

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



954-207-001-859 380545 380545

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1317 Alturas
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 8 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1317 Alturas
   (e) How long has **MOTHER** lived in Idaho? Eight yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho.

4. **FULL NAME OF CHILD** Lillian Elizabeth Reddoch

5. Date of Birth of Child (Month, day, year) 2/7/1922.

6. Sex female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles F. Reddoch
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Reddoch, (City or town) Mississippi. (State or foreign country)
14. Exact Occupation Attorney-at-law
15. Industry or Business Same as 14.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora B. Herney
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hastings, (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same as 20.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Ada. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty four years of age, that I have known this person for twenty-one years, and that Dr. R. E. Shurtz (First name) (Last name), who attended this birth is now decased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles F. Reddoch Signature

1618 West Jefferson, Boise, Idaho. P.O. Address

Subscribed and sworn to before me this 19th day of November, 1943.

(SEAL) Florence LaBarre, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 203005-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is given of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]34
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Plummer Idaho

3. RESIDENCE of FATHER (city, state) Plummer Idaho

4. FULL NAME OF CHILD Dorothy Catherine [illegible] Smith

5. Date of Birth (Month, day, year) 3-5-1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Loyde Elwood Smith
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Red Mountain (City or town) Colorado (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Opal McCluskey
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Thayer (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 9 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Colorado
County of Montrose } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Opal Smith, being first duly sworn, say that I am the mother (Related to (or) acquainted with)
Opal Smith (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L. B. Glazer (Name of attendant at birth), who attended said birth cannot Locate him (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Opal Smith Signature
R3 Montrose Colo P. O. Address

Subscribed and sworn to before me on this 26 day of October, 19 43

(SEAL) Walter M. Salisbury Notary Public, residing at Montrose, Colo
my com Expires May 26, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents. Money order or coin.

NOV 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics [illegible] Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or available, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

849-213-028-849

380751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Athol
   (c) ~~Street Address or R.F.D. No.~~
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Athol
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Athol Idaho.

4. **FULL NAME OF CHILD** Wanda Frances Hurt

5. Date of Birth of Child (Month, day, year) Oct. 13, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Reuben Franklin Hurt
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Bolivar (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Evelyn Quick
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fayetteville (City or town) Ark. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 21 years, and that Parlee (First name) Hurt (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Schell Signature
Spokane Wash. P. O. Address

Subscribed and sworn to before me this 6th day of November, 1943.

(SEAL) Clinard B. Allen, Notary Public, residing at Vancouver Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing in NOV 19 1943 by Mabel Hyde, Registrar.

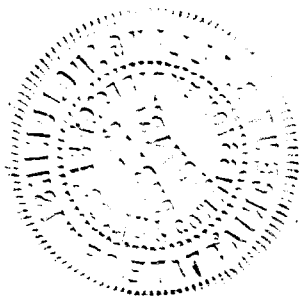
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-111-001-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381824
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Euclid and Belmont
(d) Name of Hospital or Maternity Home: St Lukes Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Euclid & Belmont
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Asa LeRoy Cain

5. Date of Birth of Child (Month, day, year) 9-11-1922

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy —

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm J. Cain
11. Color or Race W
12. Age at time of THIS birth — yrs.
13. Birthplace ..... (City or town) ..... (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maudie Matilla Benson
17. Color or Race W
18. Age at time of THIS birth ..... yrs.
19. Birthplace ..... (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20 of Argyrol

23. Number of children of this mother: (a) At time of birth and including this child — (b) Born alive and now living ?

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:20 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mary A Callaway — M.D. ~~Midwife~~ Address 308 State, Boise Idaho Date Nov. 12-1943

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-215-040-363

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381852
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Ida.

4. **FULL NAME OF CHILD** Betty May Murray

5. Date of Birth of Child (Month, day, year) 3/15/1922

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bryan Leonard Murray
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Missoula (City or town) Montana (State or foreign country) 10/31/1896
14. Exact Occupation Motorman
15. Industry or Business Morning Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Rose Lollar
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Garrett (City or town) Indiana (State or foreign country) 6/2/1898
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:10 P M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Murray (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Agnes Heltness M.D. Midwife Address F W Rolfs M.D. Deceased Mullan Ida Date Nov 18-1943

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Dr. ~~John~~ F W Rolfs (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elizabeth L. Murray Signature

2606 Barge Ave, Yakima, Washington P. O. Address

Subscribed and sworn to before me this 3rd day of November, 1943

(SEAL) Ruth L. Carlton Notary Public, residing at Yakima, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by Mary Helder, Registrar.

DEC 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-119-001-253

381867 381867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Kuna
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 1 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Kuna
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Glenn Elmo Ward

5. Date of Birth of Child (Month, day, year) Nov. 19-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Banks Ward
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Clinton (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys May Selby
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Elwood (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for life years, and that Dr. Chilton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Gladys M. Ward Signature

Ontario Oregon P. O. Address

Subscribed and sworn to before me this 9th day of December, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 9-1943 DEC 10 1943 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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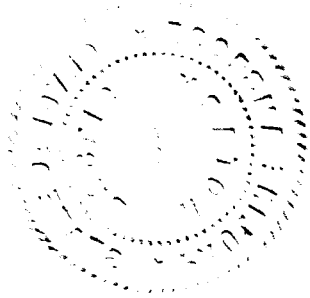

815 214019-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383116
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 11 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Challis Idaho

4. **FULL NAME OF CHILD** Elsie Louise Hansen

5. Date of Birth of Child (Month, day, year) July 14, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Addeson Victor Hansen

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Dillon (City or town) Montana U.S.A. (State or foreign country)

14. Exact Occupation Stage Driver

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Salina Thomas

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Custer (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Nevada
County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years years of age, that I have known this person for 21 years, and that Dr. C. L. Kirtley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice S. Hansen Signature

231 Gardner Street Reno, Nevada P. O. Address

Subscribed and sworn to before me this 8th day of December, 19 43.

(SEAL) Bonnie Crowell Notary Public, residing at Reno, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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696-221028-533

United States
Department of Commerce
Bureau of the Census

JAN 1 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383163
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeurd 'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeurd 'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7/2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Violet Belle Fifield

5. Date of Birth of Child (Month, day, year) Mar. 21, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Arthur Fifield
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Groton (City or town) South Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine Mary Ellingson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Lake Preston (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00A M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature Robert Arthur Fifield M.D. Midwife Address Rt. 1 Box 1073 Cupertino, Calif. Date 12/16/43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Santa Clara } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 21 years, and that Robert Arthur Fifield (First name) (Last name), who attended this birth is myself (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Arthur Fifield Signature
Rt. 1 Box 1073, Cupertino Cal. P. O. Address

Subscribed and sworn to before me this 16th day of December, 1943.

(SEAL) J. M. Dahle, Notary Public, residing at Campbell, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 1 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-120 021 319

383167

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383167
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Ida.

4. **FULL NAME OF CHILD** Harley C Greaves Jr

5. Date of Birth of Child (Month, day, year) Oct 20-1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harley Greaves

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Idaho (City or town) Preston (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Carpenter

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Kansas (City or town) Utah (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive/stillborn) at 1 P. M. on the date and at the place stated above and that personal particulars were furnished by Harley (First name) Greaves (Last name), who is related as husband (Mother, etc.)

25. Attendant's **OWN** signature A. R. Cutler M.D. ~~Midwife~~ Address Preston Ida. Date 12-29-43

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1973
JUL 25 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-116 015 962

383194

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Freedom
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Luthi Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Freedom
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Freedom Ida.

4. **FULL NAME OF CHILD** Dick Robinson Luthi

5. Date of Birth of Child (Month, day, year) June-16-1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. **FULL NAME**	John Luthi Jr.	16. **FULL MAIDEN NAME**	Hazel Robinson
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	37 yrs.	18. Age at time of THIS birth	32 yrs.
13. Birthplace (City or town) (State or foreign country)	Sonnerm Switzerland	19. Birthplace (City or town) (State or foreign country)	Richmond Utah
14. Exact Occupation	Ranchman	20. Exact Occupation	House Wife
15. Industry or Business	Cattle raising - feed	21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is ~~related as~~ the Mother (Mother, etc.)

25. Attendant's **OWN** signature E. F. Roberts M.D. Midwife Address 237 N. 4th E. Logan, Utah Date 23/12/43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 30 day of Dec., 1943.

(SEAL)

L. L. Jenkins, Notary Public, residing at Freedom Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission expires May 14 1945

Received for filing on JAN 6 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 0 7 2008 x4

FEB 1 0 2009 x1

JAN 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231127 025 993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383310
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Everett Eugene Blakesley

5. Date of Birth of Child (Month, day, year) Jan. 27, 1922

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everett Gage Blakesley
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Elmore (City or town) California (State or foreign country)
14. Exact Occupation Lane Operator
15. Industry or Business National Tank & Pipe Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Rice
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace State of Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 21 years, and that Belle Huff, Midwife (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Blakesley Cruickshank Signature
Lewiston, Ida P. O. Address

Subscribed and sworn to before me this 5 day of Jan, 1944
(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1944 by Mabel Holder, Registrar.

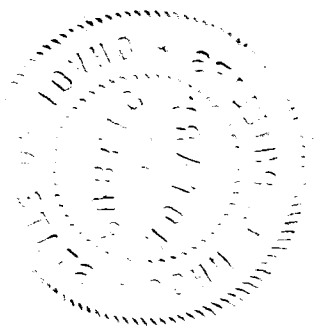
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



893 224 020 381

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384505

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Elmar (b) City Glenns Ferry

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Elmore

(c) City Glenns Ferry

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Glenns Ferry Idaho

4. FULL NAME OF CHILD Virginia Blanche Hite

5. Date of Birth of Child (Month, day, year) May 24 1922

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edward Hite

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Kansas (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucile Blanche Thayer

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Boise (City or town) Washington (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature. M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 20 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucile Blanche Hite Decker Signature

King Hill, Box 16 P. O. Address

Subscribed and sworn to before me this 26 day of March, 1943

(SEAL) Notary Public, residing at Glenns Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1944 by Mary Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 226 003 - 749

384583

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

384583

1. PLACE OF BIRTH

County of Bannock.
City of Pocatello.
No. 406 So. 6th Ave. St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kathryn J. Pattis.

3. Sex Female. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes. | 8. Date of birth 12-26-, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name John George Pattis.	18. Full maiden name Myrtle Ivy Purkey.
10. Residence (usual place of abode) (If non-resident, give place and State) I9	19. Residence (usual place of abode) (If non-resident, give place and State) Life.
11. Color or race White 12. Age at last birthday 40 (years)	20. Color or race White. 21. Age at last birthday 3I (years)
13. Birthplace (city or place) (State or Country) Pocatello. Idaho.	22. Birthplace (city or place) (State or Country) Pocatello. Idaho.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. IO Years.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Life.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work IO Yrs.	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work Life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate, 2%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J. H. Lyons M. D.
or Phy ....., Midwife
Address Pocatello, Idaho.

Give name added from a supplemental report .....
(Date of)

Filed MAR 1 1944 193.. Mabel Felder
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 11 1944

DELAYED

857-16-016 128

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384657
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Elba
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Elba
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Elba Idaho.

4. **FULL NAME OF CHILD** Ivan Hepworth

5. Date of Birth of Child (Month, day, year) Dec. 16, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Hepworth.
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Oxford Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Ashcroft.
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace England. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs James Rowbottom (First name) (Last name), who is related as Aunt Sister (Mother, etc.)

25. Attendant's **OWN** signature C I Sater M.D. Midwife Address Albion, Ida. Date 1/1/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1944 by Mabel Helgen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1959

FEB 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-289-044-445

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

FEB 11 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384688
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Samaritan
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Meridian
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Ida.

4. **FULL NAME OF CHILD** Faye Lucille Barrett

5. Date of Birth of Child (Month, day, year) Dec. 9, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** [redacted] Clinton Barrett
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Pegadaville (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Grace Mumford
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Female (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Barrett (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Thos E Mangrum M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1944 by Mabel Holder, Registrar.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[illegible] to [illegible] pter 191, 1911 [illegible] such report may be received [illegible] of the child is living or accessible, of the nea[illegible] having direct knowledge in the premises.

DECEASED

415-121-006-897

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 385866

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Woodruff Idaho Falls
   (c) Street Address or R.F.D. No. 4 Idaho Falls
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: at home
   IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Woodville
   (d) Street Address or R.F.D. No. 4 Idaho Falls
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Floyd DeVere Davenport

5. Date of Birth of Child (Month, day, year) 4-21-1923

6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ezra Sperry Davenport
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Paradise (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha A. Hafley
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Bluffdale (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive S-A. M, on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Martha A. Davenport, who is (First name) (Last name) related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cotta M.D. ~~Midwife~~ Address Shelley, Ida. Date 2-13-44

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

FEB 25 1944

MAY 28 1963

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-204-039-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385899
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No. R. F. D. 1
   (d) Name of Hospital or Maternity Home: in farm home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls, Idaho
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Ida.

4. **FULL NAME OF CHILD** Leona Margaret Simms

5. Date of Birth of Child (Month, day, year) Jan. 4, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Daniel Simms
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ethel Hanson
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Malta (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ethel Simms (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logan M.D. ~~Midwife~~ Address American Falls, Ida. Date Feb. 23, 1944

AFFIDAVIT

State of Idaho
County of Power } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) ....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1944 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-107006-66

386009

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 6 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386009
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Salt Lake
   (c) City Murray
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Murray, Utah

4. **FULL NAME OF CHILD** Robert Donald CALDWELL

5. Date of Birth of Child (Month, day, year) Nov. 7 1922

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Leroy Caldwell
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Murray (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Hatch [redacted]
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Murray (City or town) Utah, (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 a. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Caldwell (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Kelley Idaho Date 3-4-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1944 by Mabel Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-124-022-294

386136

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 10 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Teton, Idaho

4. FULL NAME OF CHILD James Brent Quirk

5. Date of Birth of Child (Month, day, year) January 24, 1922

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest Herman Quirk

11. Color or Race White **12.** Age at time of THIS birth 33 yrs.

13. Birthplace Round Mountain Texas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera May ~~Smith~~ Bingham

17. Color or Race White **18.** Age at time of THIS birth 23 yrs.

19. Birthplace Teton, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Homemaking.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Quirk (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary A Butt M.D. Midwife Address Teton, Idaho Date Feb. 23, 1944

State of Idaho }
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Lee Melton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. H. Quirk Signature
Teton, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of February, 1944

(SEAL) Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1944

SEP 26 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-110001-213

387272

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Eagle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at my own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county about 3 years 11 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Eagle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Res of Idaho 40 yrs

4. **FULL NAME OF CHILD** Walter Raymond Denton

5. Date of Birth of Child (Month, day, year) Feb 10th 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 weeks

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Allen Denton
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cherry Creek, Nev. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Margaret Battin
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Council, Idaho. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. } ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for known of him 10 years, and that Dr (First name) Henry (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ina Margaret Battin Denton (Signature)
Salem Ore Gen. Del. (P. O. Address)

Subscribed and sworn to before me this 10th day of March, 1944

(SEAL)

Notary Public, residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires August 12, 1946

Received for filing on MAR 21 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1960

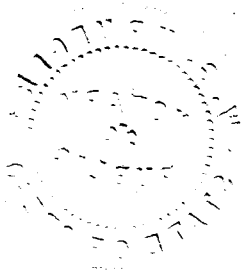
MAR 24 1944

APR 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



697 215003 392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387561
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 40 years at home months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCammon Ida

4. **FULL NAME OF CHILD** Ruby Eileen Orgill

5. Date of Birth of Child (Month, day, year) 7-15-22

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nephi B Orgill
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Paradise (City or town) Utah (State or foreign country)
14. Exact Occupation Watchman
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Lind
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace On McCammon Ida (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 21 years, and that Dr McDell (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby L Orgill Signature
226 S 5th Ave Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1944

(SEAL) Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1944 by Mabel Hyde, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286 108 006-318

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387564
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth, Idaho

4. **FULL NAME OF CHILD** William Taylor Short

5. Date of Birth of Child (Month, day, year) Feb. 8, 1922

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Lafayette Short
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Courtland, New York (City or town) (State or foreign country)
14. Exact Occupation Stock Raising
15. Industry or Business Stock Raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Taylor
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Watertown, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Polk } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years years, and that Dr. Roberts (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Taylor Short Signature

Independence, Oregon P. O. Address

Subscribed and sworn to before me this 20th day of April, 1944

(SEAL) Rue Baker, Notary Public, residing at Independence, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 7/15/44

Received for filing on APR 17 1944 by Mary Filer, Registrar.

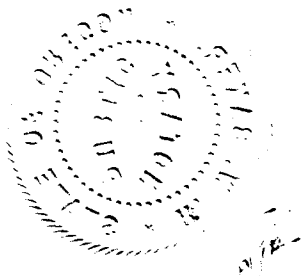
NOV 29 1968

APR 19 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses prescribed in Chapter 2, Title~~ 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



447-120-033-194

387589

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Clementsville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Clementsville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Glen Henry Umphrey

5. Date of Birth of Child (Month, day, year) Sept. 20, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Franklin Umphrey
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace LaCygene (City or town), Kansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Marie Ard
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Elsmore (City or town), Kansas (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 A. M. on the date and at the place stated above, and that personal particulars were furnished by Bessie Marie Ard Umphrey (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Madison } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 20 years, and that Kate Ross (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Marie Ard Umphrey Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 31st. day of March, 1944.

(SEAL) D W Stowell, Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1944 by Mabel Fielder, Registrar.

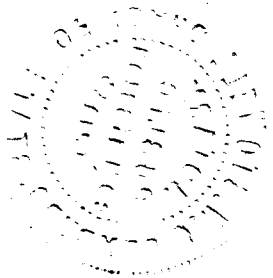
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such ~~report~~ may ~~be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-20-5010-742

387607

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. East 17 St
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. East 17 St
   (e) How long has **MOTHER** lived in Idaho? About 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Sylvia Marguerite Strom [redacted] Date of Birth of Child (Month, day, year) 12/5/22

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nels Gideon Strom
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Tidaholm (City or town) SWEDEN (State or foreign country)
14. Exact Occupation Field Mgr.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther D. Gustafson
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) SWEDEN (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. G. Strom Signature

P.O. Box 5 Idaho Falls P. O. Address

Subscribed and sworn to before me this 24th day of April, 1944 Idaho

(SEAL) [illegible], Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to ~~such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-210-003-433 388672 388672

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruth Lucille Blaser
5. Date of Birth of Child (Month, day, year) Aug. 10, 1922
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Lewis Blaser
11. Color or Race W
12. Age at time of THIS birth 43 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Roadmaster, O.S.L.R.R.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie McClellan
17. Color or Race W
18. Age at time of THIS birth 33 yrs.
19. Birthplace Swan Lake, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for life years, and that attendant (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mrs Henry L. Blaser Signature
1712 River St. Boise Ida. P.O. Address

Subscribed and sworn to before me this 9th day of May, 1944
(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 9- 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

755-213-037-667

388690 388690

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: in The home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau, Ida.

4. **FULL NAME OF CHILD** Erin Frances Pence

5. Date of Birth of Child (Month, day, year) Jan. 13, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Grover Wells Pence
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Bruneau (City or town) Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bridget Theresa Fogarty
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Chicago (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 57 years of age, that I have known this person for life years, and that W. F. Becker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Theresa Pence Dilbeck Signature
Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of May, 19 44

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 24, 1944 by Mabel Holgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 21 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-206-010-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388906
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Gen. Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Ucon
   (d) Street Address or R.F.D. No. Gen Del.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ucon Idaho

4. **FULL NAME OF CHILD** Helen Etta Schwarze

5. Date of Birth of Child (Month, day, year) 3-6-22

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sam Henry Schwarze
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kansas City (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Carlson
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Silverton (City or town) Colo (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for all years, and that Dr. Strong (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura Schwarze Signature
228 Magnolia Ave P. O. Address
Long Beach, California

Subscribed and sworn to before me this 1st day of May, 1944.

(SEAL) Mabel O Berry, Notary Public, residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 21, 1948

Received for filing on by Mabel Myers, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

537-109-006-691

388910

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388910
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. Rt. ?
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. Rt. ?
   (e) How long has **MOTHER** lived in Idaho? & 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Stanford Oscar Elg

5. Date of Birth of Child (Month, day, year) Nov. 9, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Paul Elg
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Tidholm, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tekla Emelia Franson
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Tidholm Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by Emelia Elg (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 5/1/44

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 4 1944 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1944

MAY 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-224-001-766

388957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City Meridian
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Parents Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho

4. **FULL NAME OF CHILD** Norma Clara Greenfield

5. Date of Birth of Child (Month, day, year) Nov. 24 1922

6. Sex female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clyde Morris Greenfield
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Greenburgs (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Vera Powell
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all her life years, and that ~~Norma Clara Greenfield~~ (First name) De Button (Last name), who attended this birth dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clyde Morris Greenfield Signature

P. O. Address

Subscribed and sworn to before me this 15th day of May, 1944

(SEAL) Clay C. Todd, Notary Public, residing at Melba, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 8 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-207019-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 390072
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Custer (b) City C Hallis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 34 years 9 months 12 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City C Hallis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.
   (f) Mother's mailing address (For registration notice):
   C Hallis
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) C Hallis, Ida.

4. **FULL NAME OF CHILD** Pearl Anna Bradshaw

5. **DATE OF BIRTH** (Month, day, year) Dec. 7, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Bradshaw

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Crystal (City or Town) Idaho (State or foreign country)

14. Exact Occupation Farming

15. Industry Business Stockraising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Elizabeth Millick

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace C Hallis (City or Town) Idaho (State or foreign country)

20. Exact Occupation was teacher

21. Industry or Business Rancher's wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Pearl E. Bradsha (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) MAY 18 1944 (Date received) (b) Mary Holder (Registrar's signature)

25. Attendant's **OWN** signature Della McGann M.D. (D.O., Midwife, etc.)
and address C Hallis Date May 12-44

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK TYPE. Do not write in shaded areas. Please print.
LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAY 2 2 1944

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

453-108028 713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390090
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Spirit Lake
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Spirit Lake,
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Spirit Lake, Idah

4. **FULL NAME OF CHILD** Earl Stanley Decker

5. Date of Birth of Child (Month, day, year) April 8 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mitchel Decker
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Traymer (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD Gallagher

16. **FULL MAIDEN NAME** Frances Ellen Gallaher
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Canada (City or town) (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 22 years, and that Dr E.S. Prindle (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X W. Decker
Signature

Spirit Lake, Idaho.
P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1944

(SEAL)

____, Notary Public, residing at Spirit Lake Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1922-114513

851 218 036 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390174
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. /
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 40 years 1 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. /
   (e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad Idaho

4. **FULL NAME OF CHILD** Carma Yearsley

5. Date of Birth of Child (Month, day, year) Sept. 18, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Heber Yearsley
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Janet Howell
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Portage (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home Making

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, or born) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Rosa (First name) J (Middle) Yearsley (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 21 years, and that Mrs Mary (First name) Howell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa J Yearsley Signature
Malad Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 1944

(SEAL) ____, Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-230026-817

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390193
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City HAMER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 6 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City HAMER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) HAMER Idaho

4. **FULL NAME OF CHILD** Estella Ruth ~~Harveys~~ Harvey

5. Date of Birth of Child (Month, day, year) Sept. 30. 1922

6. Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William King Harvey
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Rushcenter (City or town) KANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Emma Yaggy
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Maizeville, Indiana (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Jefferson } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 21 years, and that EARL (First name) Jones (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie E Harvey Signature
Hamer Idaho P. O. Address

Subscribed and sworn to before me this 2 day of June, 1944

(SEAL)

Manford Turnman, Notary Public, residing at Hamer Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1944 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been~~ recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-222 [illegible] 022-813

390323

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City CHESTER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City CHESTER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) CHCHTER IDAHO

4. **FULL NAME OF CHILD** Edla Byral-Smith

5. Date of Birth of Child (Month, day, year) Dec. 22, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mts

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Luther Smith
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Nashville (City or town) - Tennesee (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL SARAH HATHAWAY
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace Chester (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by ETHEL SARAH (First name) HATHAWAY (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mary B Hathaway ~~M.D.~~ Midwife Address Chester Date Idaho

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-228-019-566

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390368
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Near Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs Idaho

4. **FULL NAME OF CHILD** Alice Amy Blackburn
5. Date of Birth of Child (Month, day, year) Sept 28, 1922
6. Sex Female
7. Twin or Triplet —
   If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Ferdinand Blackburn
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wonsevu (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Elizabeth Newman
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Attumwa (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Myrtle (First name) Campbell (Last name), who is related as an Aunt (Mother, etc.)

25. Attendant's **OWN** signature X Russell Tigert M.D. ~~Midwife~~ Address Soda Springs, Ida Date June 13, 1944

State of Idaho
County of Caribou } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for all her life ~~years~~, and that Dr. Russell (First name) Tigert (Last name), who attended this birth has signed above ~~(Is now deceased) or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Joseph Ferdinand Blackburn Signature
Soda Springs Idaho P. O. Address

Subscribed and sworn to before me this 15th day of June, 1944

(SEAL) S. Matthews, Notary Public, residing at Soda Springs, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Expires Aug 2, 1944

Received for filing on JUN 20 1944 by Mabel Felder, Registrar.

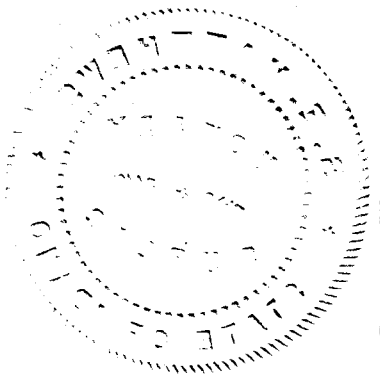
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Dup of 1922-390437

557-dc9-029-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391481
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Montana (b) County ~~Hill~~ Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Irene Orabell England

5. Date of Birth of Child (Month, day, year) May 9, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Leonard England
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace St. Paul (City or town) Nebraska (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Murphy
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number~~ of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) England (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Montana
County of Hill } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now forty-three years of age, that I have known this person for twenty-two years, and that Dr. Kelly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William S England Signature

Havre, Montana P. O. Address

Subscribed and sworn to before me this 21st day of June 1944.

(SEAL)

Carl [illegible] Clerk and Recorder,
Hill County, Montana.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 27 1944 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-126-00-314

391514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 391514
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 6 yrs. ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Charles Francis Peterson

5. Date of Birth of Child (Month, day, year) Feb 26-1922

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** C. Roy Peterson

11. Color or Race W

12. Age at time of THIS birth 28 yrs.

13. Birthplace Rice Lake (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Cook

15. Industry or Business Restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace R Campbell

17. Color or Race W

18. Age at time of THIS birth 24 yrs.

19. Birthplace York (City or town) Nebraska (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag Nog Sol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Grace Peterson (First name) (Last name), who is related as Mother (Mother, etc.).

25. Attendant's **OWN** signature Edward L Sims M.D. ~~Midwife~~ Address Boise Idaho Date 7/3/44

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 5 1944 by Mabel Yelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-211-014-819

391517 [redacted]1517

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence no. 14th St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Ida.

4. FULL NAME OF CHILD Ethel Wanetta parsons

5. Date of Birth of Child (Month, day, year) Apr. 11-1922

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Sylvester parsons
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Edina Missouri (City or town) (State or foreign country)
14. Exact Occupation Bricklayer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ona Harris
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Hay Springs Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for years, and that Dr. H. C. Robinson (First name) (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. S. Parsons Signature
P. O. Box 82 Kuna Idaho P. O. Address

Subscribed and sworn to before me this 5 day of February, 1943

(SEAL) G. W. Grebe Notary Public, residing at Kuna, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-213-D16-364

391674

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Declo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Declo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Declo Idaho

4. **FULL NAME OF CHILD** Evelyn Bingham

5. Date of Birth of Child (Month, day, year) August 13, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard Paul Bingham

11. Color or Race white

12. Age at time of THIS birth 22 yrs.

13. Birthplace Franklin (City or town) Ariz. (State or foreign country)

14. Exact Occupation Trucking

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etta Lowder

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Starvalley (City or town) Wyoming (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Utah
County of Utah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Mrs. (First name) Muir (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Bingham Merrill Signature
Roark 6, Orem Utah P. O. Address

Subscribed and sworn to before me this 11th day of July, 1944

(SEAL)

Joseph Jensen, Notary Public, residing at Provo, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. expires 3-31-47

Received for filing on JUL 11 1944 by Mabel Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 7 195

231-223001 855

39-935

392935

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 392935

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise

(c) Street Address or R.F.D. No. Lincoln St.

(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No. Lincoln St.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise, I.

4. FULL NAME OF CHILD Hazel Marie Stanton

5. Date of Birth of Child (Month, day, year) Jan. 23, 1922

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Gillette Stanton

11. Color or Race White **12.** Age at time of THIS birth 35 yrs.

13. Birthplace Athens (City or town) Tennessee (State or foreign country)

14. Exact Occupation Lumberman (Barber mill)

15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Belle Hensley

17. Color or Race White **18.** Age at time of THIS birth 25 yrs.

19. Birthplace Grant City, (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. ~~Midwife~~ Address ~~Date~~

State of IDAHO
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Doctor Armstrong (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel B Stanton Signature

603 Orcas Street, Seattle, Wash. Address

Subscribed and sworn to before me this 3rd day of April, 1943.

(SEAL) Mary B Edwards Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR IDAHO
Residence Boise, Idaho
My commission expires 11-6-44

Received for filing on SEP 12 1944 by Mabel Helder, Registrar.

Use only BLACK INK in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child occurred prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics, Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of attending physician or midwife, or by statement of the father or mother of the child, or if neither father or mother be accessible, of the nearest of kin or guardian, or legal person having direct knowledge in the premises.

745 224 [illegible] 445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 393031
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No. - P.O. - Box 247
   (d) Name of Hospital or Maternity Home: North Potlatch Sanitarium
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 4 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No. - P.O. Box 247
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch, Idaho

4. **FULL NAME OF CHILD** Carmelita Doreen Guernsey

5. Date of Birth of Child (Month, day, year) Aug. 24, 1922

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy Charles Guernsey
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sturgeon Bay, Wis. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Huldaguard Adelina Mueller
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Spokane, Wash. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7-9 M. on the date and at the place stated above, and that personal particulars were furnished by Huldaguard Guernsey (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Ida Mae LePard, M.D. Midwife Address 741 1/2 Lakeview Blvd, Seattle 2 - Wash. Date Aug 1 - 1944

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and tho[illegible] ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I f[illegible] state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapte[illegible] 1937 Session Laws.

..... Signat[illegible]

..... P. O. Add[illegible]

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 8 1944 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-19-031-456

United States Department of Commerce Bureau of the Census

AUG 11 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394339
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls.

4. **FULL NAME OF CHILD** Charles Estle Mc. Laughlin

5. Date of Birth of Child (Month, day, year) Feb. 19th 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William B. Mc. Laughlin
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Enterprise (City or town) Kentucky (State or foreign country)
14. Exact Occupation trapper.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elnora Catherine DeWitt.
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Gig (City or town) Washington (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol AgNO3
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11:20 P.M. on the date and at the place stated above and that personal particulars were furnished by Elnora Catherine (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature V. E. Logan M.D. ~~Midwife~~ Address American Falls Date Aug 8- 1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Grays Harbor }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22 years, and that Dr V. E. (First name) Logan (Last name), who attended this birth [redacted] (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elnora Catherine Mc. Laughlin Signature
Rt 2 Box 163A Elma Wash P. O. Address

Subscribed and sworn to before me this 9th day of August, 19 44

(SEAL) A. L. Fleming Notary Public, residing at Mc Cleary

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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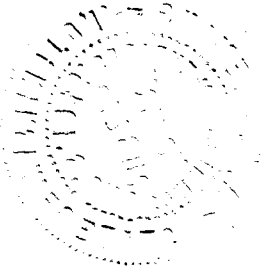


DELAYED

Dup of 1922-101651

753-215-015-899

394500

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394500
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Caribou (b) City Williamsburg
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home _____ Days
In THIS County years months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Williamsburg
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address (for registration notice): Williamsburg (~~Street or R. F. D.~~) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Williamsburg, Idaho

4. FULL NAME OF CHILD Venice Petersen

5. DATE OF BIRTH (Month, day, year) Aug. 15, 1922

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Warren Otto Petersen

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Minkcreek (City or Town), Idaho (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophie Katherine Hirschi

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Geneva (City or Town), Idaho (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes _____ No _____ Approximate date _____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sophie K. (First name) Petersen (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) Oct 10-1944 (Date received) (b) Mabel Fleeder (Registrar's signature)

28. Given name added on _____ by _____ (Registrar's signature)

26. Attendant's OWN signature Johanna Sotherman, ~~M. D.~~ (~~D.O.~~, Midwife, ~~etc.~~)
and address Oldyan, Ida Date 8-31-44

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 10 1944 OCT 10 1944 MAY 8 1974

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223: * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) ~~Labor~~: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

207-129-024-857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395590
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Ida.

4. **FULL NAME OF CHILD** Vernon Ray Bogar

5. Date of Birth of Child (Month, day, year) 11-29-22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ray Clarence Bogar
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Dassel (City or town), Minn. (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Naomi Marguerite Head
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Blue Springs (City or town) Nebr. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Naomi (First name) Bogar (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ray C. Bogar M.D. Midwife Address Kendrick Ida Date Nov 29th 1922

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1944 by Mabel Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1944

DEC 7 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-22-207-653

395707

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395707
Local Reg. No.
Reg. Dist. No. 410

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Dorothy Ann Outzs

5. Date of Birth of Child (Month, day, year) 5-22-1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie E. Outzs
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Niekle Plate, (City or town) Ohio (State or foreign country)
14. Exact Occupation Garage Owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Welch
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Hailey, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10:A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Leslie E. (First name) Outzs (Last name), who is related as Father (Mother, etc.).

25. Attendant's **OWN** signature [signature] M.D. Address Hailey, Idaho Date 9-21-1944

AFFIDAVIT

State of Idaho
County of Blaine } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. E. Outzs Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 - 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-15-014-958

395752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

395752

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** (a) County Canyon (b) City Nampa
(c) Street Address or R F D No. 418 - 16 Ave. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 30 days. In **THIS** county 8 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 418 - 16 Ave. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Nampa, Idaho

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Orland Bruce Reynolds

5. Date of Birth (Month, day, year) February 15, 1922

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert L. Reynolds
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Osage (City or town) Iowa (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Lumber Yard

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marian Estella Reynolds
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Zillah (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Marian Reynolds (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 20 1944 (Date received) (b) Mary Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Marian Reynolds, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Orland Bruce Reynolds (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lea M. Chilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marian Reynolds Name
804 - 5th Ave. No. Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of October 1944

(SEAL)

C. A. Button Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 - 1967

OCT 2 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

279-101-034-963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395770
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert, Idaho
   (c) Street Address or R.F.D. No. Rupert
   (d) Name of Hospital or Maternity Home: None (Born At Home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 4 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No. Rupert
   (e) How long has **MOTHER** lived in Idaho? 9yr4mo24days

3. **RESIDENCE OF FATHER** (city, state) Rupert, Idaho

4. **FULL NAME OF CHILD** Walter Johann Sprenger

5. Date of Birth of Child (Month, day, year) April 1, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Johann Sprenger
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosina Rott
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3:00 a. M. on the date and at the place stated above, and that personal particulars were furnished by Rosina (First name) Sprenger (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address P.O. Box 102, Lodi, California — Date June 20, 1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Sonoma } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that Johann (First name) Sprenger (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosina Sprenger Signature

P.O. Box 102 Lodi, California P. O. Address

Subscribed and sworn to before me this 29 day of June, 19 44

(SEAL) John Bischof, Notary Public, residing at Lodi, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 11 1944 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-216014895

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 39839
Local Reg. No. 396839
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No. R.D. 2 Parma Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City R.D. 2 Parma Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Doris L Forsman

5. Date of Birth of Child (Month, day, year) Jan. 16, 1922

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Clarence A. Forsman
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Gresies Ind. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Forsman
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Buffalo Okla. (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 2 drops
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Viola Forsman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C M Mitchell M.D. M.D. Midwife Address Parma Idaho Date 10/7-44

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 25 1944 by Mabel Hyde

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1984

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-21-7014-619

396871

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nilus
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nilus
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nilus, Idaho.

4. **FULL NAME OF CHILD** Geraldine Lavine Clark

5. Date of Birth of Child (Month, day, year) June 17-22

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Finley Clark

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Mil Vina Farley

17. Color or Race white

18. Age at time of THIS birth 26 yrs

19. Birthplace Amboy (City or town) Minnesota (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Frances P. Clark (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's **OWN** signature Frances P. Clark M.D. Midwife Address Tacoma Wash Rt. 10 Box 961 D Tacoma Date Oct. 1. 1944

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1944 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1975

OCT 23 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391 206023 415

396902

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396902
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Ola
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In THIS county 16 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Ola
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ola Idaho

4. **FULL NAME OF CHILD** Violet Anna Cramer

5. Date of Birth of Child (Month, day, year) March 6, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Cramer
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Elfa (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winnie Edeth Davis
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie Gross (First name) (Last name) who is related as Mid Wife (Mother, etc.)

25. Attendant's **OWN** signature Mrs Annie Gross M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Gem } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mid-wife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 22 years, and that myself (First name) (Last name), who attended this birth Am Affiant (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Gross Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of October, 19 44.

(SEAL)

Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1944 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-21-7023 415

396920

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396920
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Ola
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Ola
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Velma Georgia Query

5. Date of Birth of Child (Month, day, year) Jan. 17, 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry James Query
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Greely, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Clara Davis
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Walla Walla Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was yes (Born alive, stillborn) at 12:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jan 17 (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Lucy B. Fetters M.D. Midwife Address Emmett Date Idaho

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are ~~true~~ to the best of my ~~knowledge, and that I~~ desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1965

NOV 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section [illegible])

Where the birth of a child born prior to the [illegible] date of [illegible]ter 191, 1911 Session Laws, has not been reco[illegible] in case of [illegible]e to report any birth which has occurred [illegible] to such [illegible] such report may be received and filed by the [illegible]trar for [illegible] in the Bureau of Vital Statistics for the [illegible] and uses [illegible]ribed in Chapter 2, Title 38, Idaho Code Ann[illegible] when such report is accompanied by a certificate of the attend[illegible] physician or [illegible]ife, or by affidavits of the father or mother of the child, or if [illegible]ther father or mother of the child is living or a[illegible]ssible, of the [illegible]rest of kin or guardian, or some person ha[illegible]ct knowledge [illegible] premises.

636-131 014-645

396930

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396930
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Melba
   (c) Street Address or R.F.D. No. Route #1
   (d) Name of Hospital or Maternity Home: Born at home or Melba R#1
   (e) Mothers stay **BEFORE** delivery: In THIS county 9 [redacted] years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Melba
   (d) Street Address or R.F.D. No. Route #1
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dwayne Emerson Floyd

5. Date of Birth of Child (Month, day, year) Dec. 31, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Frank Floyd
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Gentry (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Matilda Olle
17. Color or Race white
18. Age at time of THIS birth [redacted] 29 yrs.
19. Birthplace Burr [redacted] Oak (City or town) Kansas (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, [redacted]) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Myself (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Mrs Anna Yoder [redacted] Midwife Address Melba Idaho Date Dec 31 1922

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1944 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1951

NOV 2 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-210-014 315

396938

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396938
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Huston
   (c) Street Address or R.F.D. No. R 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Huston
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Doris Louise Gibson

5. Date of Birth of Child (Month, day, year) Sept. 10-1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lee Gibson
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Harney, Ore. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Melvena Lavender
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salubria, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife **Address** ____ **Date** ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Mrs Minnie Swagger (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lee Gibson Signature

Caldwell Ida R 4 P. O. Address

Subscribed and sworn to before me this 24 day of November, 1944

(SEAL)

Pauline Cambron, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 24, 1944 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

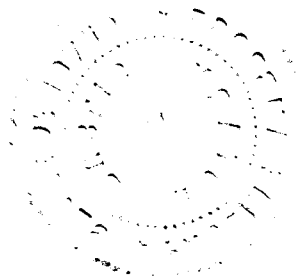
FEB 21 1966

NOV 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396987
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Tyhee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 2 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leabtta Nelson

5. Date of Birth of Child (Month, day, year) May 23, 1922

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Anthon Nelson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Minkcreek, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Cecolia Jenson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cleveland, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22½ years, and that Dr (First name) Miller (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie G Nelson Signature
Wendell Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1944
(SEAL) G. D. McQuiney, Notary Public, residing at Wendell, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1944 8 NOV

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355 101 016 712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 397015

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 14-8
Local Reg. No. 2198
Reg. Dist. No. 471

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Malta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Malta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malta Idaho

4. **FULL NAME OF CHILD** Oleon Lee

5. Date of Birth of Child (Month, day, year) 2 - 1 - 22

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edward Lee
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Grouse Creek (City or town) Utah (State or foreign country)
14. Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Annie Parkett
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grouse Creek (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:30 P.M. on the date and at the place stated above and that personal particulars were furnished by Rhoda Lee (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. D. Sater M.D. Midwife Address Albion Idaho Date 10/29/44

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1944 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior ~~in the effective date of~~ Chapter 191, 1911 ~~Session~~ Laws, ~~has~~ not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212 128 019 · 354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 397038
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Clayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clayton, Ida.

4. **FULL NAME OF CHILD** Richard Le Roy Baker

5. Date of Birth of Child (Month, day, year) 3/28/1922

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ellis Milton Baker
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Clayton (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Leuzinger
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Clayton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Custer } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Mrs. Margaret Leuzinger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Leuzinger Baker Signature
Clayton, Ida. P. O. Address

Subscribed and sworn to before me this 21st day of October, 19 44

(SEAL) R R Bartsch, Notary Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1944 by Mabel Nelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141 206 026-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398133
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Roberts Idaho

4. FULL NAME OF CHILD Virginia Mae Adams

5. Date of Birth of Child (Month, day, year) Dec 6 1922

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John H Adams
11. Color or Race W
12. Age at time of THIS birth 21 yrs.
13. Birthplace Plano (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosella M Grow
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Iona (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Earl D. Jones (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosella M. Adams Signature
Twin Falls Idaho, Rt 3 P. O. Address

Subscribed and sworn to before me this 10th day of November, 1944.
(SEAL) Ray Agee, Notary Public, residing at Twin Falls, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 14 1944 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 105003 792

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 198178
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Willard Gibbs Andreason

5. Date of Birth of Child (Month, day, year) Sep. 5 1922

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Lorenzo Andreason
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Mink Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Flour Mill owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Estella Gibbs
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lago (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Estella Andreasen (First name) (Last name)

who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Myrtle Estella Andreasen M.D. Midwife mother Address Shoshone, Idaho Date 11/21/44

AFFIDAVIT

State of Idaho } ss.
County of Lincoln }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for all his life years, and that Dr. J. H. (First name) Hubbard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Estella Andreasen Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of November, 1944

(SEAL) ..... Notary Public, residing at Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1944 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-112-042-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399468
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Berger
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Berger
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Berger, Ida.

4. **FULL NAME OF CHILD** EUGENE LOUIS GRIFF

5. Date of Birth of Child (Month, day, year) July 12, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** HERMAN CARL GRIFF
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Trento (City or town) Austria (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CARLOTTA ANGELA GRAIFF
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Trento (City or town) Austria (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr. (First name) Clouchek (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carlotta A Griff Signature

R.F.D. #1, Twin Falls, Ida. P. O. Address

Subscribed and sworn to before me this 20th day of December, 1944.

(SEAL) ____, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1944 by Eugene Louis Griff, Registrar

Mother Filer

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1970

DEC 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 22-1042IC

83/42-215-231

399536

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399536
Local Reg. No.
Reg. Dist. No. 521

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No. Gen Del
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Sprgs, Idaho

4. **FULL NAME OF CHILD** Keith Earl Blackburn

5. Date of Birth of Child (Month, day, year) August 22 1926

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl Blackburn
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Florence, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Amelia Black
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Grace, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Clara Blackburn (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Dr Russell Figurh M.D. ~~Midwife~~ Address Soda Springs, Idaho Date 12/27/44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ____ County of ____ } ss.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 - 1945 by Mabel Fisher, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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339-12-26-363 399634

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399634
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Jefferson (b) City Perry
   (c) Street Address or R.F.D. No. 2 Rigby
   (d) Name of Hospital or Maternity Home: Home delivery
   (e) Mothers stay BEFORE delivery: In THIS county 35 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Perry
   (d) Street Address or R.F.D. No. 2 Rigby
   (e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Perry, Idaho

4. FULL NAME OF CHILD Aaron Wallace Clifford

5. Date of Birth of Child (Month, day, year) Feb. 25, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Wallace Clifford
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Weston, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Christine Coles
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Milo, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) Clifford (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon. County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 60 years, and that Lizzie (First name) Nalden (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William W. Clifford Signature

5431 S E Milwaukie Portland Ore P. O. Address

Notary Public for Oregon
My commission expires Sept. 4, 1945

Subscribed and sworn to before me this 16 day of January 1945

(SEAL) Ernest Hawes, Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 19 1945 by Mabel Hodge, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-920-283-249

400787

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No. R.F.D. I
   (d) Name of Hospital or Maternity Home: Born in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years [illegible] months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No. R.F.D 1
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace Idaho

4. **FULL NAME OF CHILD** Lorna Thomas

5. Date of Birth of Child (Month, day, year) Oct. 20 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Leo Leonard Thomas
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Turner (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** La Vera Smith
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by LaVera Smith (First name) Thomas (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature + Esther Thomas M.D. Midwife Address Grace Idaho Date Sept. 8 1944

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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692-213-010-243

400794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400794
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bonneville (b) City Ammon Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Ranch home
   (e) Mothers stay BEFORE delivery: In THIS county 26 yr years 1 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Ammon Ida (b) County Bonneville
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Donnetta Fisher

5. Date of Birth of Child (Month, day, year) Dec. 13, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis Alvin Fisher
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ammon (City or town) Idaho (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Butler
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 4 M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Fisher (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Agnes Butler M.D. Midwife Address 1222 W 8th st. Date 1/13/45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 13th day of January 1945

(SEAL)

Notary Public, residing at Los Angeles, Calif.

My Commission Expires May 13, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-110-006-866

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JAN 22 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400828
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. Route #1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. Route #1
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Verdell E. Hansen

5. Date of Birth of Child (Month, day, year) May 10, 1922

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer Hansen
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Goshen, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecil Hofhine
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mink Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Howard Simmons (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecil H. Hansen Signature

Route #2, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of January, 1945

(SEAL) Zola Hansen, Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1945 by ____, Registrar

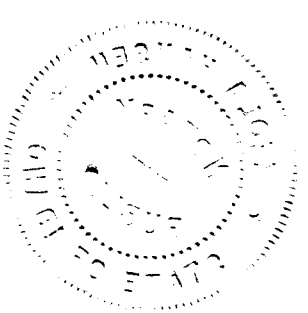
JAN 24 1945

APR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



844-222-004-269

401048

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401048
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bad Lake (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bad Lake
(c) City Wardfoo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Mary Humphreys

5. Date of Birth of Child (Month, day, year) Nov. 22 1922

6 Sex F.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Samuel Humphreys
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace ~~Wardfoo~~ (City or town) Paris Idaho (State or foreign country)
14. Exact Occupation Utah Power & Light
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Sorenson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Olond (City or town) Denmark (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for life years, and that Dr Ashley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lois Myrtle Overgard Signature
735 E. Jeff. Boise, Idaho O. Address

Subscribed and sworn to before me this 3 day of March 1945

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar. 3-1945 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-216-001-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401088
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls, Idaho
   (d) Street Address or R.F.D. No. 6
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida.

4. **FULL NAME OF CHILD** Isabel Kathleen Conan

5. Date of Birth of Child (Month, day, year) Jan. 16, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emory Vincent Conan
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Miller, So. Dak. (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Retta Elizabeth Hadsworth
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hooper, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bingham }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 23 years, and that unknown (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emory Vincent Conan
Signature

Taft Hall, Idaho
P. O. Address

Subscribed and sworn to before me this 5th day of February, 19 43

(SEAL) H. E. Emmons, Notary Public, residing at Blackfoot Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

DELAYED

DUP OF 22-98044

752-111001-367

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

State File No. 402137

Local Reg. No.

Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Ada (b) City Boise
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: St Lukes
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home 1/2 Days
   In THIS County 2 years 3 months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street address or R. F. D. No. Jefferson St.
   (e) How long has MOTHER lived in Idaho? 2 yrs.
   (f) Mother's mailing address (for registration notice): Jefferson Street, (Street or R. F. D.) Boise, Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Harold Williams Gess

5. DATE OF BIRTH (Month, day, year) June 11, 1922

6. Sex Male

7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ORVILLE CLAYTON GESS

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Boise (City or Town) Idaho (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business Contracting

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Irene Copley

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Sheridan (City or Town) Minnesota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business --

22. Was a standard serological test for syphilis performed? Yes ..... No no Approximate date .....

23. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3 1/0

24. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
    (c) Born alive and now dead none (d) Stillborn none

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Irene Gess (First name) (Last name), who is related to this child as mother (Mother, etc.)

27. (a) FEB 27 (Date received) (b) [signature] (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. Attendant's OWN signature Harold W Stone M. D. (D.O., Midwife, etc.)
and address 1510 W State Boise, Idaho Date 1/Feb/45

NOV 2 1956

JAN

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall also, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

DELAYED

291-119 09-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402160
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CUSTER (b) City CHALLIS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CUSTER
   (c) City CHALLIS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? DEAD yrs.

3. **RESIDENCE OF FATHER** (city, state) CHALLIS Ida.

4. **FULL NAME OF CHILD** EARL-LEROY Bradbury

5. Date of Birth of Child (Month, day, year) FEB. 19 1922

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** VERNE Bradbury
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace CHALLIS (City or town) (State or foreign country)
14. Exact Occupation CATTLEMAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LENA WILKINSON
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace K KANSAS (City or town) (State or foreign country)
20. Exact Occupation Died July 1924
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of IDAHO } ss.
County of CUSTER }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that Dr. C.S. (First name) KIRTLEY (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Verne Bradbury Signature

CHALLIS, IDAHO. P. O. Address

Subscribed and sworn to before me this 1st day of March, 1945.

(SEAL) A.R. Bartlett, Notary Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1945 by Mabel Hyde, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-205-029 449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402188
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LaTaH (b) City MoSCoW
(c) Street Address or R.F.D. No. #4
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LaTaH
(c) City MoSCoW
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Gearldine Emmaline Clark

5. Date of Birth of Child (Month, day, year) June 5th 1922

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Archie C Clark

11. Color or Race White

12. Age at time of THIS birth ~~46~~ 24 yrs.

13. Birthplace Juliaetta (City or town), IDAHO (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bonnie Gearldine Murphy

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Roslen B.C (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No. 17 - sol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Bonnie (First name) Clark (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. ~~Midwife~~ Address Moscow Idaho. Date 2/26/45

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

496 105-028-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402196
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene Ida
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Michael Mrozak
5. Date of Birth of Child (Month, day, year) March 5-1922
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Mrozak
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Poland (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Jacobson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Czechoslovakia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-three years of age, that I have known this person for ..... years, and that Julia (First name) Jacobson, (aunt) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Mrozak (X his mark) Signature
Box 566 Coeur d'Alene, Idaho P.O. Address

Subscribed and sworn to before me this 18th day of February, 1945

(SEAL) E. H. Miles U.S. Com. ~~Notary Public~~, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1945 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-271-007-294

402328

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hetchum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hetchum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Louise Seyton

5. Date of Birth of Child (Month, day, year) 7/21/22

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elbert Newton Seyton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sturgeon (City or town) Boone Co. Mo. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Young's Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Isabelle Brumbaugh
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hailey (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 22 years, and that Dr. Brock (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mary B. Seyton Signature

208 Houghton Park Village Long Beach 5, Calif. P. O. Address

Subscribed and sworn to before me this 8 day of March, 1945

(SEAL)

S. Lynch, Notary Public, residing at Hynes Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1945 by Mary Peters, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 22-104485

255 110 033 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402343
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 47 E-2nd North
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho Rexburg (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 47 E-2nd North
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Joseph Gordon Beesley

5. Date of Birth of Child (Month, day, year) Oct 10th 1922

6 Sex Male

7 Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emer Andrews Beesley
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Grain and Produce
15. Industry or Business Produce Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Woodmansee
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grace Woodmansee Beesley (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that Lorin F. Rich (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace W. Beesley (Reppner) Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 14 day of March 1945
(SEAL) D W Stowell, Notary Public, residing at Rexburg Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1945 by Mabel Helfer, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 224010-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402364
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) ~~City~~ Antelope
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In THIS county 5 years 5 months 4 days 22

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) ~~City~~ Residence - Antelope
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has MOTHER lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Antelope Idaho

4. **FULL NAME OF CHILD** Verta Lillie Gallup

5. Date of Birth of Child (Month, day, year) July 24, 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Leon Gallup
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Springville, Utah (City or town) (State or foreign country)
14. Exact Occupation Dry Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lina Lavon Colen
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Milo Idaho (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business House-keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) ~~Born alive and now living~~ 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for all her life years, and that Doctor Price (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lina Lavon Gallup Signature

Shelley, Idaho, RFD 2 P. O. Address

Subscribed and sworn to before me this 16th day of March, 1945.

(SEAL) ..... Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1945 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-224010-569

PLACE OF BIRTH

County of .....

City of Idaho Falls, Idaho.

No. ..... St.

General Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 402366

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Levora Nadine Partridge

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	October 24 1922

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth one (a) Born alive and now living one

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Dennis F. Partridge

Residence (Usual place of abode) Idaho Falls, Ida

If non-resident, give place and State .....

Color or race White Age at last Birthday 30 (Years)

Birthplace Guthrie, Oklahoma (City and State or County)

Occupation Painter

MOTHER

FULL MAIDEN NAME Edith R. (Partridge) Norton

Residence (Usual place of abode) Idaho Falls

If non-resident, give place and State .....

Color or race White Age at last Birthday 24 (Years)

Birthplace Kingfisher, Oklahoma (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) .....

(Physician or midwife)

Address .....

Filed MAR 20 1945 19 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

MAR 2 1 1945

943 206 024 165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403401
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Tuttle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Tuttle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Tuttle Ida.

4. **FULL NAME OF CHILD** Mary Mae Rutherford

5. Date of Birth of Child (Month, day, year) July 6, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick H. Rutherford
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Travis City Mich. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Belle Jones
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace St. Joe Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife + Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Pierce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 22 years, and that midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fredrick Harrison Rutherford Signature

Rte 11 Box 139 Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 26th day of February, 1945.

(SEAL) Hugo C. Dahm, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar

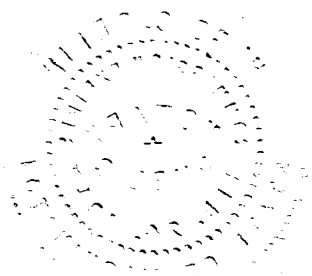
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



217-225041893 403518 403518

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403518
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Darby
   (c) Street Address or R.F.D. No. R.F.D # 1
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 7 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Darby
   (d) Street Address or R.F.D. No. R.F.D #1
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Darby, Idaho

4. **FULL NAME OF CHILD** Helen Pearl Bagley

5. Date of Birth of Child (Month, day, year) Apr. 25, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Elial Bagley
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Toole (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Emma Hill
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Welsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 23 years, and that Joseph Elial Bagley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Bagley, Signature
446-6th. Ave. East, Twin Falls, Ida. Address

Subscribed and sworn to before me this 30th day of March 1945.

(SEAL) ____, Notary Public, residing at Twin Falls.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mabel Hilder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-231-024-847 403538

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 403538
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: in private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls

4. **FULL NAME OF CHILD** Karen Elizabeth Wennstrom

5. Date of Birth of Child (Month, day, year) 12/31/22

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gus Stephen Wennstrom
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Alfta (City or town) Sweden (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bernice Robena Hughes
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace North Platte (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bernice Wennstrom (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature J H Cromwell M.D. Midwife Address Goodrich Ida Date 3-13-45

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1945 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1970

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent~~ to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-231001-356

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 403541

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Ada
City of Boise, Idaho
No. _____ St.
St. Lukes Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jean Isabel Meredith

3. Sex: Female
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term x
7. Legitimate? Yes
8. Date of birth July 31, 1922 (Month, Day, Year)

FATHER

9. Full name: Pearl Clarence Meredith
10. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho
11. Color or race: W | 12. Age at last birthday: 43 (years)
13. Birthplace (city or place) (State or Country): Avoca, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Ivy B. Lewzader
19. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho
20. Color or race: W | 21. Age at last birthday: 41 (years)
22. Birthplace (city or place) (State or Country): Des Moines, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or _____, Midwife
Address _____

Give name added from a supplemental report _____ (Date of)

Filed August 5, 1922 R. H. Pratt
Registrar.

_____
Registrar.

DELAYED

418-109 039-663

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403616
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home
   (e) Mothers stay BEFORE delivery: In THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred Mayer

5. Date of Birth of Child (Month, day, year) March 9, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gottlieb Mayer
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Wolkenhood
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Minidoka } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 23 years, and that no one attending (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Mayer Signature

Paul, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of April, 1945

(SEAL) [illegible], Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 17 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967 217004 318

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404577
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BEAR LAKE (b) City MONTPELIER
   (c) Street Address or R.F.D. No. "
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BEAR LAKE
   (c) City MONT PELIER
   (d) Street Address or R.F.D. No. "
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) MONTPELIER-IDAHO

4. **FULL NAME OF CHILD** RUTH MARY ROGHAAR

5. Date of Birth of Child (Month, day, year) JAN. 17 1922

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LUKE ROGHAAR
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace ROTTERDAM (City or town) - NETHERLANDS (State or foreign country)
14. Exact Occupation OWNER OF GROCERY
15. Industry or Business BUSINESS IN MONTPELIER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** POLLY ELIZABETH TAYLOR
17. Color or Race WHITE
18. Age at time of THIS birth 45 yrs.
19. Birthplace OGDEN - WEBER Co. (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6. (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of UTAH
County of WEBER } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ELDEST SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 23 years, and that DR. GEORGE ASHLEY (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marguerite K. Burton Signature
#1136 RUE ANN COURT, OGDEN-UTAH Address

Subscribed and sworn to before me this 17 day of April, 19 45.

(SEAL) J. E. Sullivan, Notary Public, residing at Ogden, Utah
My Commission Expires Mar. 12, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

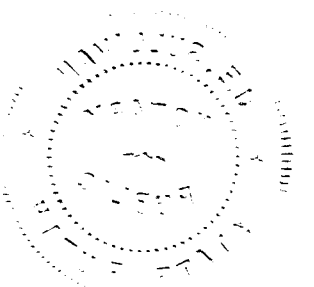
Received for filing on APR 23 1945 by Mabel Fielder, Registrar

APR 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295-222-032-315

APR 16 1945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LINCOLN (b) City SHOSHONE
(c) Street Address or R.F.D. No. — —
(d) Name of Hospital or Maternity Home: HOME OF MATERNAL GRANDMOTHER
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LINCOLN
(c) City SHOSHONE
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) SHOSHONE, IDA

4. FULL NAME OF CHILD DONNA MURIEL KINSEY

5. Date of Birth of Child (Month, day, year) Febr. 22, 1922

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ALPHA KINSEY
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace BISHOP (City or town) CALIFORNIA (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LUELLA ALICE LANDSBOROUGH
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace MINOT (City or town) North DAKOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8:45 A.M. on the date and at the place stated above, and that personal particulars were furnished by LUELLA (First name) KINSEY (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. Midwife Address [signature] Date 3/29/45

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [signature] APR 23 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 110031 - 7/5

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census MAY 5 1945

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404744
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No. (Rural)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No. (rural)
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, I.

4. FULL NAME OF CHILD JOHN KARL THOMAS

5. Date of Birth of Child (Month, day, year) Nov. 10, 1922

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Henry Thomas
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Tarkio (City or town) Missouri (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Gangl
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Darlack (City or town) Arkansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that (doctor's name unknown) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Gangl Thomas Signature
Box 572, Wapato, Washington P. O. Address

Subscribed and sworn to before me this 28 day of April, 1945

(SEAL) Clark Hoskanen Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

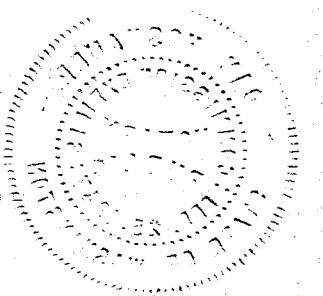
Received for filing on MAY 8 1945 by Mary Fuller, Registrar.

MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259 206-014 345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 4 1945

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404746
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. Route 4
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. R. 4
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida.

4. **FULL NAME OF CHILD** Effie Isabel Berends

5. Date of Birth of Child (Month, day, year) 12/6/~~42~~ 1922

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Frederick Berends
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Caselton (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Isabel Cunningham
17. Color or Race W.
18. Age at time of THIS birth 32 yrs.
19. Birthplace Stafford (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at own Home M. on the date and at the place stated above, and that personal particulars were furnished by Bessie (First name) Berends (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Caldwell Ida. R 4. Date Dec. 6. 1922

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Nettie Anderson (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie I Berends ~~Signature~~
Nettie Anderson
~~P. O. Address~~

Subscribed and sworn to before me this 13 day of April, 1945

(SEAL)

Clem Symms, Notary Public, residing at Caldwell Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1945 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-101-034-254

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405911
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Paul
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Paul
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paul, Idaho

4. **FULL NAME OF CHILD** Reuben Maier

5. Date of Birth of Child (Month, day, year) April 1, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob J. Maier
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Roumania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Bedderman
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Odessa, Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Minidoka }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob J Maier Signature

Paul, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of May, 1945

(SEAL) [illegible], Notary Public residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by [illegible], Registrar

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-22-0411-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 405948
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Clementsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Clementsville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruth Geraldine Nelson

5. Date of Birth of Child (Month, day, year) June 23, 1922

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Nelson

11. Color or Race white

12. Age at time of THIS birth 44 yrs.

13. Birthplace Kiron (City or town) Iowa (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Anna Harriman

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Huntington, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Anna Nelson Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 1945

(SEAL) L. C. Stowell Notary Public residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

AUG 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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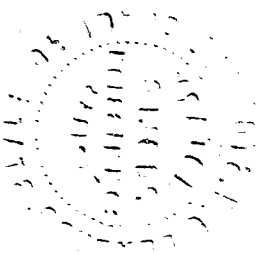

985-118-023-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 40595
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. # 1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Several years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Ida

4. **FULL NAME OF CHILD** Everet Leroy Rynearson

5. Date of Birth of Child (Month, day, year) Apr. 13 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emery John Rynearson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace [redacted] (City or town) Salt Lake, (State or foreign country) Utah
14. Exact Occupation Farmer
15. Industry or Business General farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Green
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace New Mexico (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business General house keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Etta Rynearson (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature J R Reynolds M.D. Midwife Address Emmett Idaho Date 6-17-45

AFFIDAVIT

State of Idaho }
County of Gem } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

JUN 4 1945

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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395-221-024-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405964
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No. R#2
(d) Name of Hospital or Maternity Home: Own Home
(e) Mothers stay BEFORE delivery: In THIS county 33 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wendell
(c) City Wendell, Idaho
(d) Street Address or R.F.D. No. R.#2
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Idaho

4. FULL NAME OF CHILD Thelma Anita Tinker

5. Date of Birth of Child (Month, day, year) Oct. 21, 1922

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Leslie Tinker
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Morrisville (City or town), Vermont (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Eliza Hadlock
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Jay (City or town), Vermont (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Wendell on the date and at the place stated above, and that personal particulars were furnished by Clara Eliza Tinker (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Viola Karren (Dead) M.D. Midwife Address Dr. Simonton Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Viola Karren (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Eliza Tinker Signature
Rigby Idaho P. O. Address

Subscribed and sworn to before me this 28 day of May 1945

(SEAL) Bryan Henry Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

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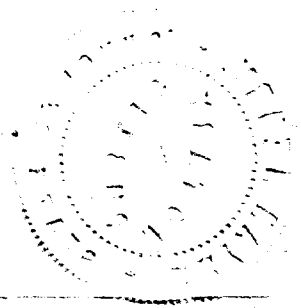

465-205-019-E45

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406095
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Mackay
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Mackay
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Mackay, Ida.

4. **FULL NAME OF CHILD** Betty Jean Donahue

5. Date of Birth of Child (Month, day, year) July 5, 1922

6. Sex Female

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes ✓

FATHER OF CHILD

10. **FULL NAME** Dennis Vincent Donahue
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Leslie (City or town) Idaho (State or foreign country)
14. Exact Occupation Transfer Businessman
15. Industry or Business Transfer + Dray

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Martha Hunter
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of ~~birth~~ and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by Betty Whitworth (First name) (Last name) who is related as ~~Mother~~ Self (Mother, etc.)

25. Attendant's **OWN** signature F. P. Richards M.D. ~~Midwife~~ Address Mackay Idaho Date 12/13/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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354-224-001-168

406108

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406108
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Lovers Lane
   (d) Name of Hospital or Maternity Home: St. Alphonso Hospital (Catholic)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Lovers Lane
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Donna Mae LeMoine

5. Date of Birth of Child (Month, day, year) Feb. 24, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Edgar LeMoine
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Mendocino, California (City or town) (State or foreign country)
14. Exact Occupation Shipping Sheep
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Minerva Johnson
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Monroe, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Calloway M.D. Address Boise Idaho Date 6-9-1945

AFFIDAVIT

State of Oregon
County of Jackson Lane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the [redacted] (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 23 years, and that Dr. Calloway (First name) (Last name), who attended this birth Can't be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Edgar LeMoine Signature
934 South Central Medford Ore. Address

Subscribed and sworn to before me this 12th day of June, 1945.

(SEAL) MY COMMISSION EXPIRES [illegible] Notary Public, residing at Springfield Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Mary Feller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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954 224007-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 407240
Local Reg. No. 46
Reg. Dist. No. 410

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Betty Billie Rember

5. Date of Birth of Child (Month, day, year) 2-24-1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Rember
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Hailey (City or town) Idaho (State or foreign country)
14. Exact Occupation [illegible]
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth H. Gilman
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hailey, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 2 %

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ruth (First name) Rember (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Hailey, Idaho Date 6-25-1945

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 6-25-1945 by Robert H. Wright - M. D. , Registrar.

JUL 2 1945

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to~~ such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

474 116 D10-119

407281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407281
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Dr. Hatches Private Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Arizona (b) County Apache
   (c) City St Johns
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 8 mos. yrs.

3. **RESIDENCE OF FATHER** (City, state) St Johns, Ariz.

4. **FULL NAME OF CHILD** Earl Franklin Updike

5. Date of Birth (Month, day, year) Feb. 16, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lisle Chandler Updike
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Erie (City or town), Penn. (State or foreign country)
14. Exact Occupation Photographer
15. Industry or Business Photography

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Janet Jarvis
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Eagar (City or town), Arizona (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Arizona
County of Maricopa } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 23½ years, and that DOCTOR (First name) HATCH (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lisle C. Updike Signature

Phoenix, Ariz. 1130 East Culver St P. O. Address

Subscribed and sworn to before me this 10th day of July, 1945

(SEAL)

Margaret Wescott, Notary Public residing at Phoenix Ariz.

My Commission Expires Oct. 5, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on JUL 18 1945 by Wm. Hoyer, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 12 1945

APR 25 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

8(7)-11502-764

407298

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407298
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. Route 4
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. Route 4
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Ida.

4. **FULL NAME OF CHILD** James Robert Hovermale

5. Date of Birth of Child (Month, day, year) Nov. 15. 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Elmer Hovermale
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Godfrey
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace St. Anthony, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bonneville }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Loretta Godfrey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Hovermale Signature
R 2 D 4 Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 9th day of July, 1945.

(SEAL) Louise Reeder, Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1945 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-228-003-384

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407384
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Pocatello General Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 408 Woolley Apts
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same –

4. **FULL NAME OF CHILD** Alice Louise Thompson

5. Date of Birth of Child (Month, day, year) June 28 1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Arthur Roy Thompson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Washington D.C. (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business U.P. R.R.Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marian Ingalls Chubbuck
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Pocatello Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Nevada
County of Clark } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that William A Wright - M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

Marian C Thompson. Signature

406 South 4th Street P. O. Address

Subscribed and sworn to before me this 9th day of July, 1945.

(SEAL) [illegible], Notary Public, residing at Las Vegas Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1945 by [illegible], Registrar

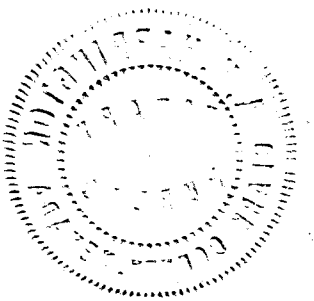
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



952-107012-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408475
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City ---Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at residence in country
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Moore, Idaho

4. FULL NAME OF CHILD Ivan Layton Zesiger

5. Date of Birth of Child (Month, day, year) Jan. 7, 1922

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Zesiger
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ------

MOTHER OF CHILD

16. FULL MAIDEN NAME Jenettie Layton
17. Color or Race White
18. Age at time of THIS birth 47 yrs.
19. Birthplace (City or town) Layton Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 23 years, and that Midwife name unknown (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Jenettie Zesiger Signature
R. R. #3 Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of August 1945

(SEAL) Frank H. Joseph, Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-224 225-238

411987

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411987
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth).
   (a) County Idaho (b) City Fernwood
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Fernwood
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marcella Marie Magd. Schaeffer

5. Date of Birth of Child (Month, day, year) Sept. 24, 1922

6. Sex Female

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Jacob Schaeffer
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace St Anthony (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gehring
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kenterville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of Idaho } ss.
County of Idaho }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 23 years, and that Mrs Peter Aschenbrenner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry J. Schaeffer Signature

Fernwood P. O. Address

Subscribed and sworn to before me this 25 day of October, 1945.

(SEAL) W. P. Klein, Notary Public, residing at Cottonwood Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-206-203-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411994
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 713 No-3rd
   (d) Name of Hospital or Maternity Home: Lynn Bros. Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 713-No.3rd
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Rosa Lee Baird

5. Date of Birth of Child (Month, day, year) Jan.6,1922

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin L.Baird
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lincoln, N.Mex (City or town) (State or foreign country)
14. Exact Occupation Yard Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie R.Wright
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lincoln, N.Mex. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Kern } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for ~~51~~ 23 years, and that John (First name) Lynn (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Rebecca Baird Signature

2301-Hollister Ave., Santa Barbara P. O. Address

Subscribed and sworn to before me this 20th day of October, 1945

(SEAL) Margie W. Burnett My Commission Expires Feb. 21, 1948, Notary Public, residing at Mojave, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-222-039-659

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411998
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No. Same
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No American Falls
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) 10

4. **FULL NAME OF CHILD** Leona Kathryn adam

5. Date of Birth of Child (Month, day, year) April 22-1922

6. Sex Female

7. Twin or Triplet One (If so—born 1st, 2nd, 3rd 1st)

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John adam
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace South Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosina Werre
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace South Russia (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rosina adam (First name) (Last name)
who is related as —— (Mother, etc.)

25. Attendant's **OWN** signature —— M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Sacramento } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that Mr Mrs Rosina Adam (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Rosina Adam Signature
4017-12th Ave. Sacto Calif. P.O. Address

Subscribed and sworn to before me this 20th day of October, 1945

(SEAL) [illegible], Notary Public, residing at Sacramento Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by [illegible], Registrar

NOV 5 1945

MAY 2 9 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142 126 028 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413027
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 1312 Lakeside Ave.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 43 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 1312 Lakeside Ave.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Howard Kenneth Justus

5. Date of Birth of Child (Month, day, year) Nov. 26, 1922

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Justus
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Warnton, Mo. Warren County (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Viola Hollingsworth
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Dogwood, Mo. Douglas County (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Dr. H. W. Holden (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 22 years, and that Dr. H. W. Holden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Viola Justus Signature

720 Indiana Ave. Coeur d'Alene, Idaho. Address

Subscribed and sworn to before me this 19th. day of November 1945.

(SEAL)

A. M. Rosenlund, NOTARY PUBLIC, State of IDAHO
Residing at Coeur d'Alene, Idaho
My commission expires July 21, 1949

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated.)

Received for filing on NOV 24 1945 by [illegible] Registrar

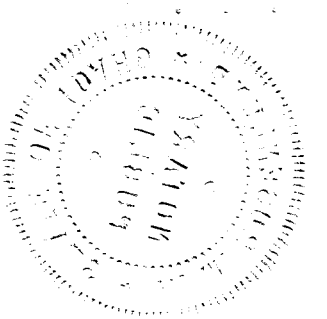
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

41905
NOV 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



√ 349-22-4028 695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413054
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yrs years mos months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Stella Melissa Curry

5. Date of Birth of Child (Month, day, year) Aug. 24, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilbur Appleton Curry
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Smith Center (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fern Elizabeth Berry
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rockford (City or town) Wash (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all her life years, and that Wilbur (First name) Curry (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, 1937 Session Laws.

Wilbur A. Curry Signature

Spokane Wash. P. O. Address

Subscribed and sworn to before me this 15th day of November, 1945.

(SEAL) Elma L. Leeck, Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

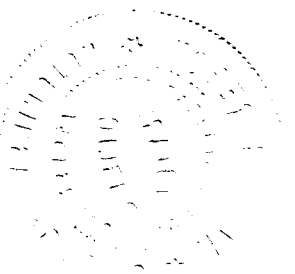
Received for filing on NOV 24 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



NOV 26 1945

No Record 815-127 010-547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413074
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) ~~Street Address or~~ R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leland LaMar Hansen

5. Date of Birth of Child (Month, day, year) August 27th 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leland Erastus Hansen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iola Stamper Eagley
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Pocatello Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Iola Hansen (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O. Mellard M.D. ~~or~~ Midwife Address Idaho Falls, Idaho Date Aug. 27 1922

AFFIDAVIT

State of) ss.
County of)

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1945 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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152-105-043-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 415307

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Cascade
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 7 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Cascade
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cascade Idaho

4. **FULL NAME OF CHILD** Otto Howard Gestrin

5. Date of Birth of Child (Month, day, year) 8-5-22.

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Otto W, Gestrin
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Koylio (City or town) Finland (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helmi Elena Lahti
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Roseberry (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Helmi Elena Gestrin (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature Sofia Nortane ~~M.D.~~ Midwife Address Donnelly Idaho Date 1-16-1946

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-207-001-595 416290

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416290
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: private home
(e) Mothers stay BEFORE delivery: in THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Mary Elizabeth Smith

5. Date of Birth of Child (Month, day, year) May 7, 1922

6 Sex Female 7 Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Clyde Smith
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Rhoebe Vincen
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Boise, (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business Farmers wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho, County of Ada. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for near 24 years, and that Dr. Lewis C. Bowers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Clyde Smith Signature
Route No 3. Boise Idaho P. O. Address

Subscribed and sworn to before me this 5th day of March, 1946.

(SEAL) Charles H. Addock, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 4 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-113-006-291

418454

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At her mothers house
   (e) Mothers stay BEFORE delivery: In THIS county 6 years Pocatello months At home days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Rex LeRoy Christensen

5. Date of Birth of Child (Month, day, year) Dec. 13-1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry LeRoy Christensen
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Baggage Dept. U P R R Co.
15. Industry or Business Union Pacific R.R.Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Belle Bragg
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Bowman (City or town) Georgia (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0.01. % Argent Nitratis
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Carrie B. Christensen (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Edwin Cutler M.D. Midwife Address Shelley Bonneville Ida, Date 5-5-1946

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

499-121-303-964

States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421898
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City near Pocatello
   (c) Street Address or R.F.D. No. Batice Springs
   (d) Name of Hospital or Maternity Home: (Residence).
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Bannock
   (c) City near Pocatello
   (d) Street Address or R.F.D. No. Batice Springs
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Batice Springs Idaho.

4. **FULL NAME OF CHILD** Phillip Miranda, Jr.

5. Date of Birth of Child (Month, day, year) Jan. 21, 1922.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Phillip Miranda
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Portland, (City or town) Oregon (State or foreign country)
14. Exact Occupation Locomotive Railroad Engineer.
15. Industry or Business Railroad.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Regina Romero
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Chihuahua, (City or town) Mexico. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Texas
County of Bexar } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 24 years, and that a Mrs. White, the mid-wife (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Zoila Miranda Signature

1115 N. Zaragoza St., San Antonio, Texas P. O. Address

Subscribed and sworn to before me this 17th day of July, A. D. 1946.

(SEAL) x P. Long PHLONG, Notary Public, residing at San Antonio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by Mary Tyler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1946

DEC 1? 1947

OCT 2 8 1947

AUG 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-209022-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423245
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Ida

4. **FULL NAME OF CHILD** Ethel Elizabeth Thomas

5. Date of Birth of Child (Month, day, year) 9-9-22

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hubert Thomas
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Prairie View, Kansas (City or town) (State or foreign country)
14. Exact Occupation Grain and Livestock Dealer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Geraldine Graham
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Logan, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Hubert Thomas (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hayes M.D. Midwife Address Ashton Idaho Date 5-16-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249 210003 455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 424589
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Ann Smith

5. Date of Birth of Child (Month, day, year) Feb 10-1942

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Blunt Smith
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Egin Bench, Idaho (City or town) (State or foreign country)
14. Exact Occupation Manager of Garage
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Meese
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Cincinatti, Ohio (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 4 years, and that Helen, C. (First name) Reed (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Smith Signature
985 S. Shilling, Blackfoot P.O. Address

Subscribed and sworn to before me this 19 day of September, 1946.

(SEAL) Bess Bowman Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-122-024-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 25979
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Wendell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Wendell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wendell Ida

4. **FULL NAME OF CHILD** Patrick Warren Campbell

5. Date of Birth of Child (Month, day, year) July 22 1922

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George William Campbell
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mont Pelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Campbell
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Crawford Neb. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Rose (First name) Fullert (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Simonton M.D. Midwife Address Wendell Ida Date 10-5 1946

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1946 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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OCT 21 1946

493-206-022-813 426088

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426088
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Parker
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mrs. Effie Johnson
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Egin
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Egin Ida

4. **FULL NAME OF CHILD** Beth Marie Miller

5. Date of Birth of Child (Month, day, year) June 6, 1922

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marvin Leanord Miller
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Farmington Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Advancy Halling
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mantua Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Fremont }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Bertha Miller (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 24 years, and that Dr Milton (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Halling Miller Signature

Parker, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of December 1946

(SEAL) Notary Public, residing at Rexburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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451-209-040-231

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426106
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan none
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Ida.

4. **FULL NAME OF CHILD** Dorothy Jeanette DeAtley

5. Date of Birth of Child (Month, day, year) 6/9/22.

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd XXX

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Thomas DeAtley
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Maysville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Morning mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna May Blaisdell
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Joplin, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 24 years, and that Dr. F.W.Rolf (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lillian M. Hooker — Signature
5522 - No 117th — P. O. Address

Subscribed and sworn to before me this 29th day of October, 1946

(SEAL)

A.D. Edwards, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in [illegible] see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 13 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299-303-903-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427596
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace Idaho

4. **FULL NAME OF CHILD** Imogene Kirby

5. Date of Birth of Child (Month, day, year) March 3rd 1922

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Lozien Kirby
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Franklin (City or town) Bannock Co Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eliza Harris Kirby
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lewisville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Dr Hubbard (deceased) M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Dr Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Eliza Harris Kirby Signature
1107 Edgemere St Salem Ore P. O. Address

Subscribed and sworn to before me this 10th day of December, 1946

(SEAL) Dorothy Hunt, Notary Public, residing at Salem Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires June 1947

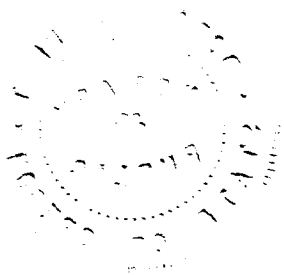
Received for filing on DEC 20 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



632-216006-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430486
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Goshen
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: own home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Goshen
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Goshen, Idaho

4. FULL NAME OF CHILD Leah Olsen

5. Date of Birth of Child (Month, day, year) March 16, 1922

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christian Olaf Peter Olsen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Julia Sessions
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Afton, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Mrs Alice Sessions was midwife and is now dead. (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 24 years, and that Mrs Alice Sessions (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Olsen Signature
3109 Field St, Longview, Wn. P. O. Address

Subscribed and sworn to before me this 16th day of December, 1946.

(SEAL) David E. Mandenhall Notary Public, residing at Longview, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-203-014-553

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433416
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Hazel Burgess - Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Irene Nelson Burgess

5. Date of Birth of Child (Month, day, year) November 3. 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Milton Leo Burgess
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Vernal (City or town) Utah (State or foreign country)
14. Exact Occupation Fruit Packing House
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Nelson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nil
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Ida ho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 47 years of age, that I have known this person for all her life years, and that Ella E Nelson (First name) husband (Last name), who attended this birth Dr Cranor (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hazel N Burgess Signature

Nampa Ida. P. O. Address

Subscribed and sworn to before me this 14th day of Dec, 1946.

(SEAL) E Pingree Garrison Jr., Notary Public, residing at Nampa Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Dec 1st 1948

Received for filing on APR 14 1947 by John W Strange, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 193

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 43935
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Thatcher
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Thatcher
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace, Idaho. RFD

4. **FULL NAME OF CHILD** Clara Alberta Steinbeck

5. Date of Birth of Child (Month, day, year) Nov. 17 1922

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert P. Steinbeck
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margret Swenson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for life years, and that Dr John H Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert P. Steinbeck Signature
Grace, Idaho. RFD P. O. Address

Subscribed and sworn to before me this 1 day of August, 19 47.
(SEAL) [signature], Notary Public, residing at Grace, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 4 1947 by [signature] Registrar

AUG 5 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 110-029-691 440858

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440858
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho.

4. **FULL NAME OF CHILD** James Asiah Miller

5. Date of Birth of Child (Month, day, year) Jan. 10, 1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Wilbur Miller
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Peoria, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Frazier
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Green City, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping house for family

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 40 years of age, that I have known this person for 25 years, and that Dr. (First name) Kelley (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Lessar, Signature
Route 1, Rockford, Washington. P. O. Address

Subscribed and sworn to before me this 9th day of September, 19 47.

(SEAL) Earl W. McDowell, Notary Public, residing at Rockford, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968-118-003-236 42179

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 42179
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downey
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 5 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD** George Royter

5. Date of Birth of Child (Month, day, year) Oct. 18, 1922

6. Sex M

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Royter
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Vene Staddard
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Jennie V. Royter (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. J. Partridge M.D. ~~Midwife~~ Address Carlson Bldg Pocatello, Idaho Date 9/25/47

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1947 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope for FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

SEP 30 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1922-158382

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Power

City of Am Falls

No. ..... St.

(If born in hospital or institution give name.) Lewis

STATE OF IDAHO

995-119-039-719

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

442185

Registration District No. ..... State File No. 442185

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD ~~Lewis~~ William Rieman

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	March (Month) 19 (Day) 1922 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth One (a) Born alive and now living One

Born alive but now dead ✓ Stillborn .....

FATHER	MOTHER
FULL NAME Henry William Rieman	FULL MAIDEN NAME Minialou Parsons
Residence (Usual place of abode) Roy Idaho	Residence (Usual place of abode) Roy Idaho
If nonresident, give place and State ✓	If nonresident, give place and State ✓
Color or race White Age at last Birthday 26 (Years)	Color or race White Age at last Birthday 18 (Years)
Birthplace Oregon (City and State or Country)	Birthplace Missouri (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M on the date above stated.

(Signature) Dr C F Schultz

(Physician or midwife)

*Where there was no attending physician or midwife; then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address [illegible]

Filed SEP 30 1947 19 John Wuhr

Registrar.

DUP OF 1922-102750

DELAYED

64-5-138 cig-413

442264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442266
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Isaac Dalke's home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9X yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls

4. **FULL NAME OF CHILD** Allen Wayne Finley

5. Date of Birth of Child (Month, day, year) March 8, 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George W. Finley
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Dalke
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8:40 P.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Dalke Finley (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 25 years, and that Otten V. J. Logan Finley (First name) American Falls (Last name) Idaho who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie Finley Signature
1617 Monroe St. apt B P. O. Address

Subscribed and sworn to before me this 22nd day of Oct. Berkeley Calif, 1947.
(SEAL) Elizabeth A. Stanford, Notary Public, residing at Berkeley.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) California

Received for filing on OCT 23 1947 by Elizabeth A. Stanford notary Registrar
my commission expires Jan. 9, 1949. Los Angeles County California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

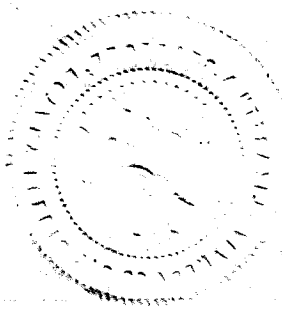
OCT 23 1947

OCT 24 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



BOTH DELAYED

DUP OF 22-309957

291-231-027-443 443609

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443609
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 to 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome Idaho

4. **FULL NAME OF CHILD** Regina Brantner

5. Date of Birth of Child (Month, day, year) Aug. 31, 1922

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** F. Daniel Brantner
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Jlesdal (City or town) Russia (State or foreign country)
14. Exact Occupation Laborer on farm
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Regina Dutt
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Jlesdal (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 22 years, and that No one attended (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. Daniel Brantner Signature

Aberdeen, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of March, 19 44

(SEAL) [illegible] Notary Public, residing at Aberdeen, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [illegible] by John H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 3 1947

JAN 30 1976

DELAYED REGISTRATION LAW

(Session Laws, Chapter 139, Section 4)

[illegible] prior to the effective date of Chapter 191, 1911 [illegible] recorded, or in case of failure to report any birth [illegible] such date such report may be made and [illegible] Bureau of Vital Statistics for the purpose [illegible] Title 39, Idaho Code Annotated, when [illegible] certificate of the attending physician or midwife, [illegible] mother of the child, or if neither father or mother [illegible], of the nearest of kin or guardian, or some person [illegible] the premises.

DELAYED

259-202-010-693

443650 443650

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443650
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonnivlle (b) City Idaho Falls. Ida
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dorothy Irene Berry.

5. Date of Birth of Child (Month, day, year) November 2nd. 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Sherrell Howard Berry.
11. Color or Race White.
12. Age at time of THIS birth 22 yrs.
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
14. Exact Occupation Automobile Mechanic.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Wilson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Santa Rosa, California (City or town) (State or foreign country)
20. Exact Occupation Stenographer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was November 2nd (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sherrell Berry. (First name) (Last name) who is related as Father. (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 25 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

S. H. Berry. Signature

Box 122, Boise, Idaho P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1947 by John W Wright Registrar

NOV 2 1 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and under [redacted] in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-20-001154

445042

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445042
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Dorothy Bicandi

5. Date of Birth of Child (Month, day, year) 1-10-22

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Y.

FATHER OF CHILD

10. **FULL NAME** Eugenio Bicandi
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ybarruri Vizcaya Spain (City or town) (State or foreign country)
14. Exact Occupation Lumbering
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Dolores Aguirre
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ondarroa Vizcaya Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born-alive (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 25 years, and that (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Fonnia Signature
325 W. Main P. O. Address

Subscribed and sworn to before me this 16th day of Dec. 1947

(SEAL) Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

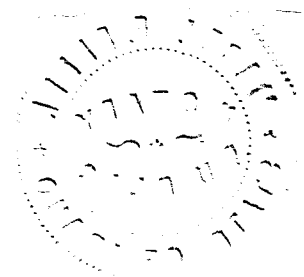
Received for filing on 12/26/47 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-117.001-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446355
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. #5-1217 Leadville St
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1217 Leadville St
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Eldon Sailor

5. Date of Birth of Child (Month, day, year) July-17-1922

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl Sailor
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Meridian (City or town) Idaho (State or foreign country)
14. Exact Occupation City Fireman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Forrest Rose
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Smiths Prairie (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 25 years, and that Mrs Emma Rose (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mabel F. Shipp Signature

P.O. Address

Subscribed and sworn to before me this 22nd day of January 1948

(SEAL) Mabel F. Eldon, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1/23/48 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1948

JAN 8 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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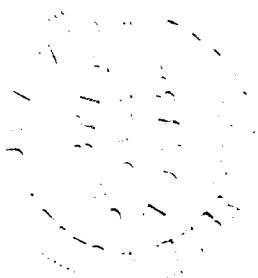

155-107-016-893 44715 44715

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 44715
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City OAKLEY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City OAKLEY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MARVIN DALLON AVERY

5. Date of Birth of Child (Month, day, year) JAN. 7, 1922

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** AARON EDWARD AVERY
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RILLIE HILL
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace LEWISVILLE, IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business FARMING

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of IDAHO
County of LATAH } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 26 years, and that the midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rillie Avery Signature

440 W 15th Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February 1948.

(SEAL) Notary Public residing at Deary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1948 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1948 MAR 31 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • STATEHOUSE • BOISE, IDAHO 83720

State File No. 1922-448051

TYPE/PRINT IN PERMANENT BLACK INK

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last): THOMAS Hyrum BALL
2. DATE OF BIRTH (Month, Day, Year): 05/04/22
3. TIME OF BIRTH:
4. SEX: Male
5. CITY, TOWN, OR LOCATION OF BIRTH: Heman Township, St Anthony,
6. COUNTY OF BIRTH: Fremont
7. BIRTHPLACE (Enter Name of Place, Street and Number): Heman Township St. Anthony Id.

MOTHER

8. MOTHER'S MAIDEN NAME (First, Middle, Last): SARAH a Dowell
9. DATE OF BIRTH (Month, Day, Year): Feb 2, 1880
10. BIRTHPLACE (State or Foreign Country): Gentry County Mo.

FATHER

11. FATHER'S NAME (First, Middle, Last): Thomas BALL
12. DATE OF BIRTH (Month, Day, Year): march 7, 1867
13. BIRTHPLACE (State or Foreign Country): Neath South Wales, England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. ►

14. SIGNATURE OF REGISTRANT: Thomas H Ball
15a. RESIDENCE – STATE: Nampa, Idaho
15b. COUNTY: Canyon
15c. CITY, TOWN, OR LOCATION: Nampa
15d. STREET AND NUMBER: 624 alTuras
15e. MAILING ADDRESS (If same as residence, enter Zip Code only): 83686-2660

NOTARY (PLACE SEAL HERE)

16. SUBSCRIBED AND SWORN TO BEFORE ME ON: May 3 2006
17. SIGNATURE OF NOTARY: ► Lynn M Cabe
18. NOTARY COMMISSION EXPIRES: 11-5 2011

APPLICANT — DO NOT WRITE IN THIS AREA

SUPPORTING RECORD 1.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Church Certificate of Birth	LDS Church, Yellowstone Stake, Heman Ward	Jul.25,1979	Jun. 4, 1922

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
May 4, 1922	Heman, Fremont County, Idaho	Sarah A. Dowell	Thomas Ball

SUPPORTING RECORD 2.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Own child's birth certificate #1956-2211	State of Utah	Apr.5,1965	child born Aug.2, 1956

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Age: 34	Idaho	-----	-----

SUPPORTING RECORD 3.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Certificate of Ordination to the Holy Priesthood	LDS Church, Heman Ward	Feb.28,1937	Feb. 14, 1937

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
May 4, 1922	Heman, Idaho	Sarah A. Dowell	Thomas Ball

QUALIFYING INFORMATION

Marriage License & Certificate of Thomas H. Ball issued May 22, 1950 by Bonneville County. Married on August 22, 1948 at age 26, born in St.Anthony, Idaho.

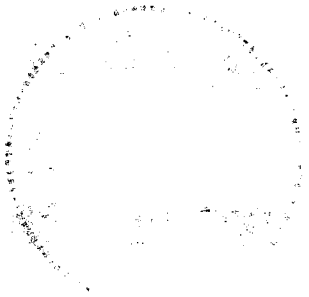
REGISTRAR'S CERTIF. (SEAL)

I hereby certify that no prior birth certificate has been found in the Vital Statistics Unit for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
[signature]	► Kathryn Cook	MAY 3 1 2006

APPLICANT — GO TO PAGE TWO

HWH-0610A 1/89



TYPE/PRINT IN PERMANENT BLACK INK

(PAGE TWO)

State of Idaho
DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • STATEHOUSE • BOISE, IDAHO 83720

State File No. 1922-44305

REGISTRANT

(PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last): Thomas Hyrum BALL

2. DATE OF BIRTH (Month, Day, Year): may 4, 1922

3. TIME OF BIRTH:

4. SEX: male

5. CITY, TOWN, OR LOCATION OF BIRTH: Heman Township, St. anthony

6. COUNTY OF BIRTH: fremont

7. BIRTHPLACE (Enter Name of Place, Street and Number): Heman, fremont County, Idaho

APPLICANT — COMPLETE AS MUCH OF PAGE TWO AS POSSIBLE

INFORMATION FOR MEDICAL AND HEALTH USE ONLY (Will Not Appear on Certified Copies)

	23. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)	24. RACE — American Indian, Black, White, Japanese, etc. (Specify below)	25. EDUCATION (Check ONLY the HIGHEST level COMPLETED)
MOTHER	23a. [X] No [ ] Yes (Specify):	24a. white	25a. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 [X] 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5
FATHER	23b. [X] No [ ] Yes (Specify):	24b. white	25b. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5

PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)
26a. Now living Number 9 [ ] None	26b. Now dead Number 11 [ ] None
26c. DATE OF LAST LIVE BIRTH (Month, Year)	26d. Number ____ [ ] None
	26e. DATE OF LAST OTHER BIRTH OR TERMINATION (Mo., Yr.)

27. BIRTH WEIGHT (Specify unit)

28a. PLURALITY – (Specify single, twin, triplet, etc.): Single

28b. IF NOT SINGLE BIRTH – Born (Specify first, second, third, etc.)

29. IS MOTHER MARRIED? (At birth, conception, or any time between) [X] Yes [ ] No

30a. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)

30b. CLINICAL ESTIMATE OF GESTATION (Weeks)

31a. MONTH OF PREGNANCY PRENATAL CARE BEGAN – (Specify 1st, 2nd, etc.)

31b. PRENATAL VISITS – Total Number (If none, so state)

32. MOTHER TRANSFERRED PRIOR TO DELIVERY? If yes, enter name and address of facility transferred from: [ ] Yes [ ] No [X] Unknown

33. INFANT TRANSFERRED? If yes, enter name and address of facility transferred to: [ ] Yes [ ] No [X] Unknown

34. IF OUT-OF-HOSPITAL BIRTH, WAS IT PLANNED TO BE OUT-OF-HOSPITAL? [ ] Yes [ ] No

APGAR SCORE 1 min.	5 min.	36. WAS SAMPLE COLLECTED FOR NEWBORN METABOLIC SCREENING TESTS (Including PKU)?	37. WAS SYPHILIS SEROLOGY PERFORMED FOR THIS PREGNANCY?	38. WAS AN APPROVED PROPHYLACTIC AGENT USED IN INFANT'S EYES?
35a.	35b.	[ ] Yes [ ] No If "No", reason:	[ ] Yes [ ] No	[ ] Yes [X] No [ ] No, Religious Objection

39a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)

Anemia (Hct. < 30/Hgb. < 10)	01	[ ]
Cardiac disease	02	[ ]
Acute or chronic lung disease	03	[ ]
Diabetes	04	[ ]
Genital herpes	05	[ ]
Hydramnios/Oligohydramnios	06	[ ]
Hemoglobinopathy	07	[ ]
Hypertension, chronic	08	[ ]
Hypertension, pregnancy-associated	09	[ ]
Eclampsia	10	[ ]
Incompetent cervix	11	[ ]
Previous infant 4000+ grams	12	[ ]
Previous preterm or small-for-gestational-age infant	13	[ ]
Renal disease	14	[ ]
Rh sensitization	15	[ ]
Uterine bleeding	16	[ ]
None	00	[ ]
Other ____ (Specify)	17	[ ]

39b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)

Tobacco use during pregnancy [ ] Yes [ ] No
Average number cigarettes per day ____
Alcohol use during pregnancy [ ] Yes [ ] No
Average number drinks per week ____
Weight gained during pregnancy ____ lbs.

40. OBSTETRIC PROCEDURES (Check all that apply)

Amniocentesis	01	[ ]
Electronic fetal monitoring	02	[ ]
Induction of labor	03	[ ]
Stimulation of labor	04	[ ]
Tocolysis	05	[ ]
Ultrasound	06	[ ]
None	00	[ ]
Other ____ (Specify)	07	[ ]

41. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)

Febrile (> 100°F, or 38°C)	01	[ ]
Meconium, moderate/heavy	02	[ ]
Premature rupture of membrane (> 12 hours)	03	[ ]
Abruptio placenta	04	[ ]
Placenta previa	05	[ ]
Other excessive bleeding	06	[ ]
Seizures during labor	07	[ ]
Precipitous labor (< 3 hours)	08	[ ]
Prolonged labor (> 20 hours)	09	[ ]
Dysfunctional labor	10	[ ]
Breech/Malpresentation	11	[ ]
Cephalopelvic disproportion	12	[ ]
Cord prolapse	13	[ ]
Anesthetic complications	14	[ ]
Fetal distress	15	[ ]
None	00	[ ]
Other ____ (Specify)	16	[ ]

42. METHOD OF DELIVERY (Check all that apply)

Vaginal	01	[ ]
Vaginal birth after previous C-section	02	[ ]
Primary C-section	03	[ ]
Repeat C-section	04	[ ]
Forceps	05	[ ]
Vacuum	06	[ ]

43. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

Anemia (Hct. < 39/Hgb. < 13)	01	[ ]
Birth injury	02	[ ]
Fetal alcohol syndrome	03	[ ]
Hyaline membrane disease/RDS	04	[ ]
Meconium aspiration syndrome	05	[ ]
Assisted ventilation < 30 min	06	[ ]
Assisted ventilation ≥ 30 min	07	[ ]
Seizures	08	[ ]
None	00	[ ]
Other ____ (Specify)	09	[ ]

44. CONGENITAL ANOMALIES OF CHILD (Check all that apply)

Anencephalus	01	[ ]
Spina bifida/Meningocele	02	[ ]
Hydrocephalus	03	[ ]
Microcephalus	04	[ ]
Other central nervous system anomalies (Specify) ____	05	[ ]
Heart malformations	06	[ ]
Other circulatory/respiratory anomalies (Specify) ____	07	[ ]
Rectal atresia/stenosis	08	[ ]
Tracheo-esophageal fistula/Esophageal atresia	09	[ ]
Omphalocele/Gastroschisis	10	[ ]
Other gastrointestinal anomalies (Specify) ____	11	[ ]
Malformed genitalia	12	[ ]
Renal agenesis	13	[ ]
Other urogenital anomalies (Specify) ____	14	[ ]
Cleft lip/palate	15	[ ]
Polydactyly/Syndactyly/Adactyly	16	[ ]
Club foot	17	[ ]
Diaphragmatic hernia	18	[ ]
Other musculoskeletal/integumental anomalies (Specify) ____	19	[ ]
Down's syndrome	20	[ ]
Other chromosomal anomalies (Specify) ____	21	[ ]
None	00	[ ]
Other ____ (Specify)	22	[ ]

HWH-0610A (1/89)

00304

MAY 3 1 2006

State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • BOISE, IDAHO 83720

State File No. 1922-448171

TYPE/PRINT IN PERMANENT BLACK INK

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
DOROTHY	EVELYN	PRICE	FEB. 26, 1922

3. TIME OF BIRTH	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
	FEMALE	GENEVA	BEAR LAKE

7. BIRTHPLACE (Enter Name of Place, Street and Number)
HOME- FARM
GENEVA, IDAHO

MOTHER

8. MOTHER'S MAIDEN NAME (First, Middle, Last)			9. DATE OF BIRTH (Month, Day, Year)	10. BIRTHPLACE (State or Foreign Country)
FREIDA	BERTHA	BOEHME	DEC. 2, 1879	GERMANY

FATHER

11. FATHER'S NAME (First, Middle, Last)			12. DATE OF BIRTH (Month, Day, Year)	13. BIRTHPLACE (State or Foreign Country)
ALBERT	THOMAS	PRICE	FEB. 17, 1869	WALES, ENGLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. ▶

14. SIGNATURE OF REGISTRANT	15a. RESIDENCE — STATE	15b. COUNTY
Evelyn Hoag	UTAH	DAVIS

15c. CITY, TOWN, OR LOCATION	15d. STREET AND NUMBER	15e. MAILING ADDRESS (If same as residence, enter Zip Code only)
WEST BOUNTIFUL	920 W. 1490 N.	84087

NOTARY SEAL

16. SUBSCRIBED AND SWORN TO BEFORE ME ON	17. SIGNATURE OF NOTARY	18. NOTARY COMMISSION EXPIRES
December 1 20 14	▶ Margaret Hawkins	August 22 20 18

NOTARY PUBLIC
Margaret Hawkins
My Commission Expires
August 22, 2018
STATE OF UTAH

APPLICANT — DO NOT WRITE IN THIS AREA

SUPPORTING RECORD 1.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Certificate of Blessing	LDS Church, Ceneva, Idaho	May 7,1922	blessed May 7, 1922

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Feb. 26, 1922	Geneva, Bear Lake County, Idaho	Frida Boehme	Albert T. Price

SUPPORTING RECORD 2.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Own child's birth certificate	Texas file #142-52-149204	filed Oct.6,1952	child born Sep. 23, 1952

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Age: 30	Idaho	----	----

SUPPORTING RECORD 3.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Original application for a Social Security number	Freedom of Information Officer, Social Security Administration	Sep.29,2014	Aug. 21, 1943

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Feb. 26, 1922	Geneva, Bear Lake County, Idaho	Freida Bertha Boehme	Albert Thomas Price

QUALIFYING INFORMATION

REGISTRAR'S CERTIF. (SEAL)

I hereby certify that no prior birth certificate has been found in the Vital Statistics Unit for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
James B. Gabbitt	▶ Kathryn Cook	JAN 12 2015

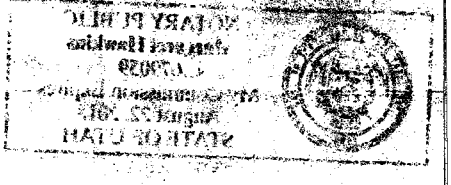
APPLICANT — GO TO PAGE TWO

HWH-0610A 03/08

1896

Receipts # 462380 & # 467622

11/25/14



TYPE OR PRINT IN PERMANENT BLACK INK

(PAGE TWO)

State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • BOISE, IDAHO 83720

State File No. 1922--448171

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
DOROTHY	EVELYN	PRICE	FEB. 26, 1922
3. TIME OF BIRTH	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
	FEMALE	GENEVA	BEAR LAKE

7. BIRTHPLACE (Enter Name of Place, Street and Number)
HOME- FARM
GENEVA, IDAHO

APPLICANT — COMPLETE AS MUCH OF PAGE TWO AS POSSIBLE

INFORMATION FOR MEDICAL AND HEALTH USE ONLY (Will Not Appear on Certified Copies)

MOTHER

FATHER

23. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)	24. RACE — American Indian, Black, White, Japanese, etc. (Specify below)	25. EDUCATION (Check ONLY the HIGHEST level COMPLETED)
23a. ☒ No ☐ Yes (Specify):	24a. N/A	25a. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5
23b. ☒ No ☐ Yes (Specify):	24b. N/A	25b. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5

PREGNANCY HISTORY (Complete each section)

27. BIRTH WEIGHT (Specify unit)	28a. PLURALITY — (Specify single, twin, triplet, etc.)	28b. IF NOT SINGLE BIRTH — Born (Specify first, second, third, etc.)	29. IS MOTHER MARRIED? (At birth, conception, or any time between)
			☒ Yes ☐ No

LIVE BIRTHS (Do not include this child)		OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)	30a. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	30b. CLINICAL ESTIMATE OF GESTATION (Weeks)	31a. MONTH OF PREGNANCY PRENATAL CARE BEGAN — (Specify 1st, 2nd, etc.)	31b. PRENATAL VISITS — Total Number (If none, so state)
26a. Now living Number ____ ☐ None	26b. Now dead Number ____ ☐ None	26d. Number ____ ☐ None				

32. MOTHER TRANSFERRED PRIOR TO DELIVERY? If yes, enter name and address of facility transferred from:
☐ Yes ☐ No ☐ Unknown

33. INFANT TRANSFERRED? If yes, enter name and address of facility transferred to:
☐ Yes ☐ No ☐ Unknown

26c. DATE OF LAST LIVE BIRTH (Month, Year)	26e. DATE OF LAST OTHER BIRTH OR TERMINATION (Mo., Yr.)	34. IF OUT-OF-HOSPITAL BIRTH, WAS IT PLANNED TO BE OUT-OF-HOSPITAL?
		☐ Yes ☐ No

APGAR SCORE 1 min.	5 min.	36. WAS SAMPLE COLLECTED FOR NEWBORN METABOLIC SCREENING TESTS (Including PKU)?	37. WAS SYPHILIS SEROLOGY PERFORMED FOR THIS PREGNANCY?	38. WAS AN APPROVED PROPHYLACTIC AGENT USED IN INFANT'S EYES?
35a.	35b.	☐ Yes ☐ No If "No", reason:	☐ Yes ☐ No	☐ Yes ☐ No ☐ No, Religious Objection

39a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)

- Anemia (Hct. < 30/Hgb. <10) ..... 01 ☐
- Cardiac disease ..... 02 ☐
- Acute or chronic lung disease ..... 03 ☐
- Diabetes ..... 04 ☐
- Genital herpes ..... 05 ☐
- Hydramnios/Oligohydramnios ..... 06 ☐
- Hemoglobinopathy ..... 07 ☐
- Hypertension, chronic ..... 08 ☐
- Hypertension, pregnancy-associated ..... 09 ☐
- Eclampsia ..... 10 ☐
- Incompetent cervix ..... 11 ☐
- Previous infant 4000+ grams ..... 12 ☐
- Previous preterm or small-for-gestational-age infant ..... 13 ☐
- Renal disease ..... 14 ☐
- Rh sensitization ..... 15 ☐
- Uterine bleeding ..... 16 ☐
- None ..... 00 ☐
- Other _____ 17 ☐ (Specify)

39b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)

- Tobacco use during pregnancy ☐ Yes ☐ No
  - Average number cigarettes per day _____
- Alcohol use during pregnancy ☐ Yes ☐ No
  - Average number drinks per week _____
- Weight gained during pregnancy ☐ Yes ☐ No

40. OBSTETRIC PROCEDURES (Check all that apply)

- Amniocentesis ..... 01 ☐
- Electronic fetal monitoring ..... 02 ☐
- Induction of labor ..... 03 ☐
- Stimulation of labor ..... 04 ☐
- Tocolysis ..... 05 ☐
- Ultrasound ..... 06 ☐
- None ..... 00 ☐
- Other _____ 07 ☐ (Specify)

41. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)

- Febrile (>100°F, or 38°C) ..... 01 ☐
- Meconium, moderate/heavy ..... 02 ☐
- Premature rupture of membrane (>12 hours) ..... 03 ☐
- Abruptio placenta ..... 04 ☐
- Placenta previa ..... 05 ☐
- Other excessive bleeding ..... 06 ☐
- Seizures during labor ..... 07 ☐
- Precipitous labor (< 3 hours) ..... 08 ☐
- Prolonged labor (> 20 hours) ..... 09 ☐
- Dysfunctional labor ..... 10 ☐
- Breech/Malpresentation ..... 11 ☐
- Cephalopelvic disproportion ..... 12 ☐
- Cord prolapse ..... 13 ☐
- Anesthetic complications ..... 14 ☐
- Fetal distress ..... 15 ☐
- None ..... 00 ☐
- Other _____ 16 ☐ (Specify)

42. METHOD OF DELIVERY (Check all that apply)

- Vaginal ..... 01 ☐
- Vaginal birth after previous C-section ..... 02 ☐
- Primary C-section ..... 03 ☐
- Repeat C-section ..... 04 ☐
- Forceps ..... 05 ☐
- Vacuum ..... 06 ☐

43. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

- Anemia (Hct. < 39/Hgb. <13) ..... 01 ☐
- Birth injury ..... 02 ☐
- Fetal alcohol syndrome ..... 03 ☐
- Hyaline membrane disease/RDS ..... 04 ☐
- Meconium aspiration syndrome ..... 05 ☐
- Assisted ventilation < 30 min ..... 06 ☐
- Assisted ventilation ≥ 30 min ..... 07 ☐
- Seizures ..... 08 ☐
- None ..... 00 ☐
- Other _____ 09 ☐ (Specify)

44. CONGENITAL ANOMALIES OF CHILD (Check all that apply)

- Anencephalus ..... 01 ☐
- Spina bifida/Meningocele ..... 02 ☐
- Hydrocephalus ..... 03 ☐
- Microcephalus ..... 04 ☐
- Other central nervous system anomalies (Specify) _____ 05 ☐
- Heart malformations ..... 06 ☐
- Other circulatory/respiratory anomalies (Specify) _____ 07 ☐
- Rectal atresia/stenosis ..... 08 ☐
- Tracheo-esophageal fistula/Esophageal atresia ..... 09 ☐
- Omphalocele/Gastroschisis ..... 10 ☐
- Other gastrointestinal anomalies (Specify) _____ 11 ☐
- Malformed genitalia ..... 12 ☐
- Renal agenesis ..... 13 ☐
- Other urogenital anomalies (Specify) _____ 14 ☐
- Cleft lip/palate ..... 15 ☐
- Polydactyly/Syndactyly/Adactyly ..... 16 ☐
- Club foot ..... 17 ☐
- Diaphragmatic hernia ..... 18 ☐
- Other musculoskeletal/integumental anomalies (Specify) _____ 19 ☐
- Down's syndrome ..... 20 ☐
- Other chromosomal anomalies (Specify) _____ 21 ☐
- None ..... 00 ☐
- Other _____ 22 ☐ (Specify)

HWH-0610A
03/08

1896

JAN 12 2015

RECEIVED
DEC 03 2014

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. #2004-0015

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Della FAYE MEESE (Steffensen) married
2. Date Of Birth: (month) 5 (day) 16 (year) 22
3. Sex: F
4. Place of Birth: home - Inkom a. County BANNOCK b. City or Town of Birth: Bannock County, ID

FATHER

5. Full Name of Father: Harry Herman Meese
6. State or Country of Father's Birth: Ohio

MOTHER

7. Full Maiden Name of Mother: Jennie Lee Shankle
8. State or Country of Mother's Birth: Georgia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: X Della Faye Steffenson

10. Present Address of Registrant: 66 N. 200 E. BLACKFOOT ID 83221

NOTARY (Seal)

Subscribed and sworn to before me on: May (mo.) 19th (day) 2004 (yr.)

11. Signature of Notary: Donna Cronquist

12. Notary Commission expires: 12 (mo.) 2 (day) 2004 (yr.)

DONNA CRONQUIST NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Doctor's birth record	F. S. Miller, M.D.	May 16, 1922	May 16, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May16,1922	Bannock Co.,Idaho	Jenny Lee Shankle	Harry Herman Meese

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Daughter's birth certificate	State of Idaho #46-429330	Jan.10,1947	child born Dec.26, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24yrs	Idaho	---	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	State of Idaho #48-11684	Sept.26,1948	Married Sept.26, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26yrs	Inkom, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa Cleverly	MAY 28 2004

FORM HW 0610

5/13-00 pd # M103,564

5-17-04

Steffensen

MAY 2 8 2004

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE#2004-0016

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marie Christensen
2. Date Of Birth (month) (day) (year): May 18, 1922
3. Sex: Female
4. Place of Birth — a. County: Bannock — b. City or Town of Birth: Chesterfield

FATHER

5. Full Name of Father: Niels Anderson Christensen
6. State or Country of Father's Birth: Aynsyvia, Denmark

MOTHER

7. Full Maiden Name of Mother: Ruth May Johnson
8. State or Country of Mother's Birth: Chesterfield, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

(9) Signature of Registrant: Marie Brown

(10) Present Address of Registrant: 1335 7th Ave. E. Twin Falls ID 83301

NOTARY (Seal)

Subscribed and sworn to before me on: April 30, 2004 (mo. day yr.)

(11) Signature of Notary: Virginia A. Anton

(12) Notary Commission expires: February 14, 2009 (mo. day yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Daughter's Hospital Record
By whom issued and signed: St. Valentine's Hospital Wendell, Idaho
Date Issued: May 1949
Date Orig. Entry: child born May 7, 1949
Date of Birth: May 18,1922
Birth Place: Chesterfield, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Blessing Record
By whom issued and signed: LDS Church
Date Issued: July21,1960
Date Orig. Entry: Blessed July 2, 1922
Date of Birth: May18,1922
Birth Place: Idaho
Full Name of Mother: Ruth May Johnson
Name of Father: Niels A. Christensen

SUPPORTING RECORD 3.

Type of Document: Baptism Certificate
By whom issued and signed: LDS Church
Date Issued: July21,1960
Date Orig. Entry: Baptized May 18, 1930
Date of Birth: May 18,1922
Birth Place: Idaho
Full Name of Mother: Ruth May Johnson
Name of Father: Niels A. Christensen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Joyce A. Smith
Evidence reviewed by: tlc Teresa Cleverly
Date Filed: JUN 2 2004

FORM HW 0610 10CA9

12-3-03

JUN 2 2004

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE 2004-0022

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY MADELINE PLEINIS

2. Date Of Birth: (month) 1 (day) 29 (year) 22

3. Sex: F

4. Place of Birth: a. County PAUL IDAHO U.S.A.

b. City or Town of Birth: PAUL IDAHO

FATHER

5. Full Name of Father: WILLIAM PLEINIS

6. State or Country of Father's Birth: RUSSIA

MOTHER

7. Full Maiden Name of Mother: FREIDA GOERING

8. State or Country of Mother's Birth: RUSSIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Mary Madeline Pleinis

10. Present Address of Registrant: AP.113A 3185 CONTRA LOMA BLVD

NOTARY (Seal)

Subscribed and sworn to before me on: July (mo.) 9 (day) 2004 (yr.)

11. Signature of Notary: Susan Lee Olvera

12. Notary Commission expires: Feb (mo.) 26 (day) 2006 (yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit of Birth	Freida Goering Pleinis	9-18-1944	9-18-1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1-29-1922	Paul, Idaho	Freida Goering	William Pleinis

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Pastor Wm. Schmidt	7-2-1922	7-2-1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1-29-1922	Paul, Idaho	Goering	Wm. Pleinis

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Birth Certificate	Dept of Public Health - State of California	1-19-1941	1-31-1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 18	Paul, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Linda M. Elamparo	7-21-2004

FORM HW 0610

JURAT

State of California
County of Contra Costa } ss.

Subscribed and sworn to (or affirmed) before me this 28 (Date) day of June (Month) 2004 (Year), by
(1) Mary Madeline Ford
Name of Signer(s)
(2) Ruth M. Roberts
Name of Signer(s)

SUSAN LEE OLVERA
Commission # 1344802
Notary Public - California
Contra Costa County
My Comm. Expires Feb 26, 2006

Susan Lee Olvera
Signature of Notary Public

Susan Lee Olvera

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Verification of birth
Document Date: Feb 26, 1946 Number of Pages: 1
Signer(s) Other Than Named Above: X Ruth M. Roberts
Sister

RIGHT THUMBPRINT OF SIGNER #1	RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here	Top of thumb here

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Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE2004-0023

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith Elizabeth Calonge
2. Date Of Birth (month) (day) (year): May 01, 1922
3. Sex: F
4. Place of Birth: Home
a. County: Fremont
b. City or Town of Birth: Ashton

FATHER
5. Full Name of Father: J. (Jay) C. Calonge
6. State or Country of Father's Birth: Missouri

MOTHER
7. Full Maiden Name of Mother: Mary Lenola Hamlett
8. State or Country of Mother's Birth: Missouri

AFFIDAVIT
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
9. Signature of Registrant: Edith Elizabeth Bowen
10. Present Address of Registrant: HC 62 Box 107 Dubois, ID 83423

NOTARY (Seal)
Subscribed and sworn to before me on: July (mo.) 11 (day) 2004 (yr.)
11. Signature of Notary: Linda Sheldon
12. Notary Commission expires: Jan (mo.) 28 (day) 2006 (yr.)

LINDA SHELDON NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit signed by Eva Calonge	By whom issued and signed: Eva K. Calonge	Date Issued: 7-11-2004	Date Orig. Entry: 7-11-2004
	Date of Birth: 5-1-1922 / Birth Place: Ashton, Idaho	Full Name of Mother: Mary Lenola Hamlett	Name of Father: J. (Jay) C. Calonge	
SUPPORTING RECORD 2.	Type of Document: Family Bible of the Calonge Family	By whom issued and signed: Calonge Family	Date Issued: --------	Date Orig. Entry: obviously old and unaltered
	Date of Birth: 5-1-1922 / Birth Place: Ashton, Idaho	Full Name of Mother: Miss Mary L. Hamlett	Name of Father: Mr. J. C. Calonge	
SUPPORTING RECORD 3.	Type of Document: Child's Birth Certificate for Patrick Lee Bowen	By whom issued and signed: State of Idaho 6-14-1943	Date Issued: 6-14-1943	Date Orig. Entry: 5-12-1943
	Date of Birth: Age (21) / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Signature illegible	Linda M. Elamparo	7-23-2004

FORM HW 0610

JUL 2 3 2004

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE2004-0025

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rhoda Fern Sparks Bear Lake
2. Date Of Birth (month) (day) (year): October 30 1922
3. Sex: F
4. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Dingle, B.L., Idaho

FATHER

5. Full Name of Father: John Henry Stewart Sparks
6. State or Country of Father's Birth: Paris, Bear Lake, Idaho

MOTHER

7. Full Maiden Name of Mother: Helen Charlotta Wilcox
8. State or Country of Mother's Birth: Dingle, Bear Lake, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Rhoda Fern Sparks Keetch
10. Present Address of Registrant: 723 Woodside Dr. Logan, Cache, UT. 84321

NOTARY (Seal)

Subscribed and sworn to before me on: October (mo.) 4 (day) 2004 (yr.)

11. Signature of Notary: [signature]
12. Notary Commission expires: 10 (mo.) 21 (day) 2007 (yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	Church of Jesus Christ of Latter-day Saints	8-7-1931	8-7-1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10/30/1922	Dingle	Helen C. Wilcox	John H. Sparks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Church of Jesus Christ of Latter-day Saints	1-7-1923	1-7-1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10/30/1922	Dingle	Helen C. Wilcox	John H. Sparks

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Randall D. Keetch Birth Certificate	State of Idaho	9-3-1942	8-21-1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	Idaho	Fern Sparks	Darrell Keetch

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]

Evidence reviewed by: Linda Elamparo

Date Filed: 10-29-2004

FORM HW 0610

OCT 28 2004

State of Utah

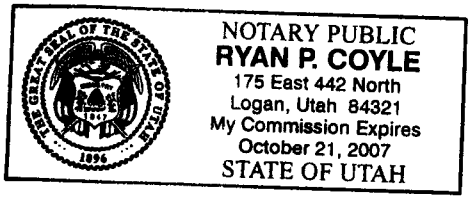
VITAL STATISTICS
04 OCT 13 AM 11:05

County of Cache

On this 4th day of October, 2004, personally appeared before me, Rhoda Fern Sparks Keetch, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to on this instrument, and acknowledged that she executed the same.

Notary Public

Commission Expires



249-216-024 RECEIVED 243 MAY 5 1948 DIVISION OF VITAL

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0265
Local Reg. No. 3048
Reg. Dist. No. 420

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No. R F D
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No. R. F. D.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding, Idaho

4. **FULL NAME OF CHILD** Arlene Louise Smith

5. Date of Birth of Child (Month, day, year) July 16, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Alexander Smith
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pullman (City or town), Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Henrietta Sutmiller
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Scott City (City or town), Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Louise (First name) Smith (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J H Cowell M.D. Address ~~Midwife~~ Gooding Ida Date 5-5-48

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1948 by John W Wright, Registrar

FILE # FROM 265 TO DE48-0265 12/13/12 KMC

MAY 11 1948

JUN 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

577-218-04-255

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0268
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. Rt. 4
   (d) Name of Hospital or Maternity Home: Family Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 4 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. Rt 4
   (e) How long has **MOTHER** lived in Idaho? 1+ yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Lida Evelyn Eggleston

5. Date of Birth of Child (Month, day, year) May 18, 1922

6. Sex Female

7. ~~Twin~~ or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alwyn Herbert Eggleston
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salida, Colorado (City or town) (State or foreign country)
14. Exact Occupation Student, Northwest Nazarene College
15. Industry or Business Minister

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Fay Bennett
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Johnstown, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Clara Fay Eggleston (mother) (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mark L Mangum M.D. Midwife Address Nampa Idaho (Canyon) Date 5/7/48

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL)

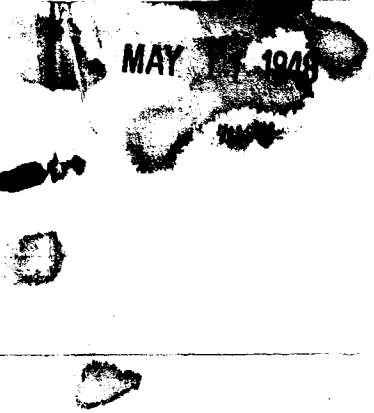
..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1948 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 268 TO DE48-0268 12/13/12 KMC



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

274-231-029-493

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0322
Local Reg. No.
Reg. Dist. No.

MAY 21 1948

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs P. Humbert Home.
(e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Emma Vernadeen Spurbeck.

5. Date of Birth of Child (Month, day, year) July 31, 1942

6 Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Floyd Spurbeck

11. Color or Race White **12.** Age at time of THIS birth 36 yrs.

13. Birthplace Genesee (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Josephine Wilbur

17. Color or Race White **18.** Age at time of THIS birth 22 yrs.

19. Birthplace Viola (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Garfield }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Dr. J. Emery (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Josephine Spurbeck Signature
Pomeroy, Wash. P. O. Address

Subscribed and sworn to before me this 19th day of May 1948

(SEAL) Harry K. Chandler, Notary Public, residing at Pomeroy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

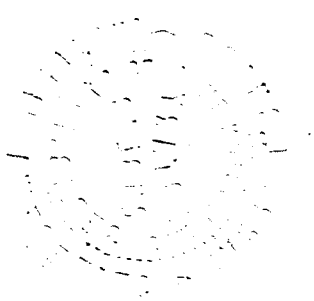
FILE # FROM 322 TO DE48-0322 12/14/12 KMC

MAY 24 1948
MAY 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which~~ has ~~occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



449-201-003-449

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0451
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of birth) JUN 23 1948
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Pocatello General Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Norma Jule Durham

5. Date of Birth of Child (Month, day, year) Jan. 1, 1922

6. Sex Famale

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Durham
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Jacksonville (City or town) Missouri (State or foreign country)
14. Exact Occupation Train Dispatcher
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia F. Durham
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace McCammon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Usual
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) Durham (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 26 years, and that Dr. H. Smith Woolley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Durham Signature
2925 South White Circle P. O. Address Salt Lake City Utah

Subscribed and sworn to before me this 22 day of June, 1948

(SEAL) A F Harris, Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1948 by John W Wright, Registrar

JUN 26 1948

FILE # FROM 451 TO DE48-0451 12/21/12 KMC

OCT 16 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-210-014-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0480
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. Chicago St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Chicago Street
   (e) How long has **MOTHER** lived in Idaho? Ever yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Helen Marguerite Cochrane

5. Date of Birth of Child (Month, day, year) January 10, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Charles Cochrane
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Boulder (City or town) Colorado (State or foreign country)
14. Exact Occupation Undertaker
15. Industry or Business Peckham Undertaking Parlor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lois Marguerite Wells
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Roosevelt, Oklahoma (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lois (First name) Cochrane (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature C W Kaley M.D. ~~Midwife~~ Address Caldwell Idaho Date July 5 '48

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1948 by Clara W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 480 TO DE48-0480 12/21/12 KMC

JUL 10 1946

APR 4 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-214-001-369

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0631
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Route 5
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** June Arabell Gearhart

5. Date of Birth of Child (Month, day, year) June 14, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Warren Dewey Gearhart
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
14. Exact Occupation Lineman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verda Bell Corn
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Custer City, Okla (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 26 years, and that Dr. P.P. French (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Verda Gearhart Signature
Route 9, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of August, 1948.

(SEAL) [illegible], Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 26, 1948 by John W Wright Registrar

AUG 29 1949

AUG 27 1948

FILE # FROM 631 TO DE48-0631 12/28/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-222-030-212

RECEIVED
OCT 7
DIVISION OF VITAL

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0805
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City May
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 24 years 8 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 2/3 yrs.

3. RESIDENCE OF FATHER (city, state) May, Idaho

4. FULL NAME OF CHILD Helen Margaret Cochran

5. Date of Birth of Child (Month, day, year) April 22, 1922

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fitch Lewis Cochran
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Morse (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Bassett
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Woodside (City or town), Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that Dr. Gilman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission expires 5/25/52

Marie B. Cochran Signature
May, Ida. P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1948.

(SEAL) Vina Thompson, Notary Public, residing at May

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 7, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1948

FILE # FROM 805 TO DE48-0805 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-120-
040-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0854
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Wallace
   (c) Street Address or R.F.D. No. Unknown
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Wallace
   (d) Street Address or R.F.D. No. Unknown
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace Idaho

4. **FULL NAME OF CHILD** Willis Frank Carroll

5. Date of Birth of Child (Month, day, year) 2-20-22

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Frank Carroll
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Jones
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Unknown (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children **of this mother**: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of COLORADO
County of DENVER } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 26 years, and that Joseph (First name) Carroll (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of October, 19 48

(SEAL) Notary Public, residing at Denver, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 21, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 854 TO DE48-0854 1/15/13 KMC

OCT 19 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-203-042-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-1053
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity (Home)
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl Idaho

4. **FULL NAME OF CHILD** Evelyn Louise McKean

5. Date of Birth of Child (Month, day, year) July 3rd-22

6 Sex ~~Male~~ female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harold William McKean
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Mercerville Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada McCoy
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Monroe City Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of IDAHO
County of JEROME } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 26 years, and that DOCTOR ORA KEITH - - - (First name) (Last name), who attended this birth CANNOT BE LOCATED further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada McKean Signature

R#1 JEROME, IDAHO P. O. Address

Subscribed and sworn to before me this 28TH day of DECEMBER, 1948

(SEAL)

Clark L. Hains, Notary Public, residing at JEROME

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 30, 1948 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1948

FILE # FROM 1053 TO DE48-1053 1/31/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED 993-103-028-439

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

JAN 3 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1057
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'alene
   (c) Street Address or R.F.D. No. Government Way
   (d) Name of Hospital or Maternity Home: Robey
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d' alene
   (d) Street Address or R.F.D. No. 110 Wallace Ave
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'alene, Idaho.

4. **FULL NAME OF CHILD** Clare Hugh Rilette

5. Date of Birth of Child (Month, day, year) 1922 - July 3

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence Butler Rilette
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Badger Mills - Wis. (City or town) (State or foreign country)
14. Exact Occupation Lumber Laborer
15. Industry or Business Coeur d'Alene Lbr Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Marion McIndoe
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Barron Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 26 years, and that Dr. Holden (First name) (Last name), who attended this birth ~~(Is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Bessie M. Rilette Signature

P. O. Address

Subscribed and sworn to before me this 31 day of December, 1949.

(SEAL) Jane Eakins, Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 3, 1949 by W L Benson, Registrar

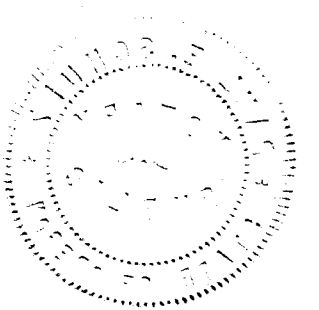
FILE # FROM 1057 TO DE49-1057 1/31/13 KMC

JAN 4 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-212-001-962 Mail to - Rush Mrs Myron Carrier - 810 Newport Bend Oregon

DE-1065

United States Department of Commerce Bureau of the Census

RECEIVED JAN 6 1949 OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DE49-1065

State File No.
Local Reg. No. 810
Reg. Dist. No. 362

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Nampa
(c) Street Address or R.F.D. No. 208-23rd Avenue So.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay BEFORE delivery: In THIS county 2 years 4 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Nampa
(d) Street Address or R.F.D. No. 208-23rd Ave. So.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Bernice Rose Carrier

5. Date of Birth of Child (Month, day, year) June 12, 1922

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Myron Everett Carrier
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sydney, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Hostler helper at Roundhouse
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Viola Rose
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Beatrice, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Myron E. Carrier (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature H P Belknap M.D. ~~Midwife~~ Address Nampa, Idaho Date 1/3/49

State of ... County of ... } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H P Belknap Signature

Nampa Ida P.O. Address

Subscribed and sworn to before me this 7th day of January 1949

(SEAL) R N Gilbert, Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan-4-1949 by Lyda Rodgers, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1949

FILE # FROM 1065 TO DE49-1065 2/6/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-203-011-367

RECEIVED FEB 7 1949 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1148
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundry (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundry
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 Mos ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Marjorie Eileen Coons

5. Date of Birth of Child (Month, day, year) 2-3-1922

6 Sex Female

7. ~~Twin~~ or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joe Darrel Coons

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Montrose (City or town) S. Dak. (State or foreign country)

14. Exact Occupation Farmer & Auctioneer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Etta Cox

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Stafford (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Kansas
County of Pretty Prairie } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 27 years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature
Pretty Prairie Kansas P. O. Address

Subscribed and sworn to before me this 4th day of February 1949.
(SEAL) Com Exp Jan 2-1951. [signature], Notary Public, residing at Pretty Prairie Kansas, Kingman Co.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 8, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1949

FILE # FROM 1148 TO DE49-1148 2/7/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-122-001-993

RECEIVED
APR 14 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1337
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: St Lukes Hospital
(e) Mothers stay BEFORE delivery: In THIS county years 5 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) ~~Street Address or~~ R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 5 ~~yrs.~~ Mos

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Francis Lamar Carey

5. Date of Birth of Child (Month, day, year) 12-22-1922

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Lester Carey
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Porter (Township) Mich. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Laverl Rice
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Porter (Township) Mich. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of San Mateo }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that his mother, Ethel Laverl Carey (First name) (Last name) who attended this birth (X) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ethel LaVerl Carey Signature
5995 Mission St Daly City Calif Address

Subscribed and sworn to before me this 9th day of April, 1949
(SEAL) Alexander Jana Notary Public, residing at San Mateo, State of California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
In and for the County of San Mateo, State of California
My Commission Expires July 31, 1951

Received for filing on April 14, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1337 TO DE49-1337 11/8/2013-LLE

APR 1 1949
OCT 12 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-720-003-685

RECEIVED
MAY 19 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1463
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 100 Block No. 8th
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Inkom
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Inkom, Idaho

4. **FULL NAME OF CHILD** LaWayne Alvin Steed

5. Date of Birth of Child (Month, day, year) Oct. 30, 1922

6. Sex Male

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alvin Lee Steed
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer and Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viva May Wheeler
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mendon, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of IDAHO
County of BANNOCK } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Dr. James Miller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viva May Steed Signature

333 Randolph, Pocatello, Ida. P. O. Address

Subscribed and sworn to before me this 16th day of May, 1949

(SEAL) D. H. Carlson, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 19, 1949 by W. L. Evans, Registrar

FILE # FROM 1463 TO DE49-1463 11/12/2013-LLE

MAY 19 1949

APR 3 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795101-026-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

RECEIVED
JUN 25 1949
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1581
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dr Earl D. Jones Private Hospital
(e) Mothers stay BEFORE delivery: In THIS county 33 years 2 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County JEFFERSON
(c) City ROBERTS
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) ROBERTS IDAHO

4. FULL NAME OF CHILD PETER CARLYLE GREEN

5. Date of Birth of Child (Month, day, year) Mar.-1-1922

6 Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME LUMAN PETER GREEN
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace PLAIN City - Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business General Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME VEDA JANE WALKER
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace LEWISVILLE IDAHO (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate solution.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 27 years, and that Dr Earl D. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Veda Walker Green Signature
2100 Van Buren - Ogden Utah P. O. Address

Subscribed and sworn to before me this 24 day of June, 1949.
(SEAL) Elizabeth Hilkins, Notary Public, residing at Ogden Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 27, 1949 by Mabel E. Eeder Asst, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1581 TO DE49-1581 11/14/2013-LLE

JUL 18 2011

JUN 27 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-122-006-141

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED AUG 11 1949 DIVISION OF VITAL STATISTICS STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

State File No. DE49-1733
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marks Joe Dan

5. Date of Birth of Child (Month, day, year) II/22/22

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marks, Mitchell
11. Color or Race American
12. Age at time of THIS birth 31 yrs.
13. Birthplace St Joseph (City or town) Missouri (State or foreign country)
14. Exact Occupation Showman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adams Mary
17. Color or Race American
18. Age at time of THIS birth 34 yrs.
19. Birthplace Topeka, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Adams Marks (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Lepa Mereno M.D. Midwife Address 4829 South State St Murray, Utah Date August 6, 1949

AFFIDAVIT

State of Utah } ss.
County of Utah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 26 years, and that Lepa Mereno (First name) (Last name), who attended this birth (see above) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Adams X Her mark Signature
4829 South State St. Murray, Utah P. O. Address

Subscribed and sworn to before me this 6th day of August, 1949.

(SEAL) , Notary Public, residing at Provo, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 11, 1949 by W. W. Benson, Registrar

FILE # FROM 1733 TO DE49-1733 11/20/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 11 1949

595-212-035-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1789
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 1504 Main Str
   (d) Name of Hospital or Maternity Home: White Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Washington (b) County Asotin
   (c) City Clarkston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Clarkston, Wn.

4. **FULL NAME OF CHILD** Wanda Louise Benedict

5. Date of Birth of Child (Month, day, year) January 12, 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** R. C. Benedict
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Clarkston, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Hardy
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Sidney, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 p.m. M. on the date and at the place stated above, and that personal particulars were furnished by Amanda Benedict (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. White M.D. Midwife Address Lewiston Ida Date 8-19-49

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 30, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1789 TO DE49-1789 11/21/2013-LLE

MAY 13 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 30 1949

438202-040-712

RECEIVED
SEP 30 1949
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1907
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. 605 Hunter Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. 605 Hunter Ave.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Ida.

4. FULL NAME OF CHILD Emma LaurEtta McHugh

5. Date of Birth of Child (Month, day, year) June 2 1922

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael Bernard McHugh
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Mullan, Idaho (City or town) (State or foreign country)
14. Exact Occupation Assistant Purchasing Agent
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emma Pabst
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Gifford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Michael (First name) B. McHugh (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address Mullan, Idaho Date July 31,43

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 27 years, and that Dr. F. W. Rolfs (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Miss Elizabeth McHugh — Signature

P. O. Box 871, Mullan, Idaho — P. O. Address

Subscribed and sworn to before me this 27th day of September, 19 49

(SEAL) Marie Fitzsimmons — Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 30, 1949 by W. W. Benson, Registrar.

FILE # FROM 1907 TO DE49-1907 11/25/2013-LLE

SEP 30 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-207-035-856

RECEIVED
OCT 1 0 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1939
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City SOUTHWICK
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: FARM HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City SOUTHWICK
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** VEVA MAE WHITINGER
5. Date of Birth of Child (Month, day, year) 4-7-22
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRED MITCHELL WHITINGER
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace SOUTHWICK, IDAHO (City or town) (State or foreign country)
14. Exact Occupation WATCHMAN
15. Industry or Business POTLATCH FORESTS INC

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RUHAMAH HEWETT
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace SOUTHWICK, IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of ASOTIN } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 27 years, and that ..... (First name) SEELEY (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruhamah Whitinger Signature
1025 UNIVERSITY P. O. Address

Subscribed and sworn to before me this 7TH day of OCTOBER 1949
(SEAL) Paul Schermerhorn, Notary Public, residing at Clarkston Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 11, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1939 TO DE49-1939 11/29/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 5 1967 Bureau of Vital Statistics

State of Idaho } ss
County of Nez Perce }

Certificate No. 1939
Date Filed 10/11/49

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Veva Mae Whitinger (Name on Original Certificate) who born (Was Born or Died) on 4/7/22 (Date of Event)
in Southwick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
order of birth	3rd child	4th child

Subscribed and sworn to before me this 3rd day of December, 19 66

Notary Public, residing at Lewiston, Idaho
My commission expires 12/11/67
(Seal)

Signed × Rushamah Hewett Whitinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1025 University, Clarkston, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH - 51117

FEB 17 1967

249 - 219 - 022 - 639

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-135
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Smith
2. Date Of Birth (month) (day) (year): January 19 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont
b. City or Town of Birth: Parker Idaho

FATHER

6. Full Name of Father: Roy Arthur Smith
7. State or Country of Father's Birth: Anaconda, Montana

MOTHER

8. Full Maiden Name of Mother: Catherine Elizabeth Flint
9. State or Country of Mother's Birth: Parker Idaho Fremont Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Smith Mrs Elgil Leonard
11. Present Address of Registrant: Teton city, Idaho Box 04

NOTARY (Seal)

Subscribed and sworn to before me on: May 29 1950

12. Signature of Notary: J. N. Daley by Julia Fry Dep.
13. ~~Notary Commission expires~~: _____ 19____

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Jay H. Williams, Bishop	6/4/50	7/5/1930
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	1/19/1922 / Parker, Idaho	Catherine E. Flint	Roy A. Smith	
SUPPORTING RECORD 2.	Certificate of Blessing	Daniel G. Miller, an Elder Church of Jesus Christ L. D. S.	6-4-50	3-5-1922
Class A	1-19-22 / Parker, Idaho	Catherine E. Flint	Roy A. Smith	
SUPPORTING RECORD 3.	Insurance Policy	New York Life Insurance Co.	8-4-42	8-4-42
Class _____	1-19-22 / Parker, Idaho	Catherine E. Smith		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Helen	June 12, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED

Dup of 1922-102389

285-209-022-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-351
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Fern Shelton	2. Date Of Birth (month) (day) (year): March 9 1922
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth a. County: Fremont County	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Branson Shelton	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mable Griffith	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Shelton Sallee; 11. Present Address of Registrant: Building C-3, Apt. 312 Careyville Acres, Cheyenne, Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: October 5 1950	12. Signature of Notary: Martha Noonrod NOTARY PUBLIC in and for County of Laramie, State of Wyoming. 13. Notary Commission expires: November 25 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of B lessing		By whom issued and signed: H. C. Robison	Date Issued: 8-6-22	Date Orig. Entry:
Class* A	Date of Birth: 3-9-22	Birth Place: Bone, Idaho	Full Name of Mother: Mable Griffith	Name of Father: Branson Shelton	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Henry P. Kloepfer	Date Issued: 9-5-30	Date Orig. Entry:
Class B	Date of Birth: 3-9-22	Birth Place: Bone, Idaho	Full Name of Mother: Mable Griffith	Name of Father: Branson Shelton	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	11-1-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 1 1950

154-210-010-258

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-704
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louis Nelson Anderson
LOUIS NEILSON ANDERSON

2. Date Of Birth (month) (day) (year): January 10th 1922

3. Color or Race: WHITE

4. Sex: Male

5. Place of Birth: a. County: Idaho Bonneville; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Louis Clausen Anderson

7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Alma May Seybold

9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louis Nelson Anderson

11. Present Address of Registrant: 148 N. Beachwood Dr. Burbank, Cal.

NOTARY (Seal)

Subscribed and sworn to before me on: March 19th 1951

12. Signature of Notary: W. J. Thelbert

13. Notary Commission expires: January 24 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Identification Card	Civil Aeronautics Adm.		
Class* B	Date of Birth: 1-10-1922 / Birth Place: Idaho Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	School Record	Idaho Falls High School		9-9-1936
Class B	Date of Birth: Jan. 10, 1922 / Birth Place: Idaho Falls	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit	Alma May Anderson, mother Louis C. Anderson, father	3-19-51	
Class B	Date of Birth: Jan. 10, 1922 / Birth Place: Idaho Falls	Full Name of Mother: Alma May Seybold	Name of Father: Louis Clausen Anderson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredericksen	1-10-1922

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 9 1951

912-207-003-696

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-883
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Turner
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 10 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Turner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) 10mo17days Turner, Idaho

4. **FULL NAME OF CHILD** Vivian Elizabeth Rash

5. Date of Birth of Child (Month, day, year) May 7, 1922

6 Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Martin Rash
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Romaina Bordella Froerer
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Huntsville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business care of home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Dr. Hubbard of Grace, Idaho (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Romaina Bordella Froerer Signature
245-34th Street, Ogden, Utah P. O. Address

Subscribed and sworn to before me this 28th day of May, 1951.

(SEAL) Margaret Bell, Notary Public, residing at Ogden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Deputy

Received for filing on May 29, 1951 by Mabel [illegible] expires 3/20/54, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted]

ficate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

619-215-001-[illegible]

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-895
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth).
(a) County ada (b) City Boise
(c) Street Address or R.F.D. No. 611 Ash St
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ada
(c) City Boise
(d) Street Address or R.F.D. No. 611 ash St.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Lillie Lorene Wardle
5. Date of Birth of Child (Month, day, year) 4/15-1922
6. Sex female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Chester Wardle
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace South Jordan Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Vera Holtsclaw
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for life years, and that Dr. Biwer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum C Wardle
Signature
P. O. Address

Subscribed and sworn to before me this 11th day of June 19..
(SEAL) Mabel F Eldert, Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 6, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K

DEC 14 [illegible]

JUN 7 1951

APR 15 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

133-202-041-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 4 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1126
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vivian Ruby Atchley	2. Date of Birth (month) (day) (year): November 2, 1922
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Idaho Teton	b. City or Town of Birth: ~~Felt~~ Tetonia
FATHER	6. Full Name of Father: John Preston Atchley	7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Laura Emily Johnston	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vivian Ruby Atchley; 11. Present Address of Registrant: Ashton Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 1st 1951	12. Signature of Notary: H. S. Stewart; 13. Notary Commission expires: March 7, 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: R. E. Davis, Pastor	Date issued:	Date Orig. Entry: Feb. 1, 1931
Class* B	Date of Birth: Nov. 2, 1922	Birth Place: Teton, Idaho	Full Name of Mother: Laura Emma Johnston	Name of Father: John Preston Atchley	
SUPPORTING RECORD 2.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date issued:	Date Orig. Entry: 11-2-1922
Class B	Date of Birth: 11-2-1922	Birth Place: Tetonia, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Northwestern Life Insurance Co.	Date issued:	Date Orig. Entry: 11-8-1950
Class B	Date of Birth: Nov. 2, 1922	Birth Place: Tetonia, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Aug. 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 13 1976

755-201-005-315

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

RECEIVED SEP 6 1951 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 10-51-2012
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items must be filled for this birth)
   (a) County Boise (b) City Garden Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Garden Valley
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Barbara Jane Pennell

5. Date of Birth of Child (Month, day, year) April 1 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charlie Leonard Pennell
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hoxie, (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Mae Landis
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Platsmouth (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Bessie (First name) Pennell (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature Mrs. Alta Coughanour M.D. Midwife Address Payette Idaho Date 11/24/48

AFFIDAVIT

State of Oregon, County of Linn } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 26 years, and that Alta Coughanour (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Mae Pennell Signature

Scio, Oregon P. O. Address

Subscribed and sworn to before me this 24 day of November, 1948

(SEAL) W. J. Linn, Notary Public, residing at Scio Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Jan 11-49

Received for filing on Sept. 6, 1951 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

SEP 7 1951

168-122-002-867

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2075
Local Reg. No. 3 22
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Indian Valley
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay BEFORE delivery: In THIS county 38 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Indian Valley
   (d) Street Address or R.F.D. No. None
   (e) How long has MOTHER lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Johnnie Ray Johnson

5. Date of Birth of Child (Month, day, year) Sept 22, 1922

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claude Wildie Johnson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Weston, (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Catherine Hopper
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Claude Johnson (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. Midwife Address Cambridge, Idaho Date 9/21/51

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on 9-21-51 by [signature] Registrar

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-212-023-238

RECEIVED NOV 1 1951 DIVISION OF VITAL

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2175
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Ida.

4. **FULL NAME OF CHILD** Betty Ann Sabin

5. Date of Birth of Child (Month, day, year) Nov. 12, 1922

6 Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Sabin
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Albian (City or town) Nebraska (State or foreign country)
14. Exact Occupation sawmill laborer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Laura Schaeffer
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Wallowa (City or town), Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Sabin (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Gertrude G. Stuart M.D. ×Midwife Address 1102 Lexington, Bend, Ore. Date Oct. 26, 1951

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such report may be received and filed by the ~~local registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 2 19

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. De51-2367

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Lemhi
City of Homedale Idaho
No. 719-132 10th St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Orval Milo Paine

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? Yes | 8. Date of birth Aug. 2, 1922 (Month, Day, Year)

FATHER

9. Full name Perry Ernest Earl Paine
10. Residence (usual place of abode) (If non-resident, give place and State) Homedale Ida
11. Color or race White | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Mankato, Blueearth Co. Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.P. R.R.
16. Date (month and year) last engaged in this work Nov. 10, 1922
17. Total time (years) spent in this work 2½

MOTHER

18. Full maiden name Ona Barbara Jones
19. Residence (usual place of abode) (If non-resident, give place and State) Homedale Ida
20. Color or race White | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Competition, Laclede Co. Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4:50 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or Mrs. John L. Meyer, nurse ~~Midwife~~
Address Homedale Idaho

Filed Jan. 18, 1952, 193__ W. W. Benson
Registrar.

Registrar.

DELAYED

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ORVAL MILO PAINE
2. Date of Birth (month) (day) (year): AUGUST 2, 1922
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: HOMEDALE, IDAHO
b. City or Town of Birth: HOMEDALE

FATHER

6. Full Name of Father: PERRY ERNEST EARL PAINE
7. State or Country of Father's Birth: MINNESOTA

MOTHER

8. Full Maiden Name of Mother: ONA BARBARA JONES
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Orval M. Paine
11. Present Address of Registrant: 2913 JARVIS STREET, SAN DIEGO, CALIFORNIA

NOTARY (Seal)

Subscribed and sworn to before me on: January 14th 1952
12. Signature of Notary: Marie G. Wilson
13. Notary Commission expires: March 31 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class* A

SUPPORTING RECORD 2.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class _____

SUPPORTING RECORD 3.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class _____

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 13 1952

295-127-033-595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2494
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Newdale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Newdale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Newdale Ida.

4. **FULL NAME OF CHILD** John Lynn Bingham

5. Date of Birth of Child (Month, day, year) Dec. 27, 1922

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Reuben Bingham
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Lima Montana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Novella Nielson Bingham
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Koosherum Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Novella Bingham (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Madison } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Mrs. J. W. (First name) Stock (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Novella Nielson Bingham Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of February, 19 52

(SEAL) John A. Atkinson, Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 26, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAY 21 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-119-022-212

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED APR 5 1952 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2622
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eddy La Rue Cherry			2. Date Of Birth (month) July (day) 19 (year) 1922	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Idaho / Fremont	b. City or Town of Birth: ashton	
FATHER	6. Full Name of Father: Levi Eddy Cherry			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Maude Ella Baker			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eddy La Rue Cherry		11. Present Address of Registrant: Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: February 26 1952	12. Signature of Notary: H. S. Stewart		13. Notary Commission expires: March 7 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Newspaper notice	By whom issued and signed: The Ashton Herald	Date Issued: 7-27-1922	Date Orig. Entry:
Class* A	Date of Birth / Birth Place: July 19, 1922, Ashton, Idaho	Full Name of Mother:	Name of Father: Levi Cherry	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: North Fremont High School	Date Issued:	Date Orig. Entry: Sept. 4, 1928
Class B	Date of Birth / Birth Place: July 19, 1922, Ashton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Maude Ella Cherry	Date Issued: 2-26-52	Date Orig. Entry:
Class B	Date of Birth / Birth Place: July 19, 1922, Ashton, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
V. M. Benson	[signature]	Apr. 5, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 7 1952

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

391-125022-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2729
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: OMAR JAMES CRABB
2. Date Of Birth (month) (day) (year): AUGUST 25 1922
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: ST. ANTHONY FREMONT
b. City or Town of Birth: ST. ANTHONY

FATHER

6. Full Name of Father: WILLIAM RAY CRABB, SR.
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: CORA EDITH THOMPSON
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Omar James Crabb
11. Present Address of Registrant: 2800 TULANE LONG BEACH 4, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: april 12 - 1952

12. Signature of Notary: NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA — Madge M. Bryant
13. Notary Commission expires: MY COMMISSION EXPIRES MARCH 18th, 1956 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt	Nellie Keith	2-18-52	
Class* B	Date of Birth / Birth Place: Aug. 25, 1922, St. Anthony, Idaho	Full Name of Mother: Cora Edith Thompson	Name of Father: Wm. Ray Crabb, Sr.	
SUPPORTING RECORD 2.	Affidavit by father	Wm. Ray Crabb, Sr.	Feb. 23, 1952	
Class B	Aug. 25, 1922, St. Anthony, Idaho	Cora Edith Thompson	Wm. Ray Crabb, Sr.	
SUPPORTING RECORD 3.	Report of Separation	U. S. Army		Sept. 25, 1951
Class B	Aug. 25, 1922, St. Anthony, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeger	Apr. 30, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible] CRABB
2. Date of Birth (month) (day) (year): AUGUST 25 1922
3. Color or Race: MAY 4 1952
4. Sex: MALE
5. Place of Birth: a. County: ST. ANTHONY
6. City or Town of Birth: ST. ANTHONY

FATHER

6. Full Name of Father: [illegible] RAY CRABB, SR.
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: [illegible] THOMPSON
9. State or Country of Mother's Birth: MISSOURI

APPLICANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY

Subscribed and sworn to before me on [illegible] 19 [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: MY COMMISSION EXPIRES MARCH 4th 1956 19

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	[illegible] Keith	[illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	[illegible] Ray Crabb, Sr.	Feb. [illegible], 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. [illegible], 1922	St. Anthony, Idaho	[illegible] Thompson	[illegible] Ray Crabb, Sr.

Class [illegible]

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Report of Separation	[illegible] Army		Sept. 25, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. [illegible], 1922	St. Anthony, Idaho		

Class [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Apr. 30, 1952

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 6 years old.

Form [illegible]

243-B1-03/-575

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2829
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arthur Morison Buckingham
2. Date Of Birth (month) (day) (year): December 31, 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Lewis; b. City or Town of Birth: Kamiah

FATHER

6. Full Name of Father: Ross Davis Buckingham
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Jessie Maud Egelston
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arthur Morison Buckingham
11. Present Address of Registrant: c/o Mtn. States Tel & Tel Missoula, Montana

NOTARY (Seal)

Subscribed and sworn to before me on: May 15th 19 52

12. Signature of Notary: Gladys Lowe
Notary Public for the State of Montana, residing at Missoula, Montana,
My Commission expires: March 3 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Bible viewed by Marshall A. Neill Pullman, Wn. Notary		Dec. 31, 1922
Class* A	Date of Birth / Birth Place: Dec. 31, 1922, Kamiah, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by father	Ross D. Buckingham	May 10, 1952	
Class B	Dec. 31, 1922, Kamiah, Idaho			
SUPPORTING RECORD 3.	Affidavit by sister	Helen Shearer	May 8, 1952	
Class B	Dec. 31, 1922, Kamiah, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Eldon	May 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-2829
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Full Name at Birth: Arthur Morison Buckingham
2. Date of Birth (month) (day) (year): December 31, 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Lewis; b. City or Town of Birth: Kamiah

FATHER

6. Full Name of Father: Ross Davis Buckingham
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Jessie Maud Egelston
9. State or Country of Mother's Birth: Nebraska

CERTIFICATION

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: c/o Mtn. States Tel & Tel Missoula, Montana

NOTARY

Sworn and sworn to before me on May 16th 19 52

12. Signature of Notary: [illegible]
13. Notary Commission Expires: March 3 19 55

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record
By whom issued and signed: Bible viewed by Marshall A. Mell, Pullman, Wn. Notary
Date Issued: Dec. 31, 1922
Date of Birth / Birth Place: Dec. 31, 1922, Kamiah, Idaho
Name of Father:

Class A

SUPPORTING RECORD 2.

Type of Document: Affidavit by father
By whom issued and signed: Ross L. Buckingham
Date Issued: May 10, 1952
Date Orig. Entry:
Date of Birth / Birth Place: Dec. 31, 1922, Kamiah, Idaho
Full Name of Mother:
Name of Father:

Class B

SUPPORTING RECORD 3.

Type of Document: Affidavit by sister
By whom issued and signed: Helen Shearer
Date Issued: May 3, 1952
Date Orig. Entry:
Date of Birth / Birth Place: Dec. 31, 1922, Kamiah, Idaho
Full Name of Mother:
Name of Father:

Class C

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar: W. W. Hensons
Evidence reviewed by: [signature]
Date Filed: May 21, 1952

*Class A Records are those made and dated before the Registrant's [illegible] birthday.
Class B Records are those made after the fourth birthday but are at least [illegible]

497-123-022-562

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2997
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MERLIN ELLSWORTH DIXON		2. Date Of Birth (month) 10 (day) 23 (year) 1922
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: FREMONT; b. City or Town of Birth: ASHTON
FATHER	6. Full Name of Father: ELZIE ALFRED DIXON		7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: OLIVE BLANCH NOBLE		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merlin E. Dixon	11. Present Address of Registrant: 408 Dearborn, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: July 11 1952	12. Signature of Notary: Mabel Fielder	13. Notary Commission expires: May 7, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued:	Date Orig. Entry: Oct. 28, 1945
	Date of Birth / Birth Place: Oct. 23, 1922, Ashton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Report of Separation	By whom issued and signed: Army of the United States	Date Issued:	Date Orig. Entry: Apr. 25, 1952
	Date of Birth / Birth Place: Oct. 23, 1922, Ashton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Registration Certificate	By whom issued and signed: Selective Serviee	Date Issued:	Date Orig. Entry: Aug. 31, 1948
	Date of Birth / Birth Place: Oct. 23, 1922, Ashton, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: July 11, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health Health
Division of Vital Statistics
Date [redacted] JUL 1 1 1952

State Fil No. D-32-2997
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Marsh Ellsworth Dixon	2. Date of Birth (month) (day) (year): 12 23 1922	
	3. Sex: M	4. Place of Birth: Fremont	5. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Elzie Alfred Dixon	7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Olive Blanch Noble	9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on July 11 1952	12. Signature of Notary: [signature]	13. Notary Commission expires: May 7 [illegible]

ANNOTATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued:	Date Orig. Entry: Oct. 23, 1945
	Date of Birth: Oct. 23, 1922	Birth Place: Ashton, Idaho	Full Name of Mother:	Name of Father:
Class B				
SUPPORTING RECORD 2.	Type of Document: Report of Separation	By whom issued and signed: Army of the United States	Date Issued:	Date Orig. Entry: Apr. 24, 1952
	Date of Birth: Oct. 23, 1922	Birth Place: Ashton, Idaho	Full Name of Mother:	Name of Father:
Class B				
SUPPORTING RECORD 3.	Type of Document: Registration Certificate	By whom issued and signed: Selective Service	Date Issued:	Date Orig. Entry: Aug. 31, 1943
	Date of Birth: Oct. 23, 1922	Birth Place: Ashton, Idaho	Full Name of Mother:	Name of Father:
Class B				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
K. W. Dobson	[signature]	July 11, 1952

Class A Records are those made [illegible] the registrant [illegible]
Class B Records are those made after [illegible]

313-101-010-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52-3254
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ZANE WILLIAM CALDWELL			2. Date Of Birth (month) (day) (year): December 1 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho BONNEVILLE	b. City or Town of Birth: BONE, IDAHO	
FATHER	6. Full Name of Father: William A. Caldwell			7. State or Country of Father's Birth: KANSAS	
MOTHER	8. Full Maiden Name of Mother: Esther Johnson			9. State or Country of Mother's Birth: MINNESOTA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Zane William Caldwell	11. Present Address of Registrant: Route #1 Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on SEP 12 1952 19		12. Signature of Notary: [signature]	13. Notary Commission expires: 8-4- 1954	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A.	Type of Document: Church of St. Francis DeSales Certificate of Baptism		By whom issued and signed: Rev. Joseph B. Hayes, Pastor	Date Issued:	Date Orig. Entry: Baptized on June 6, 1926
	Date of Birth: Dec. 1, 1922	Birth Place: Idaho	Full Name of Mother: Esther Johnson Caldwell	Name of Father: William A. Caldwell	
SUPPORTING RECORD 2. Class B	Type of Document: Application for insurance		By whom issued and signed: Policy No. 26818 Great Northwest Life	Date Issued: 3/11/49	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ZANE WILLIAM CALDWELL	2. Date of Birth (month) (day) (year): December 1 1922	
	3. Color or Name: White	4. Sex: Male	5. Place of Birth: Idaho
	6. Full Name of Father: William A. Caldwell	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: Father Johnson	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the [illegible] my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Sworn and sworn to before me on SEP 18 19[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church of St. Francis Dedales Certificate of Baptism	By whom issued and signed: Rev. Joseph R. Hayes, Pastor	Date Issued	Date Orig. Entry: Baptized on June 6, 1926
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class A	[illegible]	[illegible]		
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Policy No. 26915 Great Northwest Life	Date Issued: 3/11/49	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B				
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

515-721-076-63

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 8 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D 52-3461
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ArLene VanAble		2. Date of Birth (month) July (day) 21, (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Samaria, Idaho Oneida
			b. City or Town of Birth: Samaria, Idaho
FATHER	6. Full Name of Father: Elijah VanAble		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Cathryn Williams		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ArLene VanAble	11. Present Address of Registrant: 654 21st St. Ogden Ut.
NOTARY (Seal)	Subscribed and sworn to before me on August 7 1952	12. Signature of Notary: Edward K. Martin	13. Notary Commission expires: June 2, 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement from nurse in attendance- Mary Ripley	By whom issued and signed	Date Issued: 11-6-52	Date Orig. Entry: July 21, 1922
Class* A	Date of Birth: July 21, 1922	Birth Place: Samaria, Idaho	Full Name of Mother: Cathryn Williams VanAble	Name of Father
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptised	Date Orig. Entry: July 22, 1930
Class B	Date of Birth: July 21, 1922	Birth Place: Samaria, Idaho	Full Name of Mother: Katrina Williams	Name of Father: Elijah VanAble
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felder	Nov. 18, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[illegible] CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

Bureau of Public Health Statistics

Division of Vital Statistics

Boise, Idaho

REGISTRAR

NOV 19 1962

1. Registrar's Name and Birth

(Person who Registered)

Arlene VanAble

2. Date of Birth (month) (day) (year)

July 21, 1922

3. Color or Race

White

4. Place of Birth (Place of Accident)

Memorial Sanatorium, Idaho Falls

Ability or Town of Birth

Sanatorium, Idaho

FATHER

5. Full Name of Father

William VanAble

6. State or Country of Father's Birth

Utah

MOTHER

7. Full Maiden Name of Mother

Katherine Williams

8. State or Country of Mother's Birth

Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant

[illegible]

10. Present Address of Registrant

554 21st St. Ogden Ut.

NOTARY

Subscribed and sworn to before me on

[illegible]

11. Signature of Notary

12. Notary Commission expires

June 2, 1962

SUPPORTING RECORD

Type of Document

Mentor Birth Birth Place

Date Issued

11-6-62

Date Orig. Entry

July 21, 1922

Full Name of Mother

Name of Father

Class

July 21, 1922, Sanatorium, Idaho Falls

SUPPORTING RECORD 2

Type of Document

Church Record

Date Issued

Baptised

Date Orig. Entry

July 22, 1922

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class

July 21, 1922, Sanatorium, Idaho Falls

SUPPORTING RECORD 3

Type of Document

Date Issued

Date Orig. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed which substantiates the facts as set forth in the [illegible] abstract.

State Registrar

W. W. [illegible]

Evidence Reviewed By

Date Filed

Nov. 18, [illegible]

*Class 1 Records are those [illegible]

Class 2 Records are those [illegible]

759-22/-002-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3581
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruthh Darlene Perkins		2. Date of Birth (month) July (day) 21st (year) 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Adams	b. City or Town of Birth: Council
FATHER	6. Full Name of Father: Charles D. Perkins		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Lena Rose Severe		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruthe D Black	11. Present Address of Registrant: 920 Garfield St Emporia, Kansas	
NOTARY (Seal)	Subscribed and sworn to before me on December 11th 1952	12. Signature of Notary: [signature]	13. Notary Commission expires: April 7th 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Newspaper Notice of birth	By whom issued and signed: Adams County Leader H. K. Rogers, Publisher	Date Issued: 12/11/52	Date Orig. Entry: 7/28/22
Class* A	Date of Birth: July 21 1922	Birth Place: Council, Idaho	Full Name of Mother:	Name of Father: Charles Perkins
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Lena Rose Beigh	Date Issued: 12/12/52	Date Orig. Entry: 12/12/52
Class B	Date of Birth: July 21 1922	Birth Place: Council, Idaho	Full Name of Mother: Lena Rose Severe	Name of Father: Charles D. Perkins
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: December 19, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

2. Usual residence (Place where deceased lived. If institution, residence before admission.)		3. Date of birth (month, day, and year)	4. Age (If less than 1 day, hours or minutes. If less than 1 year, days. If less than 100 years, years.)
Number	City or Town		
	Council	July 21st 1892	
5. Sex	6. Color or race (white, black, American Indian, Chinese, Japanese, etc.)	7. Married, never married, widowed, or divorced (specify which)	8. Usual occupation (Give kind of work done during most of working life, even if retired)
9. Birthplace (State or foreign country)	10. Citizen of what country	11. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown)	12. Social Security No.
Idaho			
13. Father's name	14. Mother's maiden name		
15. Informant's name and relationship to deceased			
16. Place of death (If not in hospital, give street address)			
17. Was death due to an accident, suicide, or homicide?	18. Date of injury (month, day, year)	19. Hour of injury	20. Did injury occur while at work?
21. Injury occurred at (Street and number or rural route number, city or town, state)			
22. Describe how injury occurred			
23. If transportation injury, state whether driver, passenger, pedestrian, etc.			
24. Medical certification: Cause of death (Enter only one cause per line for (a), (b), and (c).)			Approximate interval between onset and death
Immediate cause (a)			
Antecedent causes (b)			
Morbid conditions, if any, giving rise to above cause (c)			
Part II. Other significant conditions contributing to death but not related to terminal disease conditions			
25. Was operation performed for any conditions in Items 24 or 25?	26. Date of operation	27. Was autopsy performed?	28. Were findings considered in determining cause of death?
29. Did tobacco use contribute to death?	30. If female: Pregnant within past year? Not pregnant but pregnant within 3 months before death? Not pregnant but pregnant 3 months to 1 year before death? Unknown if pregnant within the past year?		
31. Manner of death	32. Date of death (month, day, year)	33. I hereby certify that I attended the deceased from [illegible] to [illegible], that I last saw the deceased alive on [illegible], and that death occurred at [illegible] hours.	
34. Signature and title of certifier		35. Date signed	
36. Name and address of person who prepared the certificate if other than certifier			
37. Funeral director (Name and address)			
38. Date received by local registrar	39. Registration number		

Class A Records are those made and dated prior to one year after the end of the month of death.
Class B Records are those made after the first year but within [illegible] years of death.

391-205-016-314

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-418
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** CRANER, RADA LAURA

5. Date of Birth of Child (Month, day, year) May 5, 1922

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** CRANER, JOHN T.
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace OAKLEY (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** WELLS, SARAH LAURETTA
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace OAKLEY (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9-A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Dr. G. E. Craner M.D. Address Burley Idaho Date Dec 16-'45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 23, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317-225-030-815

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 721
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Janice Betty Taggart
2. Date of Birth (month) August (day) 25 (year) 1922
3. Color or Race
4. Sex
5. Place of Birth a. County
b. City or Town of Birth: May Idaho

FATHER

6. Full Name of Father: David Getty Taggart
7. State or Country of Father's Birth: Ireland

MOTHER

8. Full Maiden Name of Mother: Rose Kerr Hanna
9. State or Country of Mother's Birth: Ireland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Janice Betty T. Rolectron
11. Present Address of Registrant: 2511 Stewart Ave Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 15 1953
12. Signature of Notary: K B Baker
13. Notary Commission expires: Dec 8 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Bible Record	Rose Taggart	1922	1922
Class* A	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug 25,-1922	Rose Kerr Taggart	David G. Taggart	
SUPPORTING RECORD 2.	Affidavit of Mother	Mrs. D. G. Taggart	7/27/53	7/27/53
Class B	Aug 25-1922 / May, Idaho	Mrs. D. G. Taggart	D. G. Taggart	
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

—

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Eva Turnipseed	July 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECEASED

AFFIDAVIT

State of Idaho)
County of Ada) ss

The undersigned, being first duly sworn, depose and say that she is the mother of Janice Betty Taggart and duly sworn, depose and say that she was born at May, Idaho on August 25, 1922.

Mrs D. G Taggart

Mrs. D. G. Taggart

Subscribed and sworn to before me this 27th day of July, 1953

Harry E Robertson

Notary Public, residing at Boise, Idaho

JUL 28 1953

APR 22 1963

394-229-003-269

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 29 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-346
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Etta Fay Crump		2. Date of Birth (month) November (day) 29 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Robin Idaho Bannock; b. City or Town of Birth: Robin
FATHER	6. Full Name of Father: Joseph Hyrum Crump		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Etta L. Boren		9. State or Country of Mother's Birth: Oakley Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Etta Fay Crump (Mrs.)	11. Present Address of Registrant: 527 No. 14th Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: April 28- 1954	12. Signature of Notary: Keith L. Hollenup	13. Notary Commission expires: March 7 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church	Blessed	Jan. 27, 1924
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 29, 1922, Robin, Idaho	Etta L. Boren	Joseph H. Crump	
SUPPORTING RECORD 2.	Certificate of Baptism	L. D. S. Church	Baptized	July 1, 1933
Class B	Nov. 29, 1922, Robin, Idaho	Etta L. Brown	Joseph H. Crump	
SUPPORTING RECORD 3.				
Class	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	Apr. 29, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF OHIO

CERTIFICATE OF BIRTH

1. NAME OF CHILD (First, Middle, Last)

2. SEX

3. DATE OF BIRTH (Month, Day, Year)

4. PLACE OF BIRTH (City, Township or Village)

5. COUNTY OF BIRTH

6. NAME OF HOSPITAL OR GIVEN ADDRESS

7. IF NOT IN HOSPITAL OR GIVEN ADDRESS, GIVE STREET ADDRESS OR RURAL ROUTE

8. CITY OR TOWN OF RESIDENCE

9. COUNTY OF RESIDENCE

10. MOTHER'S MAIDEN NAME

11. MOTHER'S RESIDENCE IF OUTSIDE OF HOSPITAL

12. MOTHER'S RESIDENCE IF OUTSIDE OF HOSPITAL

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100. MOTHER'S RESIDENCE IF OUTSIDE OF HOSPITAL

313-213-040-449

RECEIVED

JUL 19 1954

Division of Vital Statistics

De54-615

United States Department of Commerce, Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City KELLOGG
   (c) Street Address or R.F.D. No. 502 W MISSION
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City KELLOGG
   (d) Street Address or R.F.D. No. 502 W MISSION
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** ANGELINE LUCY CALABRETTA

5. Date of Birth of Child (Month, day, year) DEC. 13-1922

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PAUL CALABRETTA
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace MARONI (City or town) ITALY (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANGELINE MUZZI
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace MARONI (City or town) ITALY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum A.R.Gol
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 7 ~~(b) Born alive and now living~~ YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ANGELINE (First name) CALABRETTA (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Italia Rinaldi M.D. Midwife Address Midwife Date Dec. 13-1922

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 30-9 mo. years, and that Mrs. Italia Rinalde (First name) (Last name), who attended this birth is still living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angelina Calabretta Signature
502 W Mission - Kellogg Address

Subscribed and sworn to before me this 12 day of July - 12, 1954

(SEAL) Eva Jannsen Notary Public, residing at Kellogg

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 20, 1954 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

544-219-044-219

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

(Be sure the information is complete and accurate)

State File No. De55-58
Local Reg. No.
Reg. Dist. No. 322

Federal Security Agency
United States Public Health Service

RECEIVED
JAN 24 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Cambridge, Idaho.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): Route #1.

3. CHILD'S NAME (Type or print)
a. (First): MARY
b. (Middle): MARGARET.
c. (Last): EDMUNSON

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) August (Day) 19 (Year) 1922.

FATHER OF CHILD

7. FULL NAME
a. (First): EDWARD
b. (Middle): NICHOLAS
c. (Last): EDMUNSON

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Klikitat, Wash.

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY: Farm.

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): THERESA
b. (Middle): VALISKA
c. (Last): BAILY

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mishigan Town, Ind.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Theresa Edmunson Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mrs. Theresa Edmunson

18c. ADDRESS: Cambridge, Idaho.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: 1/22/55.

19. DATE REC'D BY LOCAL REG.: 1/22/55

20. REGISTRAR'S SIGNATURE: M. W. McEwan

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar): 0

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 36 WEEKS

22b. WEIGHT AT BIRTH: 7 LBS. 2 OZS.

23. Was a standard serological test for syphilis performed? YES [X] NO [ ]
Approximate date 2/1/22

DECEASED 11-26-06 ID

Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

Form DPH-48001

06-9346

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Margaret Edmunson			2. Date of Birth (month) Aug. (day) 19 (year) 1922
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Idaho / Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: Edward nicholas Edmunson			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Theresa Valiska Baily			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Mary Hopkins		11. Present Address of Registrant: Ontario - Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 14 1959	12. Signature of Notary: May Collins		13. Notary Commission expires: June 3 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Age 78 Affidavit by mother	By whom issued and signed: Theresa Edmunson	Date Issued: September 14, 1959	Date Orig. Entry: ----
	Date of Birth: August 19, 1922 / Birth Place: Cambridge, Idaho	Full Name of Mother: Theresa Valiska Baily	Name of Father: Edward Nicholas Edmunson	
SUPPORTING RECORD 2. Class_____	Type of Document: Own childs birth certificate On file in Idaho #314732	By whom issued and signed:	Date Issued: May 11, 1941	Date Orig. Entry: May 11, 1941
	Date of Birth: Age 18 / Birth Place: Cambridge, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3. Class_____	Type of Document: Statement by doctor	By whom issued and signed: Dr. R. T. Whiteman	Date Issued: December 9, 1960	Date Orig. Entry: ------
	Date of Birth: August 19, 1922 / Birth Place: Idaho	Full Name of Mother: Theresa Baliska Baily	Name of Father: Edward Nicholas Edmunson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	December 15, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 19 1960

Affidavit by mother	Age 76	Theresa Edmunson	Date Issued September 14, 1959
Date of Birth August 19, 1922	Birth Place Cambridge, Idaho	Full Name of Father Theresa Valiska Bally	Name of Father Edward Nicholas Edmunson

Own childs birth certificate On file in Idaho #314732

Age 18	Birth Place Cambridge, Idaho	Full Name of Mother ------	Date Issued May 11, 1961
Statement by doctor		Dr. L. T. Whiteman	Date Issued December 9, 1960
Date of Birth August 19, 1922	Birth Place Idaho	Full Name of Mother Theresa Valiska Bally	Name of Father Edward Nicholas Edmunson

Clerk's Signature: W. R. Benson

Evidence by seal by: Elaine Coy

Date Filed: December 15, 1960

433-122 003-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JAN 27 1955
Division of Vital Statistics

State File No. De55-72
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Barney Thomas Howard McCormack	2. Date of Birth (month) Oct (day) 22 (year) 1922	
	3. Color or Race: white; 4. Sex: M; 5. Place of Birth: a. County: Pocatello Bannock	b. City or Town of Birth: ~~Spokane Wash~~ Bannock Idaho	
FATHER	6. Full Name of Father: Levi Carter McCormack	7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Richardson	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: B. T. H McCormack	11. Present Address of Registrant: 1805 So 2nd
NOTARY (Seal)	Subscribed and sworn to before me on: April 30, 1953	12. Signature of Notary: Freddie Adolph	13. Notary Commission expires: June 21, 1955 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church, by Leo H. Edgley, Bishop	Date Issued: Mar. 14, 1932	Date Orig. Entry: Baptized on Mar. 14, 1932
Class* B	Date of Birth: Oct. 22, 1922; Birth Place: Pocatello, Idaho	Full Name of Mother: Lizzie Richardson	Name of Father: Levi Carter McCormack	
SUPPORTING RECORD 2.	Type of Document: Senior High School record, Pocatello, by Wanlyn Registrar	By whom issued and signed:	Date Issued:	Date Orig. Entry: Entered High School September 7, 1937
Class B	Date of Birth: Oct. 22, 1922; Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Grandmother	By whom issued and signed: Eliza Roxana Hewitt	Date Issued: Jan. 24, 1955	Date Orig. Entry:
Class B	Date of Birth: Oct. 22, 1922, Pocatello, Idaho	Full Name of Mother: Elizabeth Richardson	Name of Father: Levi Carter McCormack	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel L. Elder	Jan. 27, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 27 1955

617-124-014-235

RECEIVED
FEB 3 1955
Division of Vital Statistics

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De55-98
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cayon (b) City Parma
   (c) Street Address or R.F.D. No. R#3.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cayon.
   (c) City Parma
   (d) Street Address or R.F.D. No. R#3.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parma Idaho

4. **FULL NAME OF CHILD** Joe Pete Wagner.

5. Date of Birth of Child (Month, day, year) Feb 24 1922

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Pete Samuel Wagner.
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Bentonville (City or town) Arkansaw (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Belle Steeley
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Noble (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillbore) at 7A. M. on the date and at the place stated above, and that personal particulars were furnished by Joe Pete (First name) Wagner (Last name), who is related as Name of child (Mother, etc.)

25. Attendant's **OWN** signature W M Mitchell M.D. ~~Midwife~~ Address Parma Idaho Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 3, 1955 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-106-001-449

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED FEB 8 1955 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-110
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Murray Alexander Kidd			2. Date of Birth (month) August (day) 6, (year) 1922
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: George Kidd			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Catherine Murray			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Murray A. Kidd		11. Present Address of Registrant: 875 N. 7th E. Mountain Home, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 22 1955	12. Signature of Notary: Mabel Feeler		13. Notary Commission expires: May 7 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Luke's Hospital	Date Issued: 2-4-55	Date Orig. Entry: Aug. 6, 1922
Class* A	Date of Birth: Aug. 6, 1922	Birth Place: Boise, Idaho	Full Name of Mother: Mr. and Mrs.	Name of Father: George Kidd
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics, Boise, Ida.	Date Issued:	Date Orig. Entry: Sept. 19, 1948
Class B	Date of Birth: 26 yrs old	Birth Place: Boise, Idaho	Full Name of Mother: #48-10245	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeler	Feb. 8, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DBH #8063

FEB 9 1955

769-111-022-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 31 1955

Division of Vital Statistics

State File No. De55-529
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JACK THOMAS PORRITT	2. Date Of Birth (month) MAY (day) 11 (year) 1922
	3. Color or Race: WHITE; 4. Sex: M; 5. Place of Birth: ASHTON a. County: FREMONT	b. City or Town of Birth: ASHTON
FATHER	6. Full Name of Father: JOHN MARTEN PORRITT	7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: ELLEM MARIE JOHNSON	9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jack Thomas Porritt; 11. Present Address of Registrant: 15248 EDGEMOOR ST SAN LORENZO, CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1955	12. Signature of Notary: William F. Claypole; 13. Notary Commission expires: Dec. 5 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge	United States Army	Jan 31, 1946	
Class* B	Date of Birth: May 11, 1922; Birth Place: Ashton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	School Record	Oakland Public Schools	Jan. 6, 1930	
Class B	Date of Birth: May 11, 1922; Birth Place: Idaho	Full Name of Mother: Oakland, Calif. Ellen Porritt	Name of Father: John Poritt	
SUPPORTING RECORD 3.	Affidavit by mother	Ellen M. Porritt	May 28, 1955	
Class B	Date of Birth: May 11, 1922; Birth Place: Ashton, Idaho	Full Name of Mother: Ellen M. Porritt	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	June 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 1 1955

33-229 221-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 23 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D55-604
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name: Lucille Clark
2. Date of Birth: June 29 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Preston, Idaho

FATHER

6. Full Name of Father: Lucius Clark
7. State or Country of Father's Birth: Wyoming

MOTHER

8. Full Maiden Name of Mother: Miriam Adelia Carling
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille Clark
11. Present Address of Registrant: 2016 Norris Drive W. Fresno, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: June 21 1955

12. Signature of Notary: Georgia Madsen, Fresno County, California
13. Notary Commission expires: April 20 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	letter re ins. policy#223808	June 29,1922		Beneficial Life Insurance Company		6-16-55		March 13,1942
SUPPORTING RECORD 2. Class B	letter re employment record	June 29,1922		Sutter Community Hospitals F. R. Murphey, adm.		6-14-55		Sept.29,1943 July30,1944
SUPPORTING RECORD 3. Class B	letter re church records	June29,1922	Preston,Idaho	L.D.S. Church D.H. Davis, Ward Clerk		March 29,1955		baptized Aug.3,1930

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
I. I. Bowman	Betty Waller	June 23, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

JUN 21 1960

APR 12 1960

765-222
025-955

PLACE OF BIRTH

RECEIVED
NOV 16 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Woodland

No. ..... St.

Registration District No. .....

File No. De55-996

Hospital .....

Primary Registration Di[redacted]

Registered No. .....

FULL NAME OF CHILD DORIS RAE [redacted]RN
(Certificat[redacted]out full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE				yes	July 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Carl Pfefferkorn	FULL MAIDEN NAME	Ada Rencehausen
RESIDENCE		RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	56
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address [illegible]

Filed ..... 192..

Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 copy

DELAYED

AFFIDAVIT

TO WHOM IT MAY CONCERN:

This is to certify, swear, and affirm, that I, May See, was present at the birth of said DORIS RAY PFERREFKORN born at Woodland, Idaho,County, Idaho on July 22, 1922, with Dr. C. H. Bryan of Kamiah, Idaho attending.

I hereby certify that I know the child known then as DORIS RAY PFEFFERKORN is still alive at this time, to the best of my knowledge and belief.

s/ May See

STATE OF IDAHO)
)-s.s.
County of Lewis)

On this 8th day of November, 1955, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared MAY SEE, known to me to be the person who signed the above instrument, and testified to me that she was personally present at the time of said birth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this date and year first above written.

S E A L

s/ Robert L Ansbury
Notary Public in and for the State of Idaho, residing at Kamiah, therein.

My commission expires Feb. 5, 1957.

NOV 17 1955

381-210-016-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-069
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Goldie Elizabeth Chapman			2. Date of Birth (month) April (day) 10 (year) 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Basin-home Cassia	b. City or Town of Birth: Basin, Idaho
FATHER	6. Full Name of Father: Lemuel Nathaniel Chapman			7. State or Country of Father's Birth: unknown
MOTHER	8. Full Maiden Name of Mother: Blanch Urilda Martindale			9. State or Country of Mother's Birth: Oakley, Cassia, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Goldie Chapman Chastain		11. Present Address of Registrant: 717 E. Main Emmett Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 13 1955	12. Signature of Notary: Bernard F. Hutton		13. Notary Commission expires: Jan. 28 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by mother	By whom issued and signed: BLANCHE URILDA MARTINDALE BATES, Kimberly, Idaho	Date Issued: 12-13-55	Date Orig. Entry:	
	Date of Birth: April 10, 1922	Birth Place: Basin, Idaho Cassia County	Full Name of Mother: Blanche Urilda Martindale Bates	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: CHURCH RECORD	By whom issued and signed: FIRST CHURCH OF THE NAZARENE Boise, Idaho	Date Issued: 10-11-54	Date Orig. Entry: February 7 1932	
	Date of Birth: 10 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: BOISE PUBLIC SCHOOLS Boise, Idaho	Date Issued: 10-19-54	Date Orig. Entry: entered 2nd grade; Sept. 1930	
	Date of Birth: April 10 1922	Birth Place:	Full Name of Mother:	Name of Father: Lemuel Chapman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Beman	bw Betty Waller	January 19 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 1 9 1974

JAN 1 9 1958

[illegible]	1. Reg. Full Name of Birth	2. Date of Birth (month) (day) (year)	
(Person whose Birth is being registered)	[illegible]	[illegible]	
	3. Color or Race	4. Sex	5. Place of Birth (Summary)
			Ability of Town of Birth
FAILURE	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	12. Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father:
	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: 10-11-[illegible]	Date Orig. Entry: [illegible]
SUPPORTING RECORD 2.	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: 10-19-[illegible]	Date Orig. Entry: [illegible]
SUPPORTING RECORD 3.	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION				

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Betty [illegible]	January 19 [illegible]

238-125-031-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-102
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Raymond Alois Schlader
2. Date of Birth (month) (day) (year): January 25 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Lewis
b. City or Town of Birth: Nezperce, Idaho

FATHER

6. Full Name of Father: George Joseph Schlader
7. State or Country of Father's Birth: Eagle Grove (Wright Co.) Iowa

MOTHER

8. Full Maiden Name of Mother: Kathryn Kachelmier
9. State or Country of Mother's Birth: Nezperce (Lewis Co.) Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Raymond Alois Schlader
11. Present Address of Registrant: Box 47 Orofino, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 10 1956
12. Signature of Notary: Doyle Hayden Clerk of the District Court
13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	MILITARY RECORD	ARMY OF THE UNITED STATES	1-10-56	discharged Feb. 6, 1946
	Date of Birth January 25 1922 / **Birth Place** Nez Perce, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2. Class A	CHURCH RECORD	CHURCH OF THE HOLY TRINITY Nez Perce, Idaho	1-15-56	baptized February 19, 1922
	Date of Birth January 25 1922 / **Birth Place** Nez Perce Idaho	**Full Name of Mother** Catherine Kachelmier	**Name of Father** George Schlader	
SUPPORTING RECORD 3. Class B	AFFIDAVITS BY PARENTS	George J. Schlader Kathryn Schlader	1-9-56	
	Date of Birth January 25 1922 / **Birth Place** Nez Perce Idaho	**Full Name of Mother** Kathryn Schlader	**Name of Father** George J. Schlader	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	February 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

614-223-026-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-220
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aloha Frances Wade			2. Date Of Birth (month) Feb. (day) 23 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Hamer, Idaho, Jefferson	b. City or Town of Birth: Hamer
FATHER	6. Full Name of Father: Robert Noah Wade			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Minnie Mae Marquis			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Aloha F. Brown	11. Present Address of Registrant: Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 14 1956		12. Signature of Notary: Orville E. Colyar	13. Notary Commission expires: October 1 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #146736	Date Issued: 8-11-53	Date Orig. Entry: child born Dec. 5, 1947
	Date of Birth: 25 years old	Birth Place: Hamer, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY OLDER SISTER	By whom issued and signed: DANA WADE WILHITE Idaho Falls, Idaho	Date Issued: 2-7-56	Date Orig. Entry:
	Date of Birth: February 23 1922	Birth Place: Hamer, Idaho Jefferson County	Full Name of Mother: Minnie Mae Marquis	Name of Father: Robert Noah Wade
SUPPORTING RECORD 3. Class B	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: THE PRUDENTIAL INSURANCE CO. OF AMERICA	Date Issued:	Date Orig. Entry: June 23, 1951
	Date of Birth: February 23 1922	Birth Place: Hamer, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. Earl Brown	Evidence reviewed by: Betty Waller	Date Filed: March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

MAR 2 1956

MAY 6 1969

791-20-1024-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-355
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Marjorie Ellen Graffe**		2. Date of Birth (month) (day) (year): **March 7 1922**
	3. Color or Race: **White**	4. Sex: **Female**	5. Place of Birth a. County: **Gooding** b. City or Town of Birth: **Wendell, Idaho**
FATHER	6. Full Name of Father: **Otto F. Graffe**		7. State or Country of Father's Birth: **Tennessee**
MOTHER	8. Full Maiden Name of Mother: **Lilly May Graffe Lilly May Coleman**		9. State or Country of Mother's Birth: **Tennessee**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: *Marjorie Ellen Graffe*	11. Present Address of Registrant: **Box 301, Shelton, Wash.**
NOTARY (Seal)	Subscribed and sworn to before me on: **March 31 1956**	12. Signature of Notary: *Robert L Snyder*	13. Notary Commission expires: **February 18 1958**

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: OTTO F. GRAFFE Shelton, Washington	Date Issued: 3-30-56	Date Orig. Entry:	
Class* B	Date of Birth: March 7 1922	Birth Place: Wendell, Idaho Gooding County	Full Name of Mother: Lilly May Coleman	Name of Father: Otto F. Graffe	
SUPPORTING RECORD 2.	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 3-22-56	Date Orig. Entry: Census of 1940 April 1	
Class B	Date of Birth: 18 years old	Birth Place: Idaho	Full Name of Mother: May Graffe	Name of Father: Otto E. Graffe	
SUPPORTING RECORD 3.	Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER 533-20-5211	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: signed July 31, 1942	
Class B	Date of Birth: March 7 1922	Birth Place: Wendell, Idaho Gooding County	Full Name of Mother: Lilly May Coleman	Name of Father: Otto Freddrick Graffe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	April 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. [illegible]
Local Reg. No. [illegible]
Bon. Dist. No. [illegible]

APR 6 1956

Date of Birth (month)	(day)	(year)	
March	7	1922	

Marjorie Ellen Graffe

3. Sex	4. Color or Race	5. Place of Birth	Wendell, Idaho
White	Female	Gooding	

6. Full Name of Father	Otto F. Graffe
7. State or Country of Father's Birth	Tennessee
8. Full Maiden Name of Mother	Lilly May Coleman
9. State or Country of Mother's Birth	Tennessee

10. Signature of Registrant	[illegible]
11. Present Address of Registrant	Box 301, Shelton, Wash.
12. Signature of Notary	[illegible]
13. Notary Commission expires	February 18 19 58

APPLICATION TO NOT WRITE BELOW THIS LINE

Date Issued	Date Orig. Entry	Type of Document	By whom Issued and Signed	
[illegible]		APPLICATION TO [illegible]	[illegible]	
Name of Father		Date of Birth	Birth Place	Full Name of Mother
[illegible]		March 7	Wendell, Idaho	[illegible]

Date Issued	Date Orig. Entry	Type of Document	By whom Issued and Signed	
3-22-56	Census of 1940 April 1	CENSUS RECORD	[illegible]	
Name of Father		Date of Birth	Birth Place	Full Name of Mother
Otto E. Graffe		18 years old	Idaho	May Graffe

Date Issued	Date Orig. Entry	Type of Document	By whom Issued and Signed	
	signed July 31, 1942	[illegible]	[illegible]	
Name of Father		Date of Birth	Birth Place	Full Name of Mother
Otto Frederick Graffe		March 7 1922	Wendell, Idaho Gooding County	Lilly May Coleman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing registrant.

Date Filed	Evidence reviewed by	Title Registrar
April 5, 1956	Betty Waller	[illegible]

*Class A Records are those made and shall before the Registration [illegible]
Class B Records are those made [illegible]

314-213-025-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-372
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Bernice Caughie
2. Date of Birth (month) (day) (year): December 13 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Falls, Idaho
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Leroy F. Caughie
7. State or Country of Father's Birth: Crested Butte, Colo.

MOTHER

8. Full Maiden Name of Mother: Edna Edith Richardson
9. State or Country of Mother's Birth: Baker, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn Bernice Clark
11. Present Address of Registrant: Clearlake Highlands, Cali

NOTARY (Seal)

Subscribed and sworn to before me on: December 1, 19 55
12. Signature of Notary: Ruth M. Wheadon
13. Notary Commission expires: May 13, 19 58

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	MARRIAGE LICENSE	STATE OF CALIFORNIA County of Sonoma #5264		March 10 1942
Class* B	Date of Birth: 19 years old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: SUPERINTENDENT OF SCHOOLS County of Napa, California	Date Issued: 9-14-55	Date Orig. Entry: graduated June 12, 1936
Class B	Date of Birth: 13 years 6 months / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: EDNA EDITH SHURTLIFF Lake County, California	Date Issued: 4-5-56	Date Orig. Entry:
Class B	Date of Birth: December 13, 1922 / Birth Place: Idaho Falls Idaho	Full Name of Mother: Edna Edith Richardson	Name of Father: Leroy Fredrick Caughie	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L. J. Beamer	bw Betty Waller	April 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 10

692 H6-021-812

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-488
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wendell Haslam Wiser
2. Date of Birth (month) (day) (year): December 16 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Preston (Fairview)

FATHER

6. Full Name of Father: William Harvey Wiser
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Emma Haslam
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wendell H. Wiser
11. Present Address of Registrant: 344-B No. 1st West Provo, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: May 2, 1956
12. Signature of Notary: Clyde L. Snodgrass
13. Notary Commission expires: 4-10 1959

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	church record	L.D.S. CHURCH Salt Lake City, Utah	5-2-56	baptized Apr. 1, 1923
Class* B	**Date of Birth** December 16, 1922 / **Birth Place** Fairview, Idaho Franklin County	**Full Name of Mother** Emma Haslam	**Name of Father** William Harvey Wiser	
SUPPORTING RECORD 2.	registration certificate	Selective Service System		September 9, 1948
Class B	**Date of Birth** December 16, 1922 / **Birth Place** Preston Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 3.	military record	Army of the United States		May 23 1944
Class B	**Date of Birth** December 16, 1922 / **Birth Place** Preston Idaho	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	May 9, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 10067

STATE OF IDAHO

MAY 9 1958

113-109-006-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-517
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cecil Jackson
2. Date of Birth (month) (day) (year): November 9 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Kimball, Bingham
b. City or Town of Birth: Kimball

FATHER

6. Full Name of Father: George Gibbs Jackson
7. State or Country of Father's Birth: Wellington, New Zeland

MOTHER

8. Full Maiden Name of Mother: Lottie Matilda Lyon
9. State or Country of Mother's Birth: Whitney, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cecil Jackson
11. Present Address of Registrant: 2709 Brookdale Avenue Oakland 2, California

NOTARY (Seal)

Subscribed and sworn to before me on: May 11 1956
12. Signature of Notary: Luella S. Risty
13. Notary Commission expires: My Commission Expires September 21, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Name of Father	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Church record	November 9, 1922	Kimball Idaho	L.D.S. Church Salt Lake City, Utah	Lottie Matilda Lyon	George Gibbs Jackson	4-29-53	blessed Jan. 7, 1923
SUPPORTING RECORD 2. Class B	military record	November 9, 1922	Kimball Idaho	United States Navy				April 23 1941
SUPPORTING RECORD 3. Class								

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Betty Waller	May 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

495-209-028-381

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-709
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora Belle Dingman
2. Date of Birth (month) (day) (year): September 9 1922
3. Color or Race: white
4. Sex: female
5. Place of Birth: Idaho
a. County: Kootenai
b. City or Town of Birth: Hayden Lake

FATHER

6. Full Name of Father: Robert Ross Dingman
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Nellie Myrtle Chaffee
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dora Belle Dingman Wife
11. Present Address of Registrant: 215 Lowell ave C.D.A.

NOTARY (Seal)

Subscribed and sworn to before me on July 7 1956

12. Signature of Notary: Mils Adams
13. Notary Commission expires
NOTARY PUBLIC for the State of Idaho
residing at Kootenai County, Idaho 19
My commission expires Jan. 23, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by mother	Nellie Myrtle (Dingman) Cisco		6-4-56
Class* B	Date of Birth: September 9, 1922 / Birth Place:	Full Name of Mother: Nellie Myrtle Chaffee	Name of Father: Robert Ross Dingman	
SUPPORTING RECORD 2.	daughter's birth certificate	State of Idaho #49-5877		child born April 27, 1949
Class B	Date of Birth: 26 years old / Birth Place: Hayden Lake Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	statement re school record	County Board of Education Kootenai County, Idaho	6-25-56	September 10, 1931
Class B	Date of Birth: 9 years old / Birth Place:	Full Name of Mother:	Name of Father: R. R. Dingman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	bw Betty Waller	July 9, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

143-228-029-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-840
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Violet Jutte		2. Date Of Birth (month) April (day) 28 (year) 1922
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Latah; b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Edward Frank Jutte		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Caroline Christina Scharnhorst		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Jutte Lyon	11. Present Address of Registrant: Rt.1 Moscow, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 13th 1956	12. Signature of Notary: Cope R. [illegible]	13. Notary Commission expires: July 29 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: School record		By whom issued and signed: Genesee School Dist.282	Date Issued: Apr.10,53	Date Orig. Entry: Sept. 3,1935
	Date of Birth: April 28,1922	Birth Place: Genesee, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class A	Type of Document: Affidavit by Physician		By whom issued and signed: Uniontown, Washington Walter A. Burg	Date Issued: 8-13-56	Date Orig. Entry: 4-28-22
	Date of Birth: April 28, 1922	Birth Place: Genesee,Idaho	Full Name of Mother: Caroline Christina Scharnhorst	Name of Father: Edward Frank Jutte	
SUPPORTING RECORD 3. Class B	Type of Document: Church Record		By whom issued and signed: Genesee,Idaho St. John's Luthern Church	Date Issued: Aug.11,56	Date Orig. Entry: May 28,1922
	Date of Birth: April 28,1922	Birth Place:	Full Name of Mother: Carrie Scharnhorst	Name of Father: Edward Jutte	
QUALIFYING INFORMATION					

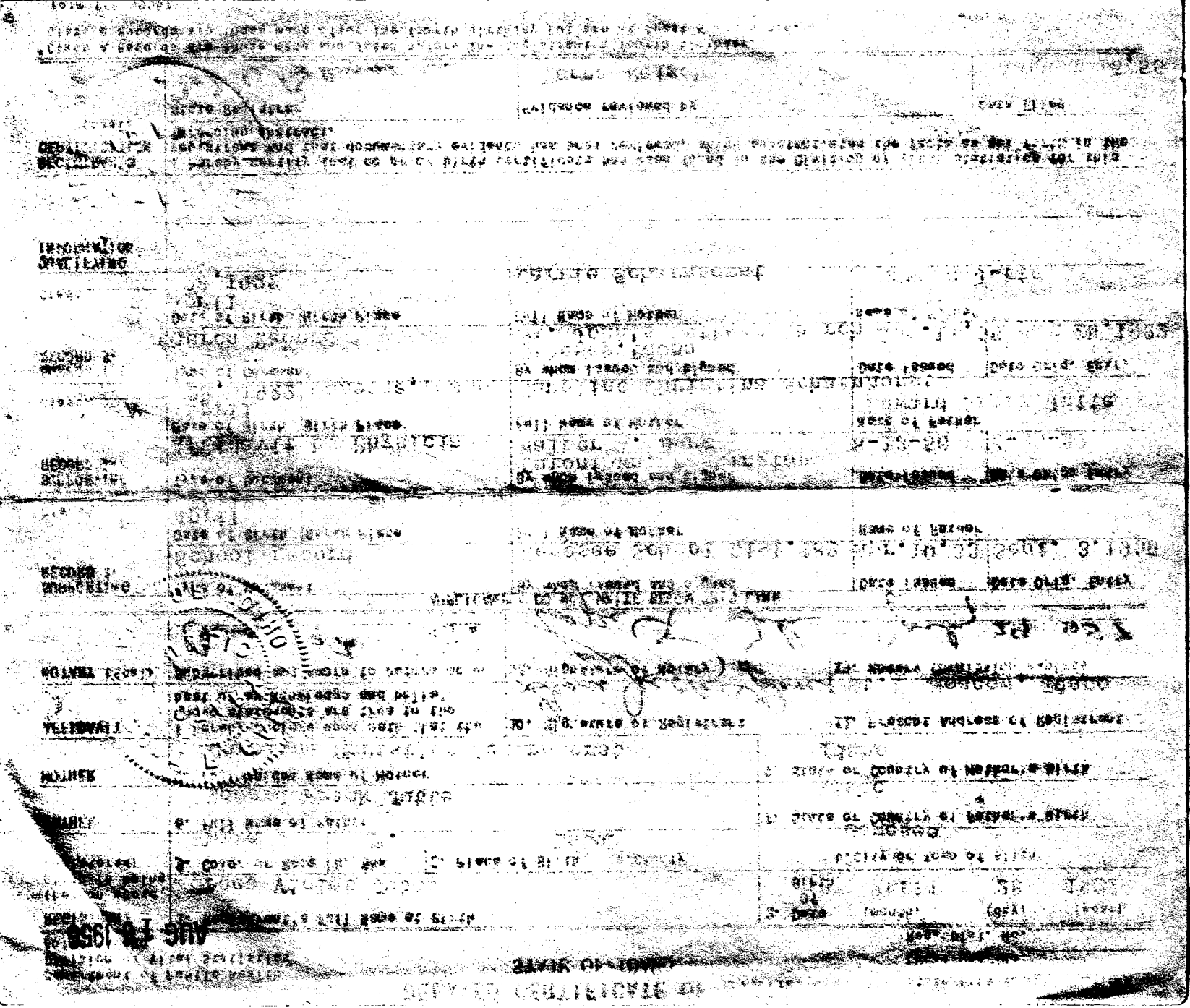
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	August 15,56

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



318-225015

Department of Public Health
Division of Vital Statistics
Boise, Idaho 255

RECEIVED
OCT 22 '56
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1105
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie B. CAHOON			2. Date of Birth (month) Oct. (day) 25 (year) 1922	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County Caribou; THATCHER, IDAHO	b. City or Town of Birth: THATCHER, IDAHO	
FATHER	6. Full Name of Father: Charles Alfonso Cahoon			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: Nellie Ora Bevins			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie B. Fails		11. Present Address of Registrant: 415 E. Hemlock	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 17 1956	12. Signature of Notary: Irma Kilcus		13. Notary Commission expires: Sept 15 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Social Security Record	Treasury Department	May 18, 1942	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	October 25, 1922 / Thatcher, Idaho	Nellie Bevins	Charles Albert Cahoon	
SUPPORTING RECORD 2. Class B	Certificate of Blessing	Thatcher, Idaho L.D.S. Church	November	13, 1922
	October 25, 1922 / Thatcher, Idaho	Nellie O. Bevins	Charles A. Cahoon	
SUPPORTING RECORD 3. Class B	Affidavit by Aunt	Rupert, Idaho Norena B. Robbins	October 15, 1956	
	October 25, 1922 / Thatcher, Idaho	Nellie Ora Cahoon	Charles Alfonso Cahoon	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

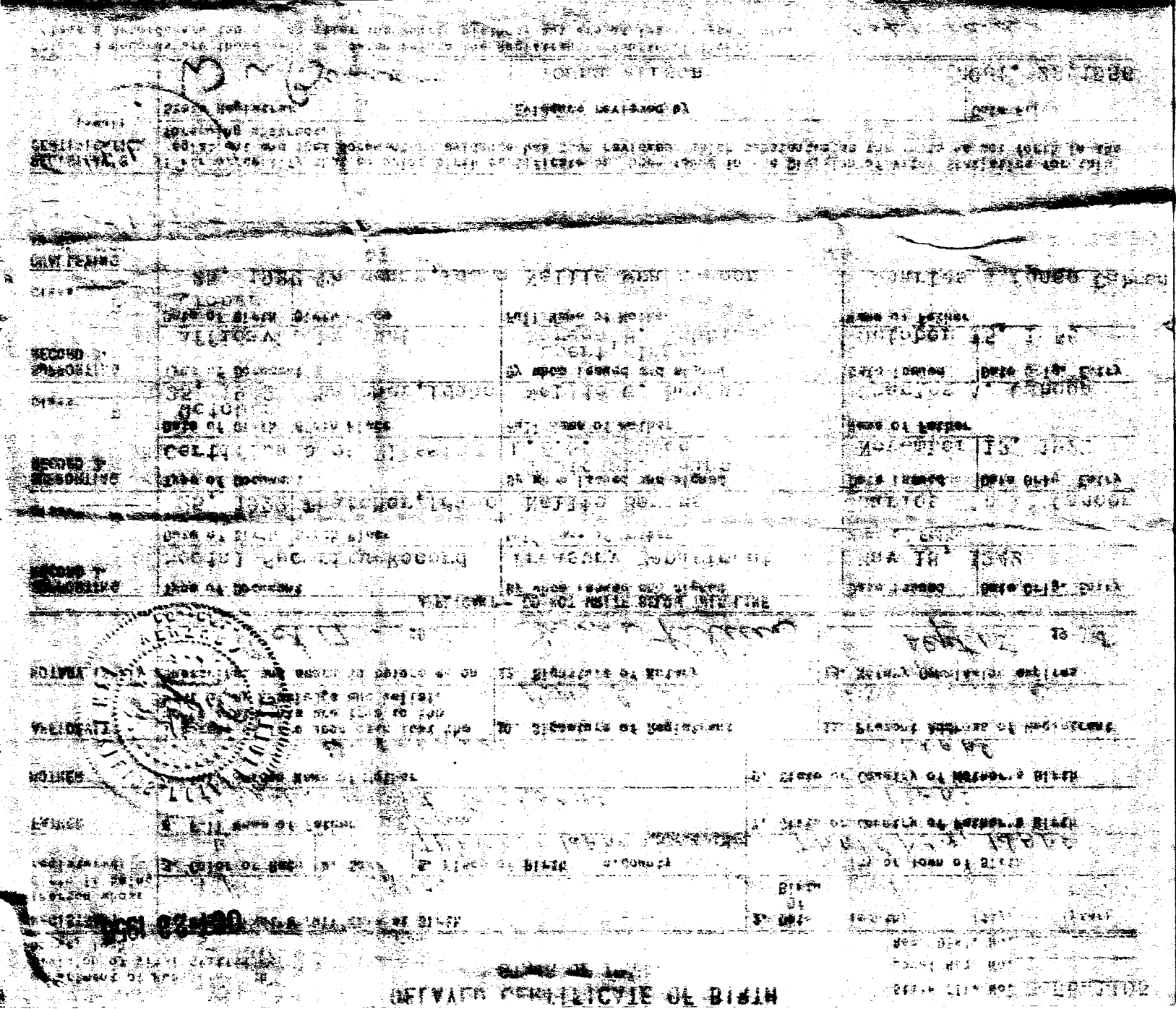
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Verna Wilson	Oct. 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067



855-212-034-993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De56-1265
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minadoka (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minadoka
   (c) City Rupert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Verla Hendricks

5. Date of Birth of Child (Month, day, year) May 12th 1922

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Allen Wiser Hendricks
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Marysville, Idaho (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Richards
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Twin Groves, Idaho (City or town) (State or foreign country)
20. Exact Occupation wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 1 ~~(b) Born alive and now living~~ 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Amanda (First name) Richards (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address [signature] Date 3/29/45

AFFIDAVIT

State of Idaho } ss.
County of Madison }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 1½ years, and that Dr. (First name) Groom (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Amanda Richards Hendricks

Sugar City, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of March, 1945.

(SEAL) [signature], Notary Public, residing at Rexburg, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 12, 1956 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 13

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-22-1026-851

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-229
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Naomi Lucy Bigham
2. Date of Birth (month) (day) (year): March 24, 1922
3. Color or Race: Cau
4. Sex: F
5. Place of Birth a. County: IDAHO, JEFFERSON
b. City or Town of Birth: Ririe

FATHER

6. Full Name of Father: Charles Andrew Bigham
7. State or Country of Father's Birth: New Mexico - - USA

MOTHER

8. Full Maiden Name of Mother: Ada Mae Yeamans
9. State or Country of Mother's Birth: Idaho - - USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Naomi Lucy Grest
11. Present Address of Registrant: 103 Georgia Hall, Fort Myer, Virginia

NOTARY (Seal)

Subscribed and sworn to before me on: January 8th 1957

12. Signature of Notary: Frieda F. Oliver
13. Notary Commission expires: My Commission [illegible] April 2, 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Church Record	Salt Lake City, L.D.S. Utah	3-22-56	4-3-22
	Date of Birth Mar. 24, 1922 / **Birth Place** Jefferson Co., Ririe, Idaho	**Full Name of Mother** Ada May Yeaman	**Name of Father** Charles Andrew Bigham	
SUPPORTING RECORD 2. Class B	Affidavit by Mother	Ada May Wilson	1-23-57	
	Date of Birth Mar. 22, 1922 / **Birth Place** Jefferson Co., Ririe, Idaho	**Full Name of Mother** Ada May Bigham nee Yeamans	**Name of Father** Charles Andrew Bigham	
SUPPORTING RECORD 3. Class B	Application for Social Security Account No.	U.S. Treasury Dept.		7-13-37
	Date of Birth Mar. 24, 1922 / **Birth Place** Ririe, Idaho	**Full Name of Mother** Ada Yeaman	**Name of Father** Charlie Bigham	

QUALIFYING INFORMATION

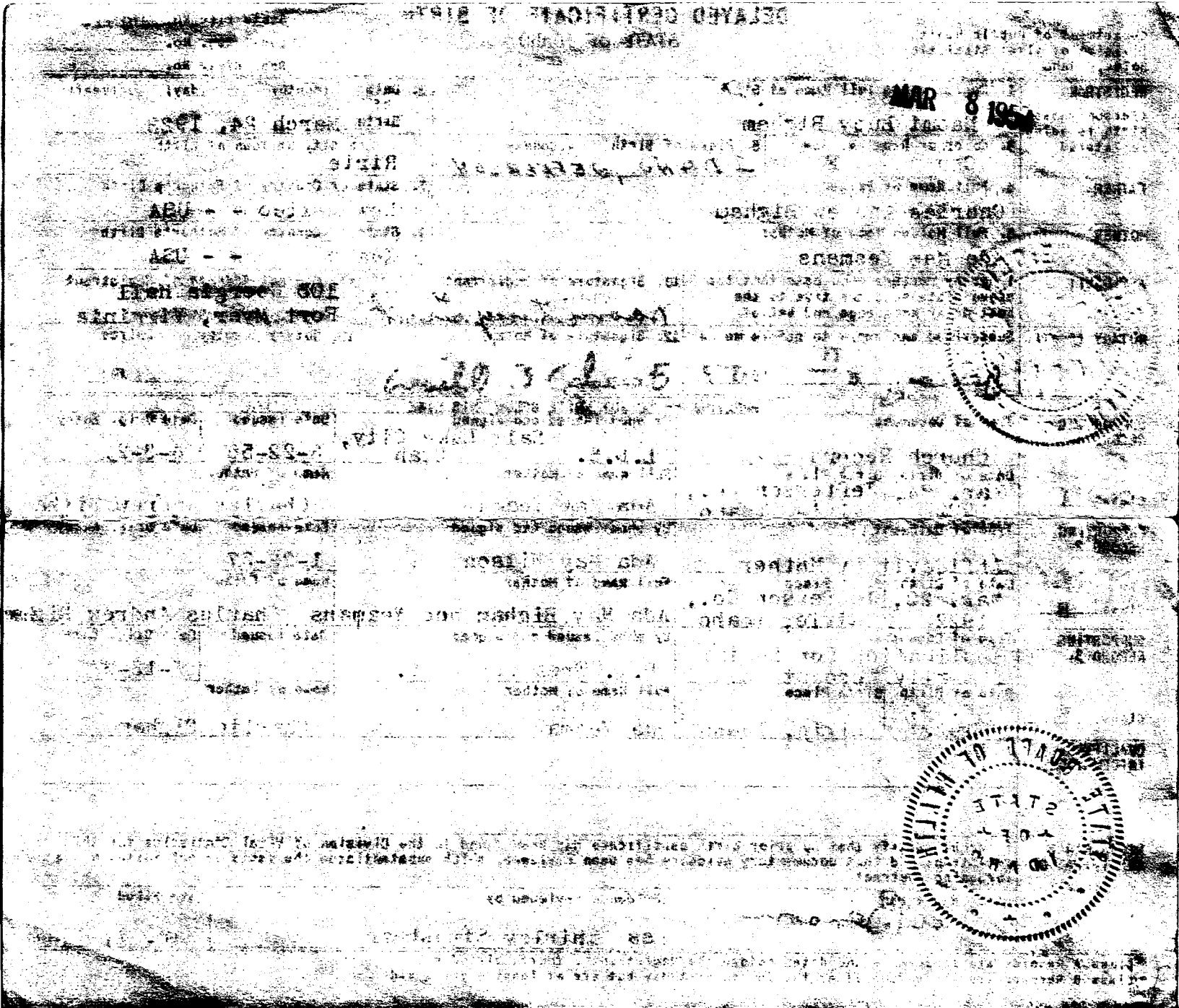
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Jenson
Evidence reviewed by: ss Shirley Straubhar
Date Filed: Mar. 7, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



291-131-019-693

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Welfare
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 15 1956
Division of Vital Statistics

State File No. De57-463
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Frank Bradbury		2. Date of Birth (month) March (day) 31 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer; * b. City or Town of Birth: Challis
FATHER	6. Full Name of Father: Frank Bradbury		7. State or Country of Father's Birth: Challis, Idaho
MOTHER	8. Full Maiden Name of Mother: Millie May Wilkinson		9. State or Country of Mother's Birth: Bellevue, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Frank Bradbury	11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 5 19 56	12. Signature of Notary: Mildred Brock	13. Notary Commission expires: Feb. 25 19 58

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Millie May Bradbury	Date Issued: October 17, 1956	Date Orig. Entry
Class* B	Date of Birth: 3-31-22 / Birth Place: Challis, Idaho	Full Name of Mother: Millie May Bradbury	Name of Father: Frank Bradbury	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Boise, Idaho Occidental Life Ins. Co.	Date Issued: October 9, 56	Date Orig. Entry: Oct. 8, 1935
Class B	Date of Birth: 3-31-22 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: 4-3-57	Date Orig. Entry: April 1, 1930
Class B	Date of Birth: age 8 / Birth Place: Idaho	Full Name of Mother: Millie Bradbury	Name of Father: Frank Bradbury	
QUALIFYING INFORMATION				

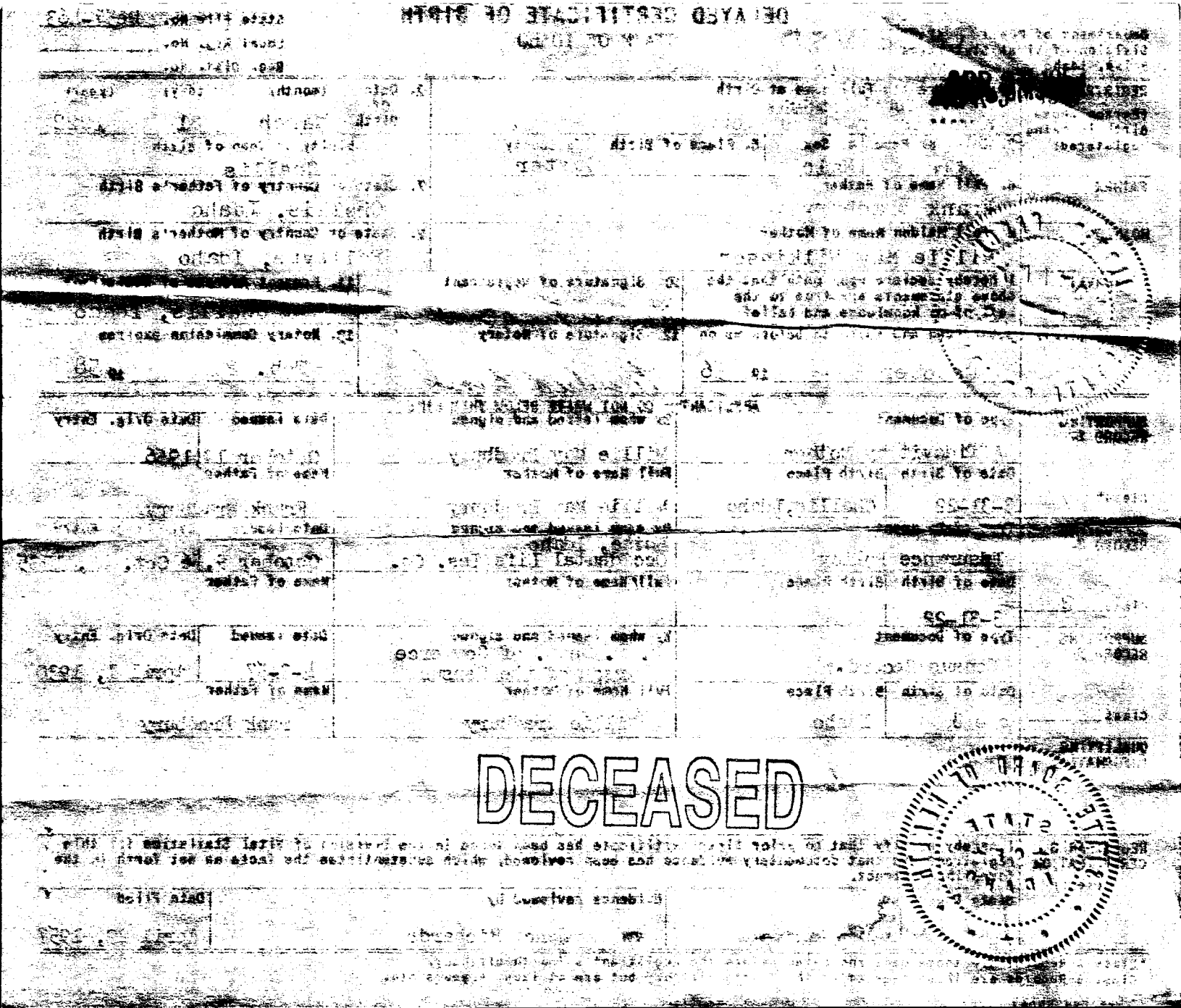
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L. O. Benson	VW Nancy Richards	April 29, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067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819-116-036-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-563

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Owen McCellen Harwood			2. Date of Birth (month) (day) (year): November 16, 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida County	b. City or Town of Birth: Cedar Hill
FATHER	6. Full Name of Father: Clarence Henry Harwood			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Stella Pearl Berlin			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Owen McCellen Harwood		11. Present Address of Registrant: 533 North 100 West Malad, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 23 1957	12. Signature of Notary: E L Scott		13. Notary Commission expires: May 19 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Nov. 30, 1943
	Date of Birth: Nov. 16, 1922	Birth Place: Oneida County Cedar Hill, Idaho	Full Name of Mother: Stella Pearl Berlin		Name of Father: Clarence Henry Harwood
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Oneida County, Idaho		Date Issued: 1-24-57	Date Orig. Entry: July 18, 1944
	Date of Birth: age 21	Birth Place: Cedarhill, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #974		Date Issued:	Date Orig. Entry: child born Jan. 6, 1948
	Date of Birth: age 25	Birth Place: Cedar Hill, Idaho	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: [signature]	Evidence reviewed by: Nancy Richards		Date Filed: May 28, 1957	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

MAY 29 19[illegible]

1. Name of Birth: Owen Cornelius Harwood		2. Date of Birth: November 15, 1922	
3. Sex: White	4. Place of Birth: Oneida County	5. Place of Birth: Cedar Hill	
6. Full Name of Father: Clarence Henry Harwood		7. State or Country of Father's Birth: Minnesota	
8. Full Maiden Name of Mother: Stella Pearl Berlin		9. State or Country of Mother's Birth: Iowa	
10. Signature of Registrant: [illegible]		11. Present Address of Registrant: 2533 North 100 West Malad, Idaho	
12. Signature of Registrar: [illegible]		13. Date of Filing: May 10 1959	
14. Date of Birth: January 23 1957			

Application for Social Security Account Number	Treasury Dept.	Date Issued: Nov. 30, 1943	
Nov. 16, 1922	Oneida County Cedar Hill, Idaho	Clarence Henry Harwood	
Marriage Record	By whom issued and signed: Oneida County, Idaho	Date Issued: 1-24-57	Date Original Entry: July 16, 1944
Date of Birth: Age 21	Birth Place: Cedar Hill, Idaho	Name of Father: ---	
Birth Certificate	By whom issued and signed: Idaho [illegible]	Date Issued:	Date Original Entry: [illegible] Jan. 6, 1948
Date of Birth: Age 25	Birth Place: Cedar Hill, Idaho	Name of Father: ---	

Remarks: [illegible] Birth certificate has been [illegible] in the Division of Vital Statistics for this [illegible] that documentary evidence has been [illegible] and [illegible] the facts as set forth in the [illegible]

Signature of Registrar: Nancy Richards

Date Filed: May 28, 1957

355-220-017-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-689

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Lee (No middle Initial)		2. Date Of Birth (month) ~~October~~ (day) O.J. (year): November 20 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clark; b. City or Town of Birth: Spencer, Idaho
FATHER	6. Full Name of Father: Alfred Gilroy Lee		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Dora Ellen Thompson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Lee Jacob	11. Present Address of Registrant: 4634 E. Monticello Tucson, Arizona
NOTARY (Seal) State of Arizona County of Pima	Subscribed and sworn to before me on: April 1 1957	12. Signature of Notary: Arthur A. Grande	13. Notary Commission expires: March 16 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Dora Ellen Shear	Date Issued: 4-11-57	Date Orig. Entry:
	Date of Birth: Nov. 20, 1922; Birth Place: Spencer, Idaho	Full Name of Mother: Dora Ellen Lee	Name of Father: Alfred Gilroy Lee	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Northwestern States Mission, Helena Branch, LDS Church	Date Issued: 5-22-57	Date Orig. Entry: May 23, 1923
	Date of Birth: Nov. 20, 1922; Birth Place: Clark County Spencer, Idaho	Full Name of Mother: Dora Thompson	Name of Father: Alfred G. Lee	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #405146	Date Issued:	Date Orig. Entry: child born April 18, 1945
	Date of Birth: age 22; Birth Place: Spencer, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	July 8, 1957

FORM BH 56067

JUL 8 1957

REGISTRANT	1. Registrant's Name of Birth: Kearl Lee (do middle initial)	2. Date of Birth: November 20, 1928
	3. Color of Birth: White	4. Place of Birth: Clark County, Spencer, Idaho
FATHER	6. Full Name of Father: Alfred Gilroy Lee	7. Number of Grants of Father's Birth: Nona
MOTHER	8. Maiden Name of Mother: Dora Ellen Thompson	9. State of Country of Mother's Birth: Idaho
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Dora Ellen Shear	Date Issued: 4-11-57
	Date of Birth: Nov. 20, 1928	Full Name of Mother: Dora Ellen Lee	Name of Father: Alfred Gilroy Lee
SUPPORTING RECORD 2	Type of Document: Church Record	By whom issued and signed: Northwestern States Mission, Helena Branch, LDS Church	Date Issued: 5-[illegible]-57
	Date of Birth: Nov. 20, 1928	Full Name of Mother: Dora Thompson	Name of Father: Alfred G. Lee
SUPPORTING RECORD 3	Type of Document: Man's child's birth certificate	By whom issued and signed: Idaho [illegible]	Date Issued: [illegible]
	Date of Birth: Nov. 20, 1928	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION			

Certificate of Birth certificate has been found in the Division of Vital Statistics for this [illegible] and [illegible] has been [illegible], which [illegible] the [illegible] as set forth in the [illegible]

Signature	Evidence reviewed by: Nancy Richards	Date Filed: July 8, 1957

254-203-037-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-806

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Eliza Bedell		2. Date of Birth (month) Feb (day) 3 (year) 1922
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Owyhee; b. City or Town of Birth: Hot Springs (Bruneau), Idaho
FATHER	6. Full Name of Father: Homer Bedell		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Elsie Tabitha Lewis (Bedell)		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois E Skiles	11. Present Address of Registrant: R4 Grand Jct, Colo.
NOTARY (Seal)	Subscribed and sworn to before me on: July 17 1957	12. Signature of Notary: V. A. Potter	13. Notary Commission Expires: Mar 23 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: College Transcript Record	By whom issued and signed: University of Idaho	Date Issued:	Date Orig. Entry: June 14, 1948
	Date of Birth: Feb. 3, 1922	Birth Place: Hot Springs, Idaho	Full Name of Mother: Elsie Lewis Bedell	Name of Father: Homer Bedell
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #10159	Date Issued:	Date Orig. Entry: child born July 18, 1951
	Date of Birth: age 29	Birth Place: Hot Springs, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Bible Record (signed by father who died 1949)	By whom issued and signed: Viewed by Notary Public, Ross C. Darnell; Mesa Co., Colo. on 8-2-57	Date Issued:	Date Orig. Entry: obviously old
	Date of Birth: Feb. 3, 1922	Birth Place: Hot Spg., Idaho	Full Name of Mother: Elsie Bedell	Name of Father: Homer Bedell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Nancy Richards	August 9, 1957

FORM BH 56067

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Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-951
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phyllis Godfrey		2. Date Of Birth (month) 10 (day) 24 (year) 22
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Chester, Fremont, Idaho; b. City or Town of Birth: Chester, Idaho
FATHER	6. Full Name of Father: LeRoy Henry Godfrey		7. State or Country of Father's Birth: Star Valley, Wyoming
MOTHER	8. Full Maiden Name of Mother: Sarah Pearl Cooke		9. State or Country of Mother's Birth: Grouse Creek, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis Rice	11. Present Address of Registrant: 2006 Warm Springs Ave. ~~2010 Denver Ave.~~ Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1955	12. Signature of Notary: David Roane	13. Notary Commission expires: Dec. 3, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #397108	Date issued: Child's Birthdate October 14, 1944	Date Orig. Entry
Class*	Date of Birth: Age 21	Birth Place: Chester, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father & Mother	By whom issued and signed: Sarah P. Godfrey, Leroy H. Godfrey	Date issued: 9-21-57	Date Orig. Entry
Class	Date of Birth: Oct. 24, 1922	Birth Place: Chester, Idaho	Full Name of Mother: Sarah P. Godfrey	Name of Father: Leroy H. Godfrey
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date issued	Date Orig. Entry: March 13, 1945
Class	Date of Birth: Oct. 24, 1922	Birth Place: Idaho	Full Name of Mother: Sarah P. Godfrey	Name of Father: Leroy H. Godfrey
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sc Shirley Cooper	Sept. 26, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH #0067

DECEASED

255-213-025-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-989

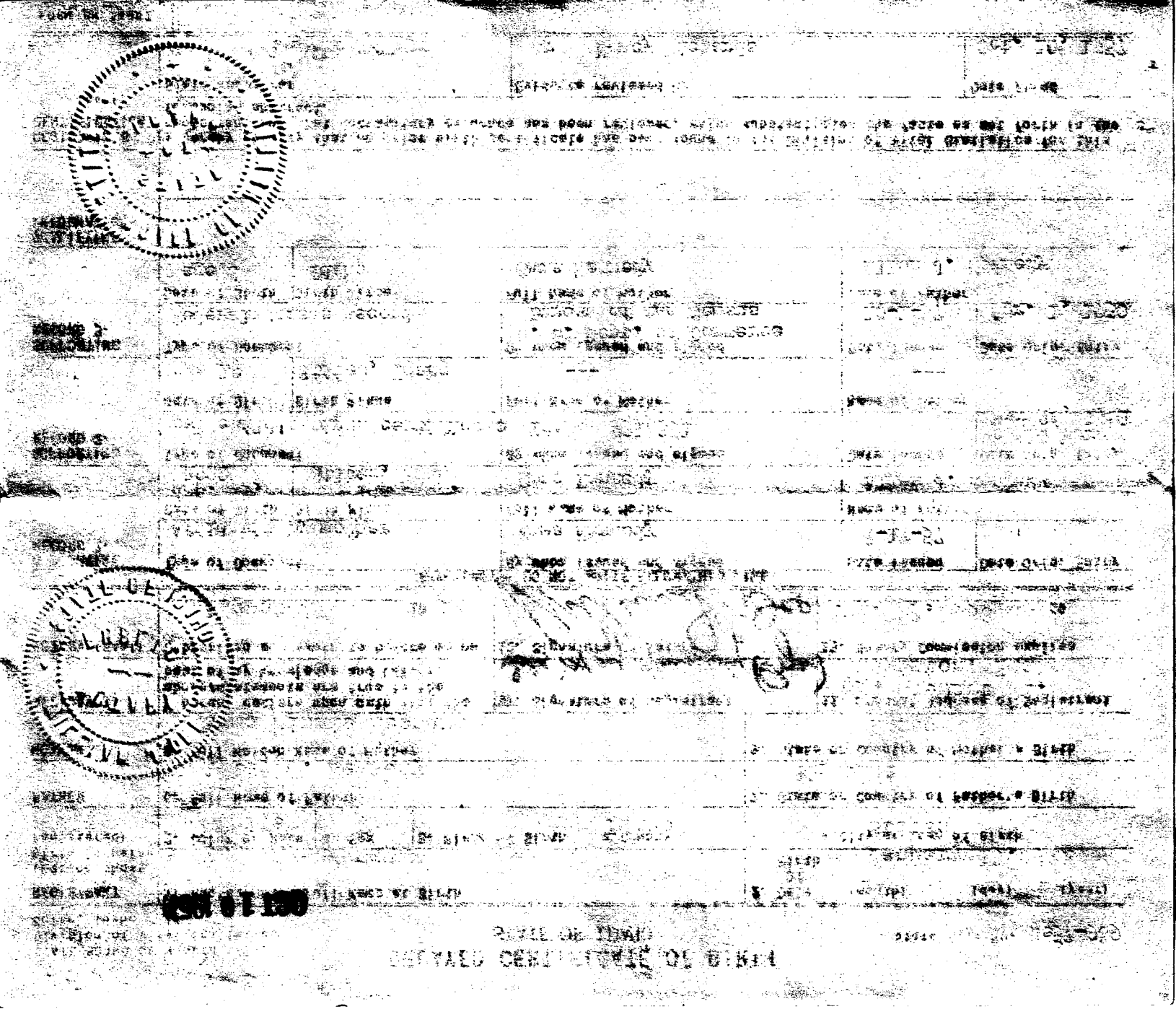
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IDA MAY KENNEDY		2. Date Of Birth (month) (day) (year): January 13, 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: Allen J. Kennedy		7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Emma Minnie Leonard		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida May Kennedy (Mrs)	11. Present Address of Registrant: 434 Steward St. Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 17 19 57	12. Signature of Notary: William J. Dee	13. Notary Commission expires: Aug. 23, 1958 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Emma Kennedy	Date Issued: 8-17-57	Date Orig. Entry:
	Date of Birth: Jan. 13, 1922; Birth Place: Idaho Co. Stites, Idaho	Full Name of Mother: Emma Kennedy	Name of Father: Allen J. Kennedy	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #314351	Date Issued:	Date Orig. Entry: child born May 26, 1941
	Date of Birth: age 19; Birth Place: Stites, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: 10-1-57	Date Orig. Entry: Apr. 1, 1930
	Date of Birth: age 8; Birth Place: Idaho	Full Name of Mother: Emma Kennedy	Name of Father: Allen J. Kennedy	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Oct. 10, 1957

FORM BH 56067 1 copy Rec'd



753-202029-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1066

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Grace Elizabeth Petersen			2. Date Of Birth (month) April (day) 2nd (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Moscow, Latah, Idaho	b. City or Town of Birth: R[1]e # 2 Moscow, Idaho
FATHER	6. Full Name of Father: Peter Petersen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Laura Mortensen			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Westberg		11. Present Address of Registrant: Rte # 1 Box 200, Moscow, Idah.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 27th 19 57	12. Signature of Notary: [illegible]		13. Notary Commission expires: April 20, 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Peter Petersen		Date Issued: 9-27-57	Date Orig. Entry:
	Date of Birth: April 2, 1922	Birth Place: Latah County Moscow, Idaho	Full Name of Mother: Laura Petersen		Name of Father: Peter Petersen
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate	By whom issued and signed: H. Helgesen, Pastor (church not named)		Date Issued:	Date Orig. Entry: May 28, 1922
	Date of Birth: April 2, 1922	Birth Place: ---	Full Name of Mother: --		Name of Father: Peter Pedersen
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: certified Washington #17641 copy		Date Issued: 9-1-53	Date Orig. Entry: child born April 22, 1952
	Date of Birth: age 30	Birth Place: Moscow, Idaho	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: [signature]	Evidence reviewed by: Nancy Richards		Date Filed: Nov. 7, 1957	

FORM BH 56067

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NOV 7 [redacted]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

File No. [illegible]-1055

Registrar's Reason Whose Birth is Being Registered	1. Name of Birth: Grace Elizabeth [illegible]	2. Date of Birth: Month [illegible] Day 2nd Year [illegible]	
	3. Sex of Birth: Male	4. Place of Birth: [illegible]	5. City or Town of Birth: [illegible] Idaho
Father	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
Mother	8. Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
Affidavit	10. Name and Address of Affidavit: [illegible]	11. Signature of Registrar: [illegible]	12. Date of Signature of Registrar: [illegible]
Notary Public	13. Signature of Notary: [illegible]	14. Signature of Notary: [illegible]	15. Date of Signature of Notary: [illegible]

Supporting Record	Date of Issue: [illegible]	By Whom Issued and Signed: [illegible]	Date Issued: [illegible]
		Name of Father: [illegible]	
Supporting Record	Date of Issue: [illegible]	By Whom Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
Supporting Record	Date of Issue: [illegible]	By Whom Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
Qualification Information			

Certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which accumulates the facts as set forth in the foregoing statement.

Status Registrar	Evidence Reviewed by: [illegible]	Date Filed: Nov. 7, 1955

296-209-030-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1070

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Eleanor Brown
2. Date of Birth (month) (day) (year): May 9, 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Lemhi; b. City or Town of Birth: Salmon

FATHER

6. Full Name of Father: Walter Scott Brown
7. State or Country of Father's Birth: Great Valley, New York

MOTHER

8. Full Maiden Name of Mother: Ella Lee XXXXXX
9. State or Country of Mother's Birth: Higginsville, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eleanor Aldous
11. Present Address of Registrant: Salmon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 9 19 57

12. Signature of Notary: Frederick Hughes Smoot
13. Notary Commission expires: Sept. 21 19 59

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 24, 1941	
	Date of Birth: May 9, 1922	Birth Place: Lemhi Co, Salmon, Idaho	Full Name of Mother: Ella Lee	Name of Father: Walter S. Brown	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt (over 50 yrs.)	By whom issued and signed: Nannie Barnett	Date Issued: 9-9-57	Date Orig. Entry:	
	Date of Birth: May 9, 1922	Birth Place: Salmon, Idaho	Full Name of Mother: Ella Lee Brown	Name of Father: Walter Scott Brown	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #08660	Date Issued:	Date Orig. Entry: child born July 4, 1949	
	Date of Birth: age 27	Birth Place: Salmon, Idaho	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	Nov. 8, 1957

FORM BH 56067

Revised

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

NOV 8 1967

1. Full name of child	Florence Eleanor Brown	
2. Sex	Female	
3. Date of birth	May 1922	
4. City or town of birth	Salmon	
5. County of birth	Lemhi	
6. State of birth	Idaho	
7. Color or race	White	
8. Father's full name	Walter Scott Brown	
9. Father's birthplace	New York	
10. Mother's full name	[illegible]	
11. Mother's birthplace	[illegible]	
12. Affidavit	I hereby certify that the statements made herein are true to the best of my knowledge and belief.	
13. Signature of Registrar		
14. Present address of Registrar	Salmon, Idaho	
15. Signature of Notary		
16. Notary Commission expires	Sept. 21	
17. Date	September [illegible]	

18. Type of Delayed Record		
19. Date		
20. Place	Salmon, Idaho	
21. Name of Witness		
22. Place	Salmon, Idaho	
23. Name of Witness		
24. Place	Salmon, Idaho	
25. Name of Witness		
26. Place	Salmon, Idaho	
27. Name of Witness		
28. Place	Salmon, Idaho	
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981. Name of Witness		
982. Place	Salmon, Idaho	
983. Name of Witness		
984. Place	Salmon, Idaho	
985. Name of Witness		
986. Place	Salmon, Idaho	
987. Name of Witness		
988. Place	Salmon, Idaho	
989. Name of Witness		
990. Place	Salmon, Idaho	
991. Name of Witness		
992. Place	Salmon, Idaho	
993. Name of Witness		
994. Place	Salmon, Idaho	
995. Name of Witness		
996. Place	Salmon, Idaho	
997. Name of Witness		
998. Place	Salmon, Idaho	
999. Name of Witness		
1000. Place	Salmon, Idaho	

396-116-024-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-192

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dewitt Clinton Trovillo, Jr.			2. Date Of Birth (month) (day) (year): June 16, 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Gooding	
FATHER	6. Full Name of Father: Dewitt Clinton Trovillo			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Estella Justice			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: D. C. Trovillo		11. Present Address of Registrant: Noyon Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: February 14 1958	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Dewitt Clinton Trovillo		Date Issued: 2-14-58	Date Orig. Entry:
	Date of Birth: June 16, 1922	Birth Place: Gooding, Idaho	Full Name of ~~Mother~~ Father: Dewitt Clinton Trovillo	Name of ~~Father~~ Mother: Estella Justice	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued:	Date Orig. Entry: March 12, 1951
	Date of Birth: June 16, 1922	Birth Place: Gooding, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Marine Corps		Date Issued: discharged 11-7-47	Date Orig. Entry: enlisted Jan. 25, 1946
	Date of Birth: June 16, 1922	Birth Place: Gooding, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sc Nancy Richards	Date Filed: March 10, 1958

FORM BH 56067

1-copy pd

State Board of Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

MAR 11 1958

Person whose birth is being registered	1. Name of Person	2. Date of Birth (month) (day) (year) June 26, 1922
	3. Color or Race	4. Sex: Male
	5. Place of Birth (Account)	Goodin
		Ability or Inch of Birth: Goodin
FAMILY	6. Full Name of Father: Dewitt Clinton Trovillo	7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Estella Justice	9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	10. Declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]
		12. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on [illegible]	13. Signature of Notary: [illegible]
		14. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Father	By whom issued and signed: Dewitt Clinton Trovillo	Date Issued: 2-14-58	Date Orig. Entry
	Date of Birth: 22	Full Name of Mother: Dewitt Clinton Trovillo	Name of Mother: Estella Justice	
		Goodin, Idaho		
SUPPORTING RECORD 2	Type of Document: Insurance Policy Application	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: March 12, 1951
	Date of Birth: [illegible]	Full Name of Mother: ---	Name of Father: ---	
	Birth Place: [illegible]			
SUPPORTING RECORD 3	Type of Document: Honorable Discharge	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Aug. 25, 1956
	Date of Birth: June 26	Full Name of Mother: ---	Name of Father: ---	
	Birth Place: Goodin, Idaho			
QUALIFYING INFORMATION				

SEGREGATED CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics, for this registrant or that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
	[illegible]	March 10, 1958

Form 80 Sept

212-213-029-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-269
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DOROTHY MATHILDA KASPER
2. Date Of Birth (month) (day) (year): JULY 13 1922
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County: HOME LATAH
b. City or Town of Birth: [redacted]

FATHER

6. Full Name of Father: SEBASTIAN KASPER
7. State or Country of Father's Birth: CALUMET COUNTY - WISCONSIN

MOTHER

8. Full Maiden Name of Mother: EDNA SCHAUMANN
9. State or Country of Mother's Birth: Outagamie County CALUMET COUNTY - WISCONSIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Roy Singmeyer
11. Present Address of Registrant: 935 S. Weimer Street Appleton, Wisconsin

NOTARY (Seal)

Subscribed and sworn to before me on Appleton, Wisconsin August 17 1957

12. Signature of Notary: Hugh F. Nelson
Hugh F. Nelson

13. Notary Commission expires: Notary Public-Calumet Cty 11-16 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Mrs. Edna E. Kasper	11-9-57	
Class* B	Date of Birth: July 13, 1922 / Birth Place: Genesee, Idaho	Full Name of Mother: Edna Schaumann	Name of Father: Sebastian Kasper	
SUPPORTING RECORD 2.	Marriage Record	Outagamie County Appleton, Wisconsin	11-7-57	Sept. 15, 1938
Class B	Date of Birth: age 16 / Birth Place: Genesee, Idaho	Full Name of Mother: Edna Schaumann	Name of Father: Sebastian Kasper	
SUPPORTING RECORD 3.	Hospital Record	St. Elizabeth Hospital Appleton, Wisconsin	2-28-58	Sept. 11, 1945
Class B	Date of Birth: age 23 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

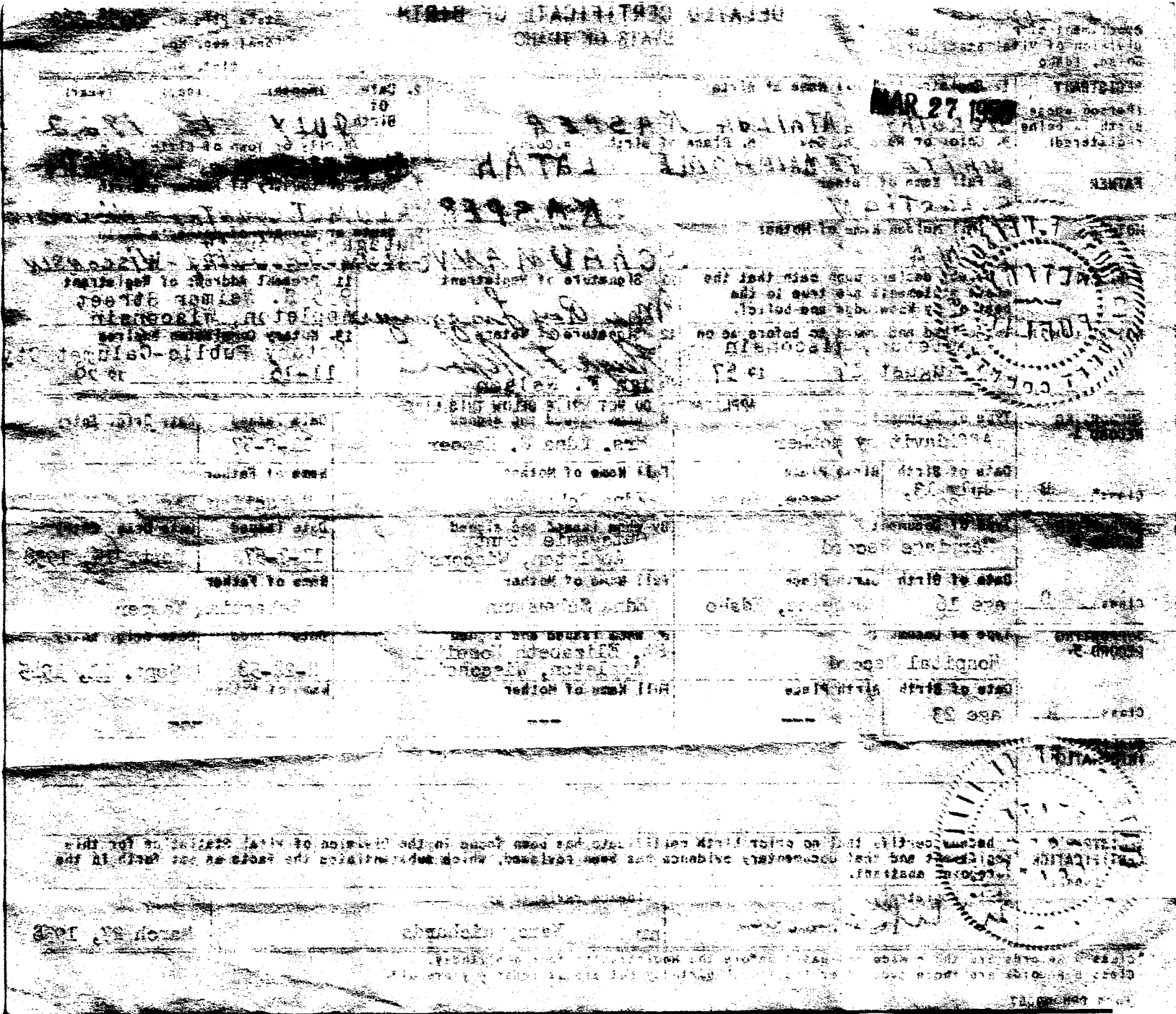
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: March 27, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



893212 030-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-357

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emily LaBirdia Hicks
2. Date of Birth (month) (day) (year): December 12, 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Lemhi
   b. City or Town of Birth: Ellis

FATHER

6. Full Name of Father: Jessie Earl Hicks
7. State or Country of Father's Birth: Corrall, Idaho

MOTHER

8. Full Maiden Name of Mother: Ethel Urilla Walker
9. State or Country of Mother's Birth: Howe, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emily L. Lawn
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: January 13 1958

12. Signature of Notary: Frederick Hughes Hook
13. Notary Commission expires: Sept. 21 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employee Registration	U. S. Railroad Retirement Bd.		Feb. 1, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 12, 1922	Ellis, Idaho	Ethel Urella Walker	Earl Jesse Hicks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Jesse Earl Hicks	12-13-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 12, 1922	Ellis, Idaho	born-Howe, Ida. Ethel Urilla Walker	Ethel Urilla Walker

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #295669		child born May 26, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 17	Ellis, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	April 28, 1958

FORM BH 56067

1 Copy Issued

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 28 1959

MAR 9 1959

REGISTRANT	1. Full Name of Birth: Wally LaMirdia Hicks	2. Date of Birth (month) (day) (year): December 12, 1922
	3. Date of Birth: White	4. Sex: Female
	5. Place of Birth: Lemoi	6. City or Town of Birth: Ellis
FATHER	7. Full Name of Father: Jessie Earl Hicks	8. State or Country of Father's Birth: Gorrall, Idaho
MOTHER	9. Full Maiden Name of Mother: Ethel Urilla Walker	10. State or Country of Mother's Birth: Howe, Idaho
AFFIDAVIT	11. Date of Birth: [illegible]	12. Signature of Notary: [illegible]
	13. Notary Commission expires: Sept. 21 1959	
	14. Subscribed and sworn to before me on: January 13 1959	

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Employee Registration	By whom issued and signed: U. S. Railroad Retirement Bd.	Date Issued:	Date Orig. Entry: Feb. 1, 1944
	Date of Birth: Dec. 12, 1922	Birth Place: Ellis, Idaho	Name of Mother: Ethel Urilla Walker	Name of Father: Earl Jesse Hicks
SUPPORTING RECORD 2	Type of Document: Affidavit by Father	By whom issued and signed: Jesse Earl Hicks	Date Issued: 12-13-57	Date Orig. Entry:
	Date of Birth: Dec. 12, 1922	Birth Place: Ellis, Idaho	Full Name of Mother: Ethel Urilla Walker	Name of Father: Ethel Urilla Walker
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: Child born May 26, 1946
	Date of Birth: Apr 17	Birth Place: Ellis, Idaho	Full Name of Mother: ---	Name of Father: ---

CLEARANCE & CERTIFICATE (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following sentence.

City Registrar: [illegible]	Signature Reviewed by: Nancy Richards	Date Filed: April 28, 1958

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

419205 RECEIVED

010-663 APR 25 1958

Federal Security Agency
United States Public Health Service
Bureau of Vital Statistics

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-413
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): Rt #2

3. CHILD'S NAME (Type or print): a. (First) Betty; b. (Middle) Jean; c. (Last) Martinsen

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [X] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Apr (Day) 5 (Year) 1922

FATHER OF CHILD

7. FULL NAME: a. (First) Leaman; b. (Middle) Harry; c. (Last) Martinsen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Verna; b. (Middle) Edith; c. (Last) Wolgamott

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Carl Claus

18c. ADDRESS: Idaho Falls, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: 4/21/58

19. DATE REC'D BY LOCAL REG.: May 15, 1958

20. REGISTRAR'S SIGNATURE: D W Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 36 WEEKS

22b. WEIGHT AT BIRTH: 5 LBS. 7 OZS.

23. Was a standard serological test for syphilis performed? YES [X] NO [ ]

Approximate date:

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum:

Form DPH-48001

MAY 16 1956

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

813-216-022-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-442

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erlamond Hathaway			2. Date of Birth (month) June (day) 16 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Chester, Idaho
FATHER	6. Full Name of Father: Robert Henry Hathaway			7. State or Country of Father's Birth: North Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Johanna F. Johnson			9. State or Country of Mother's Birth: Mt. Pleasant, SanPeat, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Erlamond Hathaway		11. Present Address of Registrant: Rt. #1 St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 8 1958	12. Signature of Notary: [signature]		13. Notary Commission expires: Sept. 16 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Pacific Nat'l. Life Assurance Co.	Date Issued: 5-21-42	Date Orig. Entry: May 11, 1942
	Date of Birth: June 16, 1922 / Birth Place: Chester, Idaho	Full Name of Mother: Joanna Hathaway	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 47	By whom issued and signed: Mary J. Carter	Date Issued: 3-19-58	Date Orig. Entry:
	Date of Birth: June 16, 1922 / Birth Place: Chester, Idaho	Full Name of Mother: Johanna F. Johnson	Name of Father: Robert Henry Hathaway	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Ashton Memorial Hospital Ashton, Idaho	Date Issued:	Date Orig. Entry: child born Nov. 22, 1952
	Date of Birth: June 16, 1922 / Birth Place: Chester, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

School Record, So. Fremont High School, St. Anthony, Ida.; May 2, 1958: record of May 17, 1940; born at Chester, Idaho on June 16, 1922.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bergom	nr Nancy Richards	May 23, 1958

FORM BH 56067

MAY 23 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) June (day) 16 (year) 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Fremont County, Idaho
			6. Mailing Address of Birth: Chester, Idaho
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: North Ogden, Utah	
MOTHER	9. Full Name of Mother: [illegible]	10. State or Country of Mother's Birth: St. Elizabeth, Wheatland, Utah	
AFFIDAVIT	11. Person Certifying that the above statements are true to the best of knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: [illegible]
	14. Date of Birth: [illegible]	15. Signature of Notary: [illegible]	16. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Pacific Nat'l. Life Insurance Co.	Date Issued: 5-21-42	Date Orig. Entry: May 11, 1952
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
	Date of Birth: [illegible]	Birth Place: Chester, Idaho		
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 47	By whom issued and signed: Mary J. Carter	Date Issued: 3-19-58	Date Orig. Entry:
	Date of Birth: June 16, 1922	Birth Place: Chester, Idaho	Full Name of Mother: Johanna E. Johnson	Name of Father: Robert Henry Hathaway
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Ashton Memorial Hospital, Ashton, Idaho	Date Issued:	Date Orig. Entry: Child born May 26, 1952
	Date of Birth: June 16, 1922	Birth Place: Chester, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: School Record, St. Vincent High School, St. Anthony, Ind.; May 2, 1958; record of Mary [illegible]; born at Chester, Idaho on June 16, 1922.

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence (reviewed by)	Date Filed
[illegible]	Nancy Richards	May 23, 1958

FORM BH 6005

619 - 102 - 018 - 264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-456

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Keith Leon T. Warner		2. Date of Birth (month) Sept. (day) 2 (year) 1922	
	3. Color or Race: White & INDIAN	4. Sex: MALE	5. Place of Birth a. County: PARKer	b. City or Town of Birth: Parker Idaho
FATHER	6. Full Name of Father: Wayne Timbumboo Warner		7. State or Country of Father's Birth: Blue eyed Nellie Montana	
MOTHER	8. Full Maiden Name of Mother: Zoie Essie Southworth		9. State or Country of Mother's Birth: Wilford Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Keith L. Warner	11. Present Address of Registrant: 3830 Nora Poc. Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 8 1968	12. Signature of Notary: Fred D. Chase	13. Notary Commission expires: July 24 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Service Record	By whom issued and signed: U. S. Naval Service	Date Issued: separated 10-12-45	Date Orig. Entry: entered Sept. 12, 1942
	Date of Birth: Sept. 2, 1922 / Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Bannock County, Idaho	Date Issued: 3-10-58	Date Orig. Entry: Dec. 27, 1945
	Date of Birth: Sept. 2, 1922 (age 23) / Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 1, 1941
	Date of Birth: Sept. 2, 1922 / Birth Place: Parker, Idaho	Full Name of Mother: Zoie Essie Southworth	Name of Father: Wayne Warner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Peterson	nr Nancy Richards	May 28, 1958

FORM BH 56067

MAY 28 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (Month) (Day) (Year)
	3. Sex of Person	4. Place of Birth (County)
FATHER	5. Full Name of Father	6. State or Country of Father's Birth
MOTHER	7. Full Maiden Name of Mother	8. State or Country of Mother's Birth
AFFIDAVIT	9. Person Making Oath (Last two above statements are true to the best of my knowledge and belief)	10. Signature of Registrant
	11. Present Address of Registrant	12. Signature of Notary
	13. Notary Commission Expires	

DO NOT WRITE BELOW THIS LINE

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	10-[illegible]	[illegible]
Birth Place	Name of Mother	Name of Father	
Parker, Idaho	---	---	
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible] County, Idaho	3-[illegible]-58	[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Parker, Idaho	---	---
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Social Security Record	[illegible]		[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Parker, Idaho	[illegible]	[illegible]

QUALIFYING INFORMATION

ACCEPTED CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed. Which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	[illegible]	[illegible]

744 -116-003-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-509
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GEORGE MARK GUMMERSALL
2. Date of Birth (month) (day) (year): JANUARY 16 1922
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: BANNOCK
b. City or Town of Birth: IVANS

FATHER

6. Full Name of Father: GEORGE HODGEN GUMMERSALL
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: ALTA McCLELLAN
9. State or Country of Mother's Birth: MEXICO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 1033 HOMEWOOD CT. DECATUR, GEORGIA

NOTARY (Seal)

Subscribed and sworn to before me on: May 29 1958
12. Signature of Notary: [signature]
13. Notary Commission expires: Notary Public, Georgia, State at Large My Commission Expires Jan. 19, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Birth Place	By whom issued and signed	Date Issued	Date Orig. Entry	Full Name of Mother	Name of Father
SUPPORTING RECORD 1. Class* B	Certificate of Baptism	Date of Birth: Jan 16,1922 — Ivins, Idaho	LDS Church, Ivins Ward Leo J. Banks, Clerk	7-7-1930	Baptized July 6, 1930	Alta McClellan	George H. Gummersall
SUPPORTING RECORD 2. Class B	affadavit signed by mother	Date of Birth: Jan. 16, 1922 — Ivans, Idaho	-Alta Gummersall--mother	June 10, 1958		Alto McClellan	George Hodgen Gummersall
SUPPORTING RECORD 3. Class B	School Record	Date of Birth: Jan. 16, 1922 — ---	Class A School Dist. #150 Soda Springs High School, Idaho.	6-14-58	Sept. 1935	---	George H. Gummersall

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf ch Nancy Richards	June 16, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #8067

CERTIFICATE OF [illegible]

[illegible]

[illegible]

[

369-219-003-567

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-667

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Anita Corwin			2. Date Of Birth (month) February (day) 19 (year) 1922	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Fred Arthur Corwin			7. State or Country of Father's Birth: Montana	
MOTHER	8. Full Maiden Name of Mother: Berniece Vogeli			9. State or Country of Mother's Birth: California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Anita Wienholz		11. Present Address of Registrant: 72 Seville St San Francisco Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: June 13 1958	12. Signature of Notary: Clifford C. Bakem		13. Notary Commission expires: My Commission Expires August 28, 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affadavit by father	By whom issued and signed: Fred A. Corwin		Date Issued: 6-11-58	Date Orig. Entry: June 11, 1958
	Date of Birth: Feb. 19, 1922	Birth Place: Pocatello, Ida.	Full Name of Mother: Berniece Vogeli	Name of Father: Fred Arthur Corwin	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: California Dist. #3801 #18589		Date Issued: 6-16-58	Date Orig. Entry: child born Dec. 2, 1947
	Date of Birth: age 25	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Baby Book	By whom issued and signed: original viewed by Bureau of Vital Statistics		Date Issued: 8-8-58	Date Orig. Entry: old record
	Date of Birth: Feb. 19, 1922	Birth Place: ----	Full Name of Mother: Mrs. Fred A. Corwin	Name of Father: Fred A. Corwin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	nr Nancy Richards	Aug. 8, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Bureau of Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

CERTIFICATE (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Helen Anita Corwin	2. Date of Birth (month) (day) (year): February 19 1922
	3. Color or Race (Sex): Female	4. Place of Birth (Country): Hannock
	5. Full Name of Father: Fred Arthur Corwin	6. Place of Birth: Pocatello
	7. Full Name of Mother: Bernice Vogel	8. State or Country of Father's Birth: Montana
	9. Full Maiden Name of Mother: Bernice Vogel	10. State or Country of Mother's Birth: California
CERTIFICATE	11. Grady Declare upon oath that the statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: [illegible]
	12. Signature of Notary	13. Notary Commission Expires: My Commission Expires [illegible]

CERTIFICATE OF BIRTH

Date of Document: affadavit [illegible]	By whom issued and signed: Fred A. Corwin	Date Issued: 6-[illegible]	Date Orig. Entry: June 11, [illegible]
Date of Birth (Birth Place): Feb. 19, 1922 Pocatello, Ida.	Full Name of Mother: Bernice Vogel	Name of Father: Fred Arthur Corwin	

SUPPORTING RECORD 2

Type of Document: own child's birth certificate	By whom issued and signed: California Dist. #3801 #[illegible]	Date Issued: 6-[illegible]	Date Orig. Entry: child born Dec. 3, [illegible]
Date of Birth: age 25	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---

SUPPORTING RECORD 3

Type of Document: baby book	By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 8-[illegible]	Date Orig. Entry: old record
Date of Birth: Feb. [illegible] 1922	Full Name of Mother: Mrs. Fred A. Corwin	Name of Father: Fred A. Corwin	

QUALIFYING INFORMATION

CERTIFICATE OF CERTIFICATION (seal)

Whereas certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: [illegible]	Date Filed: Aug. 6, [illegible]

FORM NO. [illegible]

286219.042-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-683

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ora Kate Shoemake
2. Date Of Birth (month) (day) (year): 12 19 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Twin Falls County
b. City or Town of Birth: Castleford Idaho

FATHER

6. Full Name of Father: Albert Garfield Shoemake
7. State or Country of Father's Birth: Tennessee Clark Range

MOTHER

8. Full Maiden Name of Mother: Nora Ellen Todd
9. State or Country of Mother's Birth: Tennessee, Clark Range

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ora Kate Blaney / Ora Kate Shoemake
11. Present Address of Registrant: 1352 Saginaw St. Salem Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: June 26 1958
12. Signature of Notary: Dorothy Steinke
13. Notary Commission expires: May 31st 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Langmark Hospital Sweet Home, Oregon	Date Issued:	Date Orig. Entry: child born June 1, 1951	
	Date of Birth: Dec. 19, 1922	Birth Place: Castleford, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by relative, age 52 (neighbor at time)	By whom issued and signed: Roy T. Todd	Date Issued: 7-15-58	Date Orig. Entry:	
	Date of Birth: Dec. 19, 1922	Birth Place: Castleford, Idaho	Full Name of Mother: Nora Ellen Shoemake	Name of Father: Albert G. Shoemake	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Baker County, Oregon	Date Issued: 7-31-58	Date Orig. Entry: Dec. 11, 1945	
	Date of Birth: Dec. 19, 1922	Birth Place: Castleford, Idaho	Full Name of Mother: --- (born in Tenn.)	Name of Father: --- (born in Tenn.)	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	nr Nancy Richards	Aug. 18, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 65-583

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Parties where birth is being registered)	1. Registrant's full name at birth	2. Date of birth (month) (day) (year)
	3. Color or Race (X, Sex)	4. Place of birth (Country)
		5. City or town of birth
FATHER	6. Full name of father	7. State or Country of Father's birth
MOTHER	8. Full Maiden name of Mother	9. State or Country of Mother's birth

AUG 1 8 1950

ATTESTED	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Postal Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary
		13. Notary Commission Expires

SUPPORTING DOCUMENTS	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Lemmark Hospital, Gwest Home, Oregon	Date Issued: Date Orig. Entry: June 1, 1951
	Date of Birth: Birth Place: Castleford, Idaho	Full name of Mother: ---	Name of Father: ---
	Type of Document: Neighbor at time affidavit by relative, age 52	By whom issued and signed: Roy F. Todd	Date Issued: Date Orig. Entry: -31-50
	Date of Birth: Birth Place: Castleford, Idaho	Full name of Mother: Nora Ellen Choemake	Name of Father: Albert [illegible] Choemake
	Type of Document: Village Record	By whom issued and signed: Baker County, Oregon	Date Issued: Date Orig. Entry: -31-50 Dec. 11, 1945
	Date of Birth: Birth Place: Dec. 19, 1922 Castleford, Idaho	Full name of Mother: (born in Tenn.) ---	Name of Father: (born in Tenn.) ---

COMMENTS

REGISTRATION CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been required, which substantiates the facts as set forth in the foregoing abstract.	
	Date Registered	Evidence reviewed by: Nancy Richards	Date Filed: Aug. 19, 1950

FORM 80 [illegible]

466-119-036-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-933

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jean Donald Bowen
2. Date of Birth: (month) March (day) 19 (year) 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: John David Bowen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lillian Christine Larsen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jean Donald Bowen
11. Present Address of Registrant: 10208 Duvawn Place, Silver Spring, Md.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 17 1958
12. Signature of Notary: Daniel L Dunn Jr
13. Notary Commission expires: Nov. 4 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Blessing	Silver Spring Ward, Washington Stake, IDS Church, Chevy Chase, Maryland.	11-3-58	May 7, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 19, 1922	Malad, Idaho	Lillian Larsen	John D. Bowen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U. S. Army	discharged 2-1-46	enlisted Oct. 19, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 19, 1922	Malad, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Lillian L. Bowen	9-24-55	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 19, 1922	Malad, Idaho	Lillian L. Bowen	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Nancy Richards	11-26-58

FORM BH 56067

NOV 26 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible] Donald Bowen	2. Date of Birth (month) March (day) 19 (year) 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Cheidn
			Mailed
FATHER	6. Full Name of Father: John David Bowen	7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Lillian Christine Larsen	9. State or Country of Mother's Birth: Utah	
	10. Signature of Registrant	11. Signature of Registrant	
	12. Signature of Mother	13. Signature of Mother	

APPLICATION TO NOT WRITE BELOW THIS LINE

Date of Document	By whom issued and signed	Date issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]
Date of Birth: March 19, 1922	Full Name of Mother: Lillian Larsen	Name of Father: John D. Bowen	
Date of Birth: March 19, 1922	By whom issued and signed: [illegible]	Date issued: [illegible]	Date Orig. Entry: [illegible]
Date of Birth: March 19, 1922	Full Name of Mother: ---	Name of Father: ---	
Date of Birth: March 19, 1922	By whom issued and signed: [illegible]	Date issued: [illegible]	Date Orig. Entry:
Date of Birth: March 19, 1922	Full Name of Mother: Lillian [illegible] Bowen	Name of Father: ---	

CERTIFICATE OF BIRTH

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	[illegible]

21911-004-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-973

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Joseph Andrew Barfuss			2. Date of Birth (month) (day) (year): Feb 11, 1922
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Andrew Barfuss			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Louise Stocker			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph A. Barfuss		11. Present Address of Registrant: 322 North Locust Midvale, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: December 1 1958	12. Signature of Notary: Arnold J. Butterfield		13. Notary Commission expires: My Commission Expires Sept. 9, 1959 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued:	Date Orig. Entry: Nov. 2, 1937
	Date of Birth: Feb. 11, 1922	Birth Place: Paris, Idaho	Full Name of Mother: Luise Barfuss	Name of Father: Andrew Barfuss	
SUPPORTING RECORD 2.	Type of Document: own child's birth Certificate		By whom issued and signed: Utah State Dept. of Health	Date Issued: 10-25-55	Date Orig. Entry: child born Oct. 13, 1949
	Date of Birth: age 27	Birth Place: Paris, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: V. A. Certificate of Eligibility		By whom issued and signed: Administrator of Veterans Affairs, Salt Lake City, Utah	Date Issued: 7-24-50	Date Orig. Entry: 7-24-50
	Date of Birth: Feb. 11, 1922	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	Dec. 9, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

DEC 9 1958

1. Registrant's Full Name at Birth	2. Date of Birth (Month) (Day) (Year)
[illegible]	Feb. 11, 1922
3. Sex	4. Place of Birth (a. County)
[illegible]	Paris
5. Full Name of Father	7. State or Country of Father's Birth
[illegible]	Switzerland
6. Maiden Name of Mother	9. State or Country of Mother's Birth
[illegible]	Switzerland
10. Signature of Registrant	11. Present Address of Registrant
[illegible]	122 North [illegible]
12. Signature of Notary	13. Notary Commission expires
[illegible]	19

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible], Idaho	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible], Idaho	---	---

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	---	---	---

QUALIFYING INFORMATION

RECORD 4 CERTIFICATION (Last)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Source Reviewed by	Date Filed
[illegible]	[illegible]	Dec. 9, 1958

FORM 54 [illegible]

815-125-010-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-055
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Owen Craig Hansen
2. Date Of Birth: (month) Jan (day) 25 (year) 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho Falls Bonneville; City or Town of Birth: Idaho Falls Idaho

FATHER

6. Full Name of Father: Sherman Hansen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Gladys Gertrude Stoddard
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Owen Craig Hansen
11. Present Address of Registrant: Aberdeen Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on Jan 14 1959

12. Signature of Notary: O. D. Benson
13. Notary Commission expires: Nov. 6 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Insurance Application	Beneficial Life Ins. Co.		March 26, 1926
	Date of Birth Jan. 25, 1922	**Birth Place** Idaho Falls, Idaho	**Full Name of Mother** —	**Name of Father** Sherman Hansen
SUPPORTING RECORD 2. Class B	Affidavit by mother	Gladys S. Hansen	1-14-59	
	Date of Birth Jan. 25, 1922	**Birth Place** Idaho Falls, Idaho	**Full Name of Mother** Gladys Stoddard Hansen	**Name of Father** —
SUPPORTING RECORD 3. Class B	School Record	Aberdeen School Supt. Aberdeen, Idaho	1-3-59	May, 1940
	Date of Birth Jan. 25, 1922	**Birth Place** —	**Full Name of Mother** —	**Name of Father** —

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
O. D. Benson	Nancy Richards	Jan. 29. 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 2 [illegible]

Registrar's Filing Date

Local Reg. No.

Reg. Dist. No.

Certificate of Birth

1. Registration Dist. Name of Birth

2. Date (month) (day) (year)

3. Place of Birth (County)

4. City or Town of Birth

5. Place of Birth (Place)

6. Full Name of Father

7. State or Country of Father's Birth

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

10. I hereby certify that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Registrar's Date

13. Present Address of Registrant

14. Commission expires

Supporting Record 1

Kind of Document

Date Issued

Date Orig. Entry

Full Name of Mother

Supporting Record 2

Kind of Document

Date Issued

Date Orig. Entry

Full Name of Mother

Supporting Record 3

Kind of Document

Date Issued

Date Orig. Entry

Full Name of Mother

Certificate of Birth

I hereby certify that a prior delayed certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar

Evidence reviewed by

Date Filed

D. BECKER
STATE OF IDAHO
PUBLIC

264219-037-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-107

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Catherine Souders		2. Date of Birth (month) Oct. (day) 19 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Melba-Idaho Owyhee; b. City or Town of Birth: Melba, Idaho
FATHER	6. Full Name of Father: Harvey Ralph Souders		7. State or Country of Father's Birth: Kans. Shanee County
MOTHER	8. Full Maiden Name of Mother: Hazel Blanche Jacobs		9. State or Country of Mother's Birth: Warren County - Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Catherine Lyon	11. Present Address of Registrant: 9237 N. 7 Jew York Ave. Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 12-29 1958	12. Signature of Notary: [signature]	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Nov. 25, 1958 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Feb. 5, 1943
	Date of Birth: Oct. 19, 1922; Birth Place: Owyhee Co. Melba, Idaho	Full Name of Mother: Hazel Blanche Jacobs	Name of Father: Harvey Ralph Souders	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Harvey Ralph Souders	Date issued: 1-9-59	Date Orig. Entry:
	Date of Birth: Oct. 19, 1922; Birth Place: Owyhee Co. Melba, Idaho	Full Name of Mother: ---	Name of Father: Harvey Ralph Souders	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #310621	Date issued:	Date Orig. Entry: child born March 10, 1941
	Date of Birth: age 18; Birth Place: Melba, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Feb. 11, 1959	

FORM BH 56067 1 copy

FEB 11 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DELAYED

241-21S-1039-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-161

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leontina Christina Kranzler			2. Date Of Birth (month) (day) (year): April 15th, 1922.
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: Pleasant Valley (mialing address was American Falls)
FATHER	6. Full Name of Father: Henry Kranzler			7. State or Country of Father's Birth: Romania, now Russia
MOTHER	8. Full Maiden Name of Mother: Maria Miller			9. State or Country of Mother's Birth: Romanie, now Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leontina Christina Kranzler		11. Present Address of Registrant: 751 North Grant St. Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 7, 1959	12. Signature of Notary: Ted Brien		13. Notary Commission expires: My Commission expires June 29, 1962. Notary Public of Idaho 19 ___ Residing at Pocatello, Idaho

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Henry Kranzler	Date Issued: Jan. 28, 1959	Date Orig. Entry:
	Date of Birth: April 15, 1922 / Birth Place: Pleasant Valley, Idaho	Full Name of Mother: Maria Miller	Name of Father: Henry Kranzler	
SUPPORTING RECORD 2.	Type of Document: Statement by attending midwife Chritina Rast	By whom issued and signed:	Date Issued: Feb. 17, 1959	Date Orig. Entry:
	Date of Birth: April 15, 1922 / Birth Place: Pleasant Valley, Idaho	Full Name of Mother: Maria Miller	Name of Father: Henry Kranzler	
SUPPORTING RECORD 3.	Type of Document: Statement of Chruch Record	By whom issued and signed: St. John's Lutheran Church, American Falls, Idaho	Date Issued: February 21, 1959	Date Orig. Entry: Baptised May 21, 1922
	Date of Birth: April 15, 1922 / Birth Place: American Falls, Idaho	Full Name of Mother: Maria Kranzler, nee Miller	Name of Father: Henry Kranzler	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	February 23, 1959

FEB 23 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 59-161

1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)	
Leontina Christina Kranzler		April 15th, 1922	
3. Color or Race	4. Sex	5. Place of Birth	6. Birth or Town of Birth
White	Female	Power	Pleasant Valley (mailing address was American Falls)
8. Full Name of Father			7. State or Country of Father's Birth
Henry Kranzler			Romania, now Russia
9. Full Maiden Name of Mother			10. State or Country of Mother's Birth
Maria Miller			Romania, now Russia
11. Present Address of Registrant			
241 North Grant St. Pocatello, Idaho			
12. Signature of Registrant			
[illegible]			
13. Notary Commission expires			
[illegible]			

AFFIDAVIT

I hereby declare and oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on February 7, 1959

NOTARY Seal

EXPLANATION — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Henry Kranzler	Jan. 28, 1959	
April 15, 1922 — Pleasant Valley, Idaho	Maria Miller	Henry Kranzler	
Type of Document	**By whom issued and signed**	**Date Issued**	**Date Orig. Entry**
Statement by attending midwife Christina Rast		Feb. 17, 1959	
Date of Birth: April 15, 1922 — Birth Place: Pleasant Valley, Idaho	Full Name of Mother: Maria Miller	Name of Father: Henry Kranzler	
Type of Document	**By whom issued and signed**	**Date Issued**	**Date Orig. Entry**
Statement of Church Record	St. John's Lutheran Church, American Falls, Idaho	February 21, 1959	Baptised May 21, 1922
Date of Birth: April 15, 1922 — Birth Place: American Falls, Idaho	Full Name of Mother: Maria Kranzler, nee Miller	Name of Father: Henry Kranzler	

CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. Benson	Sharon E. Skaggs	February 23, 1959

693-306-001-818

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-279
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Betty Jane B Wilson
2. Date of Birth (month) 3 (day) 26 (year) 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: St. Luke's Hosp. Ada
b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: James Ambrose Wilson
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Susan Malinda Hayward
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Betty J. Brochu
11. Present Address of Registrant: Charlottesville, Va.

NOTARY (Seal)

Subscribed and sworn to before me on: March 13 1959
12. Signature of Notary: Gladys R. Allen
13. Notary Commission expires: April 28 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Hospital Record of Birth	St. Luke's Hospital Boise, Idaho	3-6-59	at birth
	Date of Birth March 26, 1922 / **Birth Place** Boise, Idaho	**Full Name of Mother** Susie Wilson	**Name of Father** James Wilson	
SUPPORTING RECORD 2. Class B	Bible Record (verifax copy)	original viewed by Notary Public Kathryn S. Bryan, Boyd Co, Kentucky.	3-2-59	old record
	Date of Birth March 26, 1922 / **Birth Place** Boise, Idaho	**Full Name of Mother** —	**Name of Father** J. A. Wilson	
SUPPORTING RECORD 3. Class B	Insurance Application	Bankers National Life Ins. Co., Montclair, New Jersey		July 24, 1941
	Date of Birth March 26, 1922 / **Birth Place** Boise, Idaho	**Full Name of Mother** —	**Name of Father** James Ambrosa Wilson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: Nancy Richards
Date Filed: March 27, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 27

12-28-025-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-794

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dennis Virgilius Abbl			2. Date Of Birth: (month) June (day) 28 (year) 1922	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Keuterville, Idaho	
FATHER	6. Full Name of Father: Louis (Aloys) Abbl			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Nora Lemire			9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dennis V. Abbl		11. Present Address of Registrant: Cottonwood, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 31, 19 59	12. Signature of Notary: Leo H Dorsman		13. Notary Commission expires: 12-5 19 60	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: R. C. Church (town not shown) Pastor Patrick Dooley		Date Issued: 10-20-46	Date Orig. Entry: July 2, 1922
	Date of Birth: June 28, 1922	Birth Place: Keuterville, Idaho	Full Name of Mother: Nora Lemire	Name of Father: Louis (Aloys) Abbl	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Our Lady of Consolation Hospital Cottonwood, Idaho		Date Issued:	Date Orig. Entry: child born Sept. 12, 1947
	Date of Birth: June 28, 1922	Birth Place: Keuterville, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: (Honorable Discharge) Service Record	By whom issued and signed: U. S. Army		Date Issued: discharged 1-7-46	Date Orig. Entry: Inducted Nov. 21, 1942
	Date of Birth: June 28, 1922	Birth Place: Kutterville, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barsom	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 22, 1959

FORM BH 56067

1 copy paid

SEP 29 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Tennis Virgilius Abbl		June 28 1922	
White	Idaho	Kentarville, Idaho	
Louis (Alvys) Abbl			
Nora Lavire			
Certificate of Baptism		Cottonwood, Idaho	
August 31, 59		12-5	
Certificate of Baptism		July 2, 1922	
June 28, 1922	Kentarville, Idaho	Louis (Alvys) Abbl	
Certificate of Baptism	Parsonage of Consolation Hospital	Sept. 12, 1947	
Kentarville, Idaho			
Service Record		Indicated Nov. 21, 1942	
June 28, 1922	Kentarville, Idaho		

Sept. 29, 1959

585-219-037-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

No. Home St. Registration District No. File No. De60-083

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Clarice Irene Nye
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov. 19 1922

What bactericidal solution was used in eyes? Ag Nos 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Theodore Nye	FULL MAIDEN NAME	Lois Irene Peters
RESIDENCE	Homedale, Idaho	RESIDENCE	Homedale, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Eugene, Oregon	BIRTHPLACE	Sharpsburg, Illinois
OCCUPATION	Banker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Borck

date signed Jan 29, 1960
(Physician or midwife)

Give names added from a supplemental report.

, 192

Registrar.

Address Boise, Idaho

Filed Jan. 29, 1960 192 W. W. Benson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-227-001-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-386

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Pauline Hartzell		2. Date Of Birth (month) January (day) 27 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada Co. b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Melvin Boots Hartzell		7. State or Country of Father's Birth: Rossville, Kansas
MOTHER	8. Full Maiden Name of Mother: Blanche Eulah Williams		9. State or Country of Mother's Birth: Luling, Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 17889 - 40th Ave. N.E. Seattle 55, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 17 1960	12. Signature of Notary: [signature]	13. Notary Commission expires: Nov 13 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 72	By whom issued and signed: Blanche Eulah Hartzell	Date issued: 4-6-59	Date Orig. Entry:
	Date of Birth: Jan. 27, 1922 / Birth Place: Boise, Idaho	Full Name of Mother: Blanche Eulah Williams	Name of Father: Melvin Boots Hartzell	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Jan. 3, 1941
	Date of Birth: Jan. 27, 1922 / Birth Place: Ada Co. Boise, Idaho	Full Name of Mother: Blanche Eulah Williams	Name of Father: Melvin B. Hartzell	
SUPPORTING RECORD 3.	Type of Document: Statement re. School Record Mrs. Margaret Brandt, Sec.	By whom issued and signed: Seattle Public Schools Roosevelt High School	Date issued: March 23, 1960	Date Orig. Entry: entered school Sept 9, 1936
	Date of Birth: January 27, 1922 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz	May 10, 1960

FORM BH 56067

MAY 11 1960

State Bureau of Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1960-886

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible] Hartzell	2. Date of Birth (month) (day) (year): January 27, 1922
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible]	6. Civil Division of Birth: [illegible]
FATHER	6. Full Name of Father: Melvin Roots Hartzell	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary:
		13. Notary Commission:

APPLICABLE - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother, [illegible]	By whom issued and signed: [illegible] Hartzell	Date Issued: [illegible]	Date Entry:
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Father: Melvin Roots Hartzell	
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Mother: [illegible] Hartzell	
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 3, [illegible]
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Father: Melvin R. Hartzell	
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Mother: [illegible] Hartzell	
SUPPORTING RECORD 3	Type of Document: Statement re. School Record [illegible] Sec.	By whom issued and signed: Seattle Public Schools Roosevelt High School	Date Issued: March 23, 1960	Date Orig. Entry: Entered school Sept 9, 1938
	Date of Birth: January 27, 1922	Place of Birth:	Name of Father:	

VERIFYING INFORMATION

VERIFICATION CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	May 10, 1960

FORM NO. [illegible]

781-113-025-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-431

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jesse Oliver Ryan			2. Date of Birth (month) (day) (year): August 13, 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County	b. City or Town of Birth: Joseph Idaho
FATHER	6. Full Name of Father: Grover Clarence Ryan			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Flecie Shimm			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jesse O Ryan		11. Present Address of Registrant: Box 696 Mesa Verde Apartments
NOTARY (Seal)	Subscribed and sworn to before me on: 9th March 1960	12. Signature of Notary: Wm Mattaway CWO, USA Asst Adj HQ 3rd A/C APO 696 % PM San Francisco		13. Notary Commission expires: Indefinite 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: National Service Life Ins. Vet. Administration	Date Issued:	Date Orig. Entry: Nov. 7, 1942
	Date of Birth: Aug. 13, 1922	Birth Place: Joseph, Idaho	Full Name of Mother: Flecie Shen Ryan	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Record	By whom issued and signed: U. S. Army	Date Issued: discharged 1-22-46	Date Orig. Entry: inducted Oct. 21, 1942
	Date of Birth: Aug. 13, 1922	Birth Place: near Joseph, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: application for Social Security Account No.	By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Sept 27, 1939
	Date of Birth: Aug 13, 1922	Birth Place: Joseph, Idaho	Full Name of Mother: Flecie Shinn	Name of Father: Grover Clarence Ryan
QUALIFYING INFORMATION	Employment Record, U. S. Dept. of Agriculture, Forest Service; dated June 14, 1948: born on Aug. 13, 1922; mother-Mrs. Flecie Ryan.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Joyce B. Foltz	Date Filed: May 23, 1960

FORM BH 56067

3 copies paid #17972

MAY 23 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

266-205-003-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-504

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Ruth Kooken
2. Date of Birth (month) May (day) 5 (year) 1922
3. Color or Race: white
4. Sex: F.
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Ellsworth Cecil Kooken
7. State or Country of Father's Birth: Western Port, Maryland

MOTHER

8. Full Maiden Name of Mother: Mary Helen Pratt
9. State or Country of Mother's Birth: St. Anthony, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Ruth Kooken Kellerbeeger
11. Present Address of Registrant: 3706 N. Columbus Peoria Ill.

NOTARY (Seal)

Subscribed and sworn to before me on June 3rd 1960

12. Signature of Notary: Glenn M Adams

13. Notary Commission expires: Jan 1 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certificate of baptism	Methodist Church, Peoria, Ill. Melvin A. Beger, Minister	April 12, 1936	baptized April 12, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 5, 1922	Pocatello, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security number	Treasury Department	---	May 11, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 5,1922	Pocatello, Idaho	Helen Pratt	Ellsworth Cicil Kooken

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Mary Helen Dawson	June 3, 1960	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 5,1922	Pocatello, Idaho Bannock Co.	Mary Helen Pratt	Ellsworth Cecil Kooken

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 10, 1960

FORM BH 56067

1 copy paid Receipt 11139

JUN 13 1960

595-221-039-921

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-744

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Floraine Nielsen
2. Date Of Birth (month) (day) (year): November 21 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: American Falk, Ida. Power
b. City or Town of Birth: American Falls, Idaho

FATHER

6. Full Name of Father: Charles G. Nielsen
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Lydia Isaak
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floraine Nielsen
11. Present Address of Registrant: Randolph, Minnesota

NOTARY (Seal)

Subscribed and sworn to before me on August 3, 1960

12. Signature of Notary: [illegible]
Residing at American Falls, Idaho

13. Notary Commission expires: Jan. 3d, 1963.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of transcript of credits	By whom issued and signed: Oklahoma Baptist University	Date Issued: -----	Date Orig. Entry: entered Sept. 10, 1951
	Date of Birth: Nov.21,1922 / Birth Place: Idaho American Falls	Full Name of Mother: -----	Name of Father: Charles G. Nielsen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lydia Nielsen	Date Issued: Aug, 3,1960	Date Orig. Entry: -----
	Date of Birth: Nov.21,1922 / Birth Place: Idaho American Falls	Full Name of Mother: Lydia Isaak	Name of Father: Charles G. Nielsen	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: June 26, 1943
	Date of Birth: Nov.21,1922 / Birth Place: Idaho American Falls Power County	Full Name of Mother: Lydia Isaak	Name of Father: Charles G. Nielsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny Patterson	Aug. 26, 1960

FORM BH 56067

AUG 26 1960

613-102-034-382

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1005
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Walters			2. Date of Birth (month) Nov. (day) 2 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: George William Walters			7. State or Country of Father's Birth: Iowa U.S.A.
MOTHER	8. Full Maiden Name of Mother: NellieViola ~~Walters~~ Lyke			9. State or Country of Mother's Birth: Penn. U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Walters		11. Present Address of Registrant: 21-18 22nd Rd. Astoria 5, N.Y.
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1959	12. Signature of Notary: George T. Koufos		13. Notary's Commission Expires: NOTARY PUBLIC, State of New York No. 41-2185060 Qualified in Queens County Term Expires March 30, 1961 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Service Record	By whom issued and signed: U. S. Naval Service	Date Issued: separated 11-19-46	Date Orig. Entry: enlisted Sept. 3, 1941
	Date of Birth: Nov. 2, 1922	Birth Place: Rupert, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2. Class	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Apr. 20, 1960	Date Orig. Entry: census of Apr. 1, 1930
	Date of Birth: age 7	Birth Place: Idaho	Full Name of Mother: Viola Walters	Name of Father: George Walters
SUPPORTING RECORD 3. Class	Type of Document: Employment Record	By whom issued and signed: Bulova Watch Company, Inc. Joseph A. Pohran, Personnel	Date Issued: Nov. 3, 1960	Date Orig. Entry: Jan. 10, 1952
	Date of Birth: Nov. 2, 1922	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Penny L. Wing	Date Filed: Nov. 15, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

NOV 15 1960

MEMBER (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race (M. Sex)	4. Place of Birth (County)
		5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary
		13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Service Record	By whom issued and signed: [illegible]	Date Issued: Separated [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Nonero, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Nov. 15, 1960

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are not in the years old.

666-20-5042-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary ELLen Wood			2. Date Of Birth (month) March (day) 5 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Hansen Idaho
FATHER	6. Full Name of Father: William George Wood			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Ludie Albert Johnson			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ellen Englemon		11. Present Address of Registrant: Warden, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 26 1960	12. Signature of Notary: Maybell Howard		13. Notary Commission expires: 4/15/1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Certificate of birth	By whom issued and signed: Twin Falls Co. General Hosp. E.H. Rees, Attending Phyc.		Date Issued: June 17, 1942	Date Orig. Entry: child born June 17, 1942
	Date of Birth: Mar.5,1922	Birth Place: Hansen, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of age from marriage record	By whom issued and signed: T. W. Stivers, Twin Falls Co. Idaho, auditor		Date Issued: Dec.7,1960	Date Orig. Entry: June 12, 1941
	Date of Birth: age 19	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. W. G. Wood		Date Issued: Jan.16,1961	Date Orig. Entry: ----
	Date of Birth: Mar.5,1922	Birth Place: Hansen, Idaho	Full Name of Mother: Ludie Albert Wood	Name of Father: William G. Wood	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barker	pw Penny L. Wing	Jan. 20, 1961

FORM BH 56067

1 copy paid #5495 9-22-60

JAN 20 1961

813424-010-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-075

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lemuell Jay Hall, Jr.
2. Date Of Birth (month) (day) (year): 10 — 24 — 22
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Lemuell Jay Hall Sr.
7. State or Country of Father's Birth: Allendale Michigan

MOTHER

8. Full Maiden Name of Mother: Icey Elizabeth Goulding
9. State or Country of Mother's Birth: Circleville Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lemuell Jay Hall
11. Present Address of Registrant: 3384 Larchmont Dr. Salt Lake City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 23 1961
12. Signature of Notary: Jay Blankers
13. Notary Commission expires: May 14 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Discharge Paper	U.S.Marine Corps,W.R.Via, Major,U.S.Marine CorpsReserve	-----	March 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.24,1922	Idaho Falls, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy Application	New York Life Insurance Co.	-----	Sept.3,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.24,1922	U.S.A. Idaho Falls,Idaho	Icey G. Hall	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
marriage license application	Salt Lake County,Utah,Alvin Keddington,county clerk	Jan.9,1961	May 9, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.24,1922	Idaho Falls,Idaho	Icey Elizabeth Golding	Lemuell Jay Hall,Sr.

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Jan. 25, 1961

FORM BH 56067

12-19-60

JAN 25 1961

JAN 6 1962

693-25043-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-339

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daryl Martin Wilmarth			2. Date Of Birth (month) December (day) 25, (year) 1922
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Valley	b. City or Town of Birth: Cascade
FATHER	6. Full Name of Father: Benjamin Onie Wilmarth			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Evans			9. State or Country of Mother's Birth: Star, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daryl M. Wilmarth		11. Present Address of Registrant: 620 Lincoln ave Emmett Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1961	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Ellen Evans Carter	Date Issued: April 14, 1961	Date Orig. Entry: ----
	Date of Birth: December 25, 1922	Birth Place: Cascade, Valley County, Idaho	Full Name of Mother: Mary Ellen ~~Benjamin-Onie-W~~ Evans ~~th~~	Name of Father: Benjamin Onie Wilmarth	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: #49-7111 On file in Idaho	Date Issued: June 12, 1949	Date Orig. Entry: June 12, 1949
	Date of Birth: Age 26	Birth Place: Cascade, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: Donald H. Woodman, Gem Co.	Date Issued: July 15, 1948	Date Orig. Entry: July 15, 1948
	Date of Birth: Age 25	Birth Place: Cascade, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Elaine Coy		Date Filed: April 17, 1961

FORM BH 56067

APR 17 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

De 61-339

REGISTRAR (Person whose birth is being registered)	1. Registrar's Full Name of Birth: Daryl Martin Wilmarth	2. Date of Birth: December 25, 1922
	3. Color or Race: white; 4. Sex: male; 5. Place of Birth: Valley	6. City or Town of Birth: Cascade
FATHER	6. Full Name of Father: Benjamin Onie Wilmarth	7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Evans	9. State or Country of Mother's Birth: Star, Idaho
AFFIDAVIT	10. Sworn and subscribed to: I, Mary Ellen Evans, being sworn, state that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrar: [signature]
NOTARY	12. Subscribed and sworn to before me on: [signature]	13. Signature of Notary: [signature]

APPLICATION BY NOT WHITE AND MILLIONS

SUPPORTING RECORD 1	Date of Document: Affidavit by mother	By whom issued and signed: Mary Ellen Evans Carter	Date Issued: April 14, 1961	Date Orig. Entry: --
	Date of Birth: December 25, 1922; Birth Place: Cascade, Valley County, Idaho	Full Name of Mother: Mary Ellen Benjamin Onie Evans	Name of Father: Benjamin Onie Wilmarth	
SUPPORTING RECORD 2	Type of Document: Own child birth certificate	By whom issued and signed: 649-7111 On file in Idaho	Date Issued: June 12, 1949	Date Orig. Entry: June 12, 1949
	Date of Birth: Age 26; Birth Place: Cascade, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3	Type of Document: Marriage License	By whom issued and signed: Ronald H. Woodman, Gem Co.	Date Issued: July 15, 1946	Date Orig. Entry: July 15, 1946
	Date of Birth: Age 25; Birth Place: Cascade, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	Elaine Coy	April 17, 1961

753 - 108 - 007-852

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-356

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernon L. Peterson			2. Date Of Birth (month) January (day) 8 (year) 1922	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Carey, Idaho	
FATHER	6. Full Name of Father: Levi Sylvester Peterson			7. State or Country of Father's Birth: Montana	
MOTHER	8. Full Maiden Name of Mother: Wilda Elnora Hess			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vernon L. Peterson	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 4 1961		12. Signature of Notary: J. H. Silbaugh	13. Notary Commission expires: Probate Judge & Ex-Officio Clerk	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance In The United Benefit Life Ins.		By whom issued and signed: William A. Adamson Co.	Date Issued:	Date Orig. Entry: May 6, 1953
	Date of Birth: January 8, 1922	Birth Place: Carey, Idaho	Full Name of Mother: ------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 70		By whom issued and signed: Mrs. Wilda Elnora Peterson	Date Issued: September 27, 1960	Date Orig. Entry: ----------
	Date of Birth: January 8, 1922	Birth Place: Carey, Idaho	Full Name of Mother: Wilda Elnora Hess	Name of Father: Levi Sylvester Peterson	
SUPPORTING RECORD 3.	Type of Document: L. D. S. Church		By whom issued and signed: Ivan Hepworth	Date Issued: 4-4-61	Date Orig. Entry: 1-7-34
	Date of Birth: 1-8-22	Birth Place: Carey, Idaho	Full Name of Mother: Wilda E. Hess Peterson	Name of Father: Levi S. Peterson	
QUALIFYING INFORMATION	School Record, and Insursnce Applcation, dated - 9-19-46				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	April 24, 1961

FORM BH 56067

APR 24 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Vern [illegible] Peterson	2. Date of Birth: January [illegible] 1922	
	3. Place of Birth: Bloine	4. Sex: Male	5. Color or Race: White
	6. Date of Birth: [illegible]	7. Place of Birth: Carey, Idaho	
FATHER	8. Full Name of Father: Levi Sylvester Peterson	9. State or Country of Father's Birth: Montana	
MOTHER	10. Maiden Name of Mother: Wilda Elnora Hess	11. State or Country of Mother's Birth: Utah	
	12. Signature of Registrant	13. Present Address of Registrant	
	14. Signature of Notary	15. Notary Commission expires	

APPLICATION TO NOT WRITE BELOW THIS LINE

Type of Document: Application for Insurance [illegible] Benefit [illegible]	By whom issued and signed: [illegible]	Date Issued: May [illegible] 1963	Date Orig. Entry
Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Wilda Elnora Peterson	Date Issued: September 27, 1962	Date Orig. Entry
Date of Birth: January 6, 1922	Birth Place: Carey, Idaho	Full Name of Mother: Wilda Elnora Hess	Name of Father: Levi Sylvester Peterson
Type of Document: L. D. S. Church	By whom issued and signed: Ivan Hopwerth	Date Issued: [illegible]	Date Orig. Entry: 1-7-34
Date of Birth: [illegible]	Birth Place: Carey, Idaho	Full Name of Mother: Wilda E. Hess Peterson	Name of Father: Levi S. Peterson

QUALIFYING INFORMATION: School Record, and Insurance application, dated - 9-19-46

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	April 24, 1962

238-209-025-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-592

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Genevieve Schwartz
2. Date Of Birth (month) (day) (year): Feb. 9 1922
3. Color or Race: W.
4. Sex: F
5. Place of Birth a. County: Idaho Idaho
b. City or Town of Birth: Greencreek, Idaho

FATHER

6. Full Name of Father: Frank Xavier Schwartz
7. State or Country of Father's Birth: Baroria

MOTHER

8. Full Maiden Name of Mother: Margaret Hartert
9. State or Country of Mother's Birth: Luxemburg

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Genevieve Grieving
11. Present Address of Registrant: 315-5 18 St. Caranerville Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June - 27 1961
12. Signature of Notary: J. T. Folford
13. Notary Commission expires: Sept-25 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #48-5954	-----	child born May 6, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 26	Greencreek, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by friend of family	Marie Grabski	June 27, 1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 9, 1922	Greencreek, Idaho	Margaret Hartert	Frank Xavier Schwartz

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Application for Nursing License	State of Idaho, Dept. of Law Enforcement, Occupational Lic.	---	Sept. 24, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb 9, 1922	Greencreek, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz pw	July 19, 1961

FORM BH 56067

JUL 19 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Date Filed No. Deb1-592

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth
	3. Color or Race Fa. Sex	5. Place of Birth
	6. City or Town of Birth	
FATHER	7. Full Name of Father	8. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth
AFFIDAVIT	11. Person declare upon oath that the statements are true, to the best of my knowledge and belief.	12. Signature of Registrant
	13. Signature of Mother	14. Present Address of Registrant
	15. Subscribed and sworn to before me on	16. Notary Commission Expires

SUPPORTING RECORD 1	Type of Document	By whom Issued and Signed	Date Issued	Date Entry
	Date of Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom Issued and Signed	Date Issued	Date Entry
	Date of Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom Issued and Signed	Date Issued	Date Entry
	Date of Birth Place	Full Name of Mother	Name of Father	
	Feb. 9, 1922 Greencreek, Idaho			
SUPPORTING RECORD 4	Type of Document	By whom Issued and Signed	Date Issued	Date Entry
	Date of Birth Place	Full Name of Mother	Name of Father	
QUALIFICATION				

Re: Copy of Application for State of Idaho, Dept. of Law Enforcement, Occupational Lic.

Sept. 24, 1942

REGISTRAR'S CERTIFICATION	Name of Registrar	Date Filed
	W. W. Benson	July 19, 1961

GRIEWINK

693-220-026-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 694

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vonda May Williams
2. Date of Birth (month) (day) (year): November 20 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Rigby Idaho Jefferson
b. City or Town of Birth: Rigby Idaho (Clark Ward)

FATHER

6. Full Name of Father: John Franklin Williams
7. State or Country of Father's Birth: Willard Box Elder Utah

MOTHER

8. Full Maiden Name of Mother: Margaret Hughes
9. State or Country of Mother's Birth: Samaria Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vonda May Morgan
11. Present Address of Registrant: 2320 Laurel Klamath Falls ore.

NOTARY (Seal)

Subscribed and sworn to before me on: July 31st 1961
12. Signature of Notary: Doris C. Lessom
13. Notary Commission expires: 4-24 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church Records, Clark Ward, Irvin W. Keller, Clerk	Feb. 2, 1931	baptized Jan. 31, 1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 20, 1922 / Jefferson County Clark, Idaho	Margaret Hughes	John F. Williams	
SUPPORTING RECORD 2.	Type of Document: Social Security Records	By whom issued and signed: Treasury Department	Date Issued: ———	Date Orig. Entry: June 8, 1955
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 20, 1922 / Jefferson County Rigby, Idaho	Margaret Hughes	John F. Williams	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #324396	Date Issued: ———	Date Orig. Entry: child born Oct. 20, 1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 18 / Rigby, Idaho	———	———	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Aug. 18, 1961

FORM BH 56067

AUG 21 1961

813-2271003-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 711

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCES CLEO HALE		2. Date Of Birth (month) (day) (year): October 27 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Turner (Mail Grace)
FATHER	6. Full Name of Father: Parley W. Hale		7. State or Country of Father's Birth: Idaho U.S.A.
MOTHER	8. Full Maiden Name of Mother: Olive Cassity		9. State or Country of Mother's Birth: Utah U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Cleo H. Roberts	11. Present Address of Registrant: 504 Ea. 5th So., Salt Lake City
NOTARY (Seal)	Subscribed and sworn to before me on: August 24 1961	12. Signature of Notary: Keith E. Sohm	13. Notary Commission expires: _____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: LDS Church, Rose Ward, Joseph F. Smith, historian	Date Issued: Feb. 9,1960	Date Orig. Entry: recorded Dec. 3, 1922
	Date of Birth: Oct.27,1922	Birth Place: Bannock Turner, Idaho	Full Name of Mother: Olive Cassity	Name of Father: Parley W. Hale
SUPPORTING RECORD 2.	Type of Document: affidavit by relative	By whom issued and signed: Cora H. Cooper age 71	Date Issued: Aug.22,1961	Date Orig. Entry: ----
	Date of Birth: Oct.27,1922	Birth Place: Grace, Idaho	Full Name of Mother: Olive M. Cassity	Name of Father: Parley W. Hale
SUPPORTING RECORD 3.	Type of Document: statement regarding driver's license records	By whom issued and signed: State of Utah, Dept. of Public Safety, G.C.Miller, Dir.	Date Issued: Aug.2,1961	Date Orig. Entry: May 15,1945
	Date of Birth: Oct.27,1922	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	Aug. 28, 1961

FORM BH 56067

AUG 28 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person as an Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): October 27 1922
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Bannock	6. Cty or Town of Birth: Tunnel [illegible]
FATHER	6. Full Name of Father: [illegible] Hale	7. State or Country of Father's Birth: Idaho U.S.A.
MOTHER	8. Full Maiden Name of Mother: Olive [illegible]	9. State or Country of Mother's Birth: Utah U.S.A.
AFFIDAVIT	10. I hereby declare upon oath that the statements are true to the [illegible] knowledge and belief.	11. Signature of Registrant: [illegible]
		12. Signature of Notary: [illegible]
		13. Present Address of Registrant: 504 Ea. 5th So., Salt Lake City
		14. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Birth	By whom Issued and Signed: [illegible] Church, Rose [illegible] Joseph L. [illegible]	Date Issued: Feb. [illegible] 1922
	Date of Birth: Birth Place: [illegible] Tunnel, Idaho	Full Name of Mother: Olive [illegible]	Date of Father: Farley W. Hale
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: Aug. [illegible] 1962
	Date of Birth: Birth Place: Oct. [illegible] 1922 [illegible] Idaho	Full Name of Mother: [illegible]	Date of Father: Farley W. Hale
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom Issued and Signed: State of Utah, [illegible]	Date Issued: Aug. [illegible] 1961
	Date of Birth: Birth Place: Oct. [illegible] 1922	Full Name of Mother: ----	Date of Father: ----
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (cont.)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Aug. 28, 1961

HALE

294-123.009-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-783

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CELIO GEORGE SIMIONI
2. Date of Birth: April 23 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonner; b. City or Town of Birth: GRANITE, Idaho

FATHER

6. Full Name of Father: Luis Simioni
7. State or Country of Father's Birth: Prov. TREVISO, ITALY

MOTHER

8. Full Maiden Name of Mother: Desiderata Simioni
9. State or Country of Mother's Birth: Prov. TREVISO, ITALY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Celio George Simioni
11. Present Address of Registrant: Compass Center, 77 South Washington Seattle

NOTARY (Seal)

Subscribed and sworn to before me on: September 18 1961
12. Signature of Notary: Joseph P. Delay
13. Notary Commission expires: May 21 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St. Joseph's Church, Sandpoint Patrick J. Ahers, Pastor	Feb.19,1945	baptized Apr.23,1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.23,1922 / Granite,Idaho	Desderata Faveratto	Luis Simioni	
SUPPORTING RECORD 2.	affidavit by parents	Luis Simioni Desiderata Simioni	Sept.15, 1961	----
	Apr.23,1922 / Granite,Idaho (Bonner)	Desiderata Simioni	Luis Simmoni	
SUPPORTING RECORD 3.	Insurance Policy	Continental Casualty Co.	Sept.18, 1956	Sept.18,1956
	Apr.23,1922 / Idaho	----	Luis Simioni	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Sept. 21, 1961

FORM BH 56067

1 copy paid 9-7-61

SEP 21 1951

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

866-230-002-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 811

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Ann Hoffman			2. Date Of Birth (month) March (day) 30 (year) 1922	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho		b. City or Town of Birth: Meadows
FATHER	6. Full Name of Father: Lyman Alfred Hoffman			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Nellie Evelina Justice			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Ann Hoffman		11. Present Address of Registrant: Wheat Ridge, Colorado	
NOTARY (Seal)	Subscribed and sworn to before me on April 19 1961	12. Signature of Notary: Ada D. Notarianni		13. Notary Commission expires: March 15 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of Credits	By whom issued and signed: Mount St. Scholastica College. Sister M. Gonzaga Engelhart,		Date Issued: Apr. 23, 1955	Date Orig. Entry: entered Sept. 10, 1945
	Date of Birth: Mar. 30, 1922	Birth Place: -----	Full Name of Mother: Nellie McBride		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application	By whom issued and signed: The Franklin Life Insurance		Date Issued: -----	Date Orig. Entry: July 13, 1938
	Date of Birth: Mar. 30, 1922	Birth Place: Meadows, Idaho	Full Name of Mother: Nellie E. McBride		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: University of Colorado-Medicine		Date Issued: -----	Date Orig. Entry: registered 1950 Sept. 20, 1956
	Date of Birth: Mar. 30, 1922	Birth Place: Meadows, Idaho	Full Name of Mother: Nellie Justice McBride		Name of Father: Lyman Alfred Hoffman
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Sept. 29, 1961

FORM BH 56067

1 copy paid 4-4-61

5-5-6

SEP 29 1961

MAR 26 1974

165-203-006-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 894

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cleo Jones			2. Date Of Birth (month) August (day) 3 (year) 1922
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Residence farm south of Bone
FATHER	6. Full Name of Father: Joseph Thomas Jones			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Verna Leone Randall			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cleo Jones Johnson		11. Present Address of Registrant: 460 South 3rd West Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 1961	12. Signature of Notary: Ross N. Reese		13. Notary Commission expires: October 12 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #378433		Date Issued: Sept.25,1961	Date Orig. Entry: child born Aug.2,1943
	Date of Birth: age 20	Birth Place: Bone, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department		Date Issued: ----	Date Orig. Entry: Dec. 9,1900
	Date of Birth: Aug.3,1922	Birth Place: Bingham Bone, Idaho	Full Name of Mother: Verna Randall	Name of Father: Joseph Thomas Jones	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Lorenzo Ward, L. H. Ludlow, clerk		Date Issued: -----	Date Orig. Entry: blessed Dec.11,1922
	Date of Birth: Aug.3,1922	Birth Place: Bone, Idaho	Full Name of Mother: VernaRandall	Name of Father: Joseph T. Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Oct. 27, 1961

FORM BH 56067 NA. Search Made in Bonneville Co.

OCT 27 1961

25-207-010-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 929

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Pearl Beale			2. Date of Birth (month) (day) (year): Dec. 7 1922
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Idaho Falls, Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: William Ira Beale			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Ida Matilda Silver			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Pearl Fisher		11. Present Address of Registrant: 164 Anderson
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 25, 19 61	12. Signature of Notary: Clara F. Jenkins		13. Notary Commission expires: March 17, 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #55-12918	Date Issued: ----	Date Orig. Entry: child born Oct. 17, 1955
	Date of Birth: age 32	Birth Place: Idaho Falls, Ida.	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Ida Matilda Beale	Date Issued: Oct. 25, 1961	Date Orig. Entry: ------
	Date of Birth: Dec. 7, 1922	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Ida Matilda Beale	Name of Father: William Ira Beale
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Clara F. Jenkins, Notary	Date Issued: Oct. 25, 1961	Date Orig. Entry: obviously old
	Date of Birth: Dec. 7, 1922	Birth Place: ----	Full Name of Mother: Ida M. Beale	Name of Father: William Ira Beale
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Nov. 6, 1961

FORM BH 56067

4-19-61 1 copy paid #13931

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH

NOV 7 1961

REGISTRAR (Person whose Birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex / 5. Place of Birth (Hq. County) / City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
	Subscribed and sworn to before me on Oct. 25, 1961	12. Signature of Notary / 13. Notary Commission expires March 17, 1961

APPLICATION — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
		Name of Father	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	

SUPPORTING RECORD 1

SUPPORTING RECORD 2

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that my seal, or certificate, has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

[signature] | [signature] | Nov. 6, 1961

STATE OF IDAHO — PUBLIC HEALTH — C. F. JENKINS — NOTARY

6-19-61 1 copy paid $1.00

355-230-022-762

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-204

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Dorothy Lee
2. Date Of Birth: (month) 11 (day) 30 (year) 22
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County Idaho / Fremont; b. City or Town of Birth: Drummond, Idaho

FATHER

6. Full Name of Father: Claude Charlemagne Lee
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Anna Clifton Gosser
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth D. Butler
11. Present Address of Registrant: 672 Connecticut Ave Salem Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: January 19 1962
12. Signature of Notary: Jack P. Todd
13. Notary Commission expires: August 27 1965

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister (more than 10 years older)	Mabel B. Austin	May 8, 1958	---
	Date of Birth Nov. 30, 1922 / **Birth Place** Drummond, Idaho	**Full Name of Mother** Anna C. Gosser Lee	**Name of Father** Claude C. Lee	
SUPPORTING RECORD 2.	Photo copy of application for Social Security Account No.	U.S. TREASURY DEPARTMENT	-----	June 24, 1953
	Date of Birth Nov. 30, 1922 / **Birth Place** Drummond, Idaho	**Full Name of Mother** Anna C. Gosser	**Name of Father** Claude C. Lee	
SUPPORTING RECORD 3.	Certificate of Baptism, copy	Jos. E. Vanderbuh, Pastor St. Joseph's, Salem, Oregon	Feb. 22, 1962	baptized Oct. 6, 1956
	Date of Birth Nov. 30, 1922 / **Birth Place** Drummond, Idaho	**Full Name of Mother** Anna Gosser	**Name of Father** Claude C. Lee	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller SM	Mar. 9, 1962

FORM BH 56067

MAR 9 1962

DELAYED CERTIFICATE OF BIRTH

343- 213-010 -253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-222

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Uvon Butler			2. Date Of Birth: (month) 9 (day) 13 (year) 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Bone, Idaho a. County: Bonneville	b. City or Town of Birth: Bone, Bonneville, Idaho	
FATHER	6. Full Name of Father: Ralph Francis Butler			7. State or Country of Father's Birth: Elbert, Colorado	
MOTHER	8. Full Maiden Name of Mother: Carrie Lenore Beckley			9. State or Country of Mother's Birth: Delta Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Uvon Butler	11. Present Address of Registrant: 224 E. 24th, Idaho Falls, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 19 61		12. Signature of Notary: W E Hatton	13. Notary Commission expires: May 1 19 62	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding church records		By whom issued and signed: First Presbyterian church James S. Little, Minister	Date Issued: Aug.8,1960	Date Orig. Entry:
	Date of Birth: Sept. 23, 1922	Birth Place: Bone, Idaho	Full Name of Mother: Carrie Lenore Butler	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Insurance policy application		By whom issued and signed: Great Northwest Life Insurance	Date Issued: -----	Date Orig. Entry: Sept.11,1945
	Date of Birth: Sept.13, 1922	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: Ralph Francis Butler	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #51- 10961	Date Issued: -----	Date Orig. Entry: child born Sept.2,1951
	Date of Birth: age 28	Birth Place: Bone, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw pw Shirley Miller	Mar. 16, 1962

FORM BH 56067 MM Search Made in Bonneville Co

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 10 1982

213-209-035-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-259
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PEARL MARIE SACKETT
2. Date of Birth (month) (day) (year): FEBRUARY 9 1922
3. Color or Race: white
4. Sex: female
5. Place of Birth: IDAHO a. County: NEZ PERCE b. City or Town of Birth: SOUTHWICK

FATHER

6. Full Name of Father: Arthur Herman Sackett
7. State or Country of Father's Birth: Mason City, Iowa

MOTHER

8. Full Maiden Name of Mother: Ella Agnes Kingen
9. State or Country of Mother's Birth: Deer Park, Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pearl M. Mollenhauer
11. Present Address of Registrant: 1614 W. Augusta, Spokane, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: March 26 1962
12. Signature of Notary: Evelyn J. Boggs
13. Notary Commission expires: Sept. 15 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	AFFIDAVIT BY MOTHER	MRS. AGNES SACKETT Southwick, Idaho	2-19-42	
Class* B	Date of Birth: February 9 1922 / Birth Place: Southwick, Idaho Nez Perce County	Full Name of Mother: Ella Agnes Kingen	Name of Father: Arthur Herman Sackett	
SUPPORTING RECORD 2.	statement regarding school record	Gayle Hayden, Clerk of Dist. Court, Clearwater Co., Idaho	Feb. 5, 1962	Sept. 29, 1928
Class	Date of Birth: Feb. 9, 1922 / Birth Place: -----	Full Name of Mother: ----------	Name of Father: Arthur H. Sackett	
SUPPORTING RECORD 3.	photo copy of application for Social Security Account No.	U. S. Treasury Department	-----	Oct. 31, 1939
Class	Date of Birth: Feb. 9, 1922 / Birth Place: Southwick, Idaho	Full Name of Mother: Ella Agnes Kingen	Name of Father: Arthur Herman Sackett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bw Shirley Miller	Mar. 28, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

date of filing amended 3/2/84 as requested by Pearl Mollenhauer. The filing date was listed as 1926.

DELAYED CERTIFICATE OF BIRTH

271-10622-144

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-282

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jerry Turner Sparkman, Jr.		2. Date of Birth (month) (day) (year): June 7 1922
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Ashton Idaho
FATHER	6. Full Name of Father: Jerry Turner Sparkman, Sr.		7. State or Country of Father's Birth: Oklahoma
MOTHER	8. Full Maiden Name of Mother: Jessie Judd		9. State or Country of Mother's Birth: Panquitch Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jerry T. Sparkman	11. Present Address of Registrant: 1309 W 39th Place Spenard, Alaska
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 18, 1961	12. Signature of Notary: H. K. Moffett	13. Notary Commission expires: Jan 1, 1965

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #435075	Date Issued: ---	Date Orig. Entry: child born April 5, 1947
	Date of Birth: Age 24	Birth Place: Ashton, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: United States Honorable Discharge		By whom issued and signed: U.S.Army Fort Douglas, Utah	Date Issued: Nov 6, 1945	Date Orig. Entry: Nov 6, 1945
	Date of Birth: June 7, 1922	Birth Place: Ashton, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother		By whom issued and signed: Jessie Sparkman	Date Issued: April 3 1962	Date Orig. Entry:
	Date of Birth: June 7, 1922	Birth Place: Fremont County Ashton, Idaho	Full Name of Mother: Jessie Judd Sparkman	Name of Father: Jerry Turner Sparkman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 3, 1962

FORM BH 56067

APR 4 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed: De62-282

REGISTRAR	1. Registrant's Full Name at Birth: Jerry Turner Sparkman, Jr.	2. Date of Birth (month) (day) (year): June 7, 1922	
	3. Color or Race of Birth: White Male	4. Place of Birth: Fremont County	5. Birth Place of Birth: Ashton, Idaho
FATHER	6. Full Name of Father: Jerry Turner Sparkman, Sr.	7. State or Country of Father's Birth: Oklahoma	
MOTHER	8. Full Name of Mother: Jessie Judd	9. State or Country of Mother's Birth: Ranquirch, Utah	
AFFIDAVIT	10. Deeby dat are upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission Expires

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Date of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #435075	Date Issued: ---	Date Orig. Entry: child born April 5, 1947
	Date of Birth: Age 24	Birth Place: Ashton, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 2	Type of Document: United States Honorable Discharge	By whom issued and signed: U.S. Army Fort Douglas, Utah	Date Issued: Nov 6, 1945	Date Orig. Entry: Nov 6, 1945
	Date of Birth: June 7, 1922	Birth Place: Ashton, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Affidavit by Mother	By whom issued and signed: Jessie Sparkman	Date Issued: April 3 1962	Date Orig. Entry
	Date of Birth: June 7, 1922	Birth Place: Fremont County Ashton, Idaho	Full Name of Mother: Jessie Judd Sparkman	Name of Father: Jerry Turner Sparkman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

Date Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	Joyce E. Foltz	April 3, 1962

FORM AH 5009

819-11-1022-958

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-314

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jack Floyd Haight
2. Date Of Birth (month) (day) (year): April 19 22
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Parker, Idaho

FATHER

6. Full Name of Father: John Floyd Haight
7. State or Country of Father's Birth: United States Parker, Ida.

MOTHER

8. Full Maiden Name of Mother: Vernis Reynolds Haight
9. State or Country of Mother's Birth: United States Ammon, Ida.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jack Floyd Haight
11. Present Address of Registrant: 8500 Vincent, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 13 1962
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptism Record	Albert J. Elggren L. D. S. Church	November 1, 1931	November1, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 19, 1922	Parker, Idaho	Vernis Reynolds	Jack Floyd Sr.

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Navy Separation Record	U.S. Navy	April 1939	April 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 19 1922	Parker, Idaho	———	———

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Vernis Haight	———	February 19, 1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 19 1922	Parker, Idaho	Vernis Reynolds	John Floyd Haight

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy ec	~~February 19, 1962~~ April 13, 1962

FORM BH 56067

APR 18 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. F62-314

REGISTRANT (Person whose birth is registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: [illegible]
	3. Sex: [illegible]	4. Date of Birth: [illegible]
	5. Place of Birth: [illegible]	6. Date of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. Date of Birth: [illegible]
MOTHER	8. Full Name of Mother: [illegible]	9. Date of Birth: [illegible]
APPLICANT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT'S OR NOTARY'S REPORT THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptism Record	By whom issued and signed: Albert J. Ziggren, L. D. S. Church	Date Issued: November 1, 1931	Date Orig. Entry: November 1, 1931
	Date of Birth: April 19, 1922	Birth Place: Parker, Idaho	Full Name of Mother: Vernis Reynolds	Name of Father: Jack Floyd Sr.
SUPPORTING RECORD 2.	Type of Document: Navy Separation Record	By whom issued and signed: [illegible]	Date Issued: April 1939	Date Orig. Entry: April 1939
	Date of Birth: April 19, 1922	Birth Place: Parker, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: April 19, 1922	Birth Place: Parker, Idaho	Full Name of Mother: Vernis Reynolds	Name of Father: John Floyd Haight
QUALIFYING INFORMATION				

RELATIVE'S CERTIFICATION (Seal)	I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
	State Registrar: [illegible]	Evidence reviewed by: Elaine Coy
	Date Filed: April 13, 1962	

FORM NO. [illegible]

795 - 118-026-917

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-479

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William J. Green (Jay)			2. Date Of Birth (month) July (day) 18 (year) 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Roberts Jefferson	b. City or Town of Birth: Roberts, Idaho.	
FATHER	6. Full Name of Father: Nelson Green			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Sylvina Green (Ragsdale) Remarried.			9. State or Country of Mother's Birth: Roberts, Idaho.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Jay Green		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on June 11, 1962	12. Signature of Notary: Geneva B. Russell		13. Notary Commission expires: April 21, 1966.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement Regarding Hosp. record	By whom issued and signed: Geneva B. Russell, Notary Mercy Hospital, Nampa, Idaho	Date Issued: June 11, 1962	Date Orig. Entry: March 30, 1946	
	Date of Birth: Age 23	Birth Place: Roberts, Idaho	Full Name of Mother: ----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 60	By whom issued and signed: Sylvia Ragsdale	Date Issued: June 6, 1962	Date Orig. Entry: -----	
	Date of Birth: July 18, 1922	Birth Place: Roberts, Idaho	Full Name of Mother: Sylvina Ragsdale	Name of Father: Nelson Green	
SUPPORTING RECORD 3.	Type of Document: U.S. Army Discharge	By whom issued and signed: H.S. Orvis, Personnel Officer	Date Issued: April 12, 1946	Date Orig. Entry: October 14, 1942	
	Date of Birth: July 18, 1922	Birth Place: Roberts, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	June 11, 1962

FORM BH 56067

JUN 12 1962

819-219-014-965

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-538
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lonora Arlene Harshman			2. Date Of Birth: (month) August (day) 19, (year) 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma	
FATHER	6. Full Name of Father: Foster Miller Harshman			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Bertha Johanna Roedel			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Lonora A. Hume		11. Present Address of Registrant: Box 174 RT 2 Chewelah, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 2, 1960	12. Signature of Notary: Phillip P Skok		13. Notary Commission expires: Feb. 17, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho Vital Statistics #438472		Date Issued: --	Date Orig. Entry: child born June 6, 1947
Class*	Date of Birth: Age 24	Birth Place: Parma, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: Foster Miller Harshman		Date Issued: 3-19-1959	Date Orig. Entry: --
Class	Date of Birth: August 19, 1922	Birth Place: Parma, Idaho	Full Name of Mother: Bertha Johanna Roedel	Name of Father: Foster Miller Harshman	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Wilder High School, Charles Brown, Principal		Date Issued: May 26, 1961	Date Orig. Entry: September 6, 1938
Class	Date of Birth: August 19, 1922	Birth Place: ------	Full Name of Mother: ---------	Name of Father: F. M. Harshman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Elaine Coy	Date Filed: July 12, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEPARTED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 12 1962

1. Name of child as given at birth		2. Date of birth (month, day, year)	
Lorene Arlene Bergman		July 15, 1922	
3. Color or race	4. Sex	5. Place of birth, City, County	
White	Female	Canyon	
6. Full name of father		7. State or Country of Father's birth	
Foster Miller Bergman		Illinois	
8. Full maiden name of mother		9. State or Country of Mother's birth	
Johanna Kroedel		Nebraska	
10. I hereby certify that I attended the birth of the child above named on the date above stated.	11. Signature of Physician	12. Present address of Physician	
13. Date certificate filed	14. Signature of Registrar	15. Notary Commission expires	

Name of Child	Date of Birth	Date Issued	Date of Reg. Birth
Lorene Arlene Bergman	July 15, 1922	--	Not filed here
Name of Father		Name of Mother	
--		--	
Full Name of Informant		Mailing Address	
Foster Miller Bergman		Route 2, Box 22 Parma, Idaho	
Signature of Informant		Relationship	
--		--	

Name of Child	Date of Birth	Place of Birth	
Lorene Arlene Bergman	July 15, 1922	Parma, Idaho	
Name of Father		Name of Mother	
Foster Miller Bergman		Johanna Kroedel	
Full Name of Informant		Mailing Address	
Foster Miller Bergman		Route 2, Box 22 Parma, Idaho	
Signature of Informant		Relationship	
--		--	

Name of Child	Date of Birth	Place of Birth	
Lorene Arlene Bergman	July 15, 1922	Parma, Idaho	
Name of Father		Name of Mother	
Foster Miller Bergman		Johanna Kroedel	
Full Name of Informant		Mailing Address	
Foster Miller Bergman		Route 2, Box 22 Parma, Idaho	
Signature of Informant		Relationship	
--		--	

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been submitted which satisfactorily establishes the facts as set forth in the foregoing statement.

Date Registered: JUL 12 1962

Evidence received by:

Registrar

495-224-022-791

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-630
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Dredge			2. Date Of Birth (month) (day) (year): September 24 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Newdale Ida
FATHER	6. Full Name of Father: Richard David Dredge			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Aileen Graham			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Dredge		11. Present Address of Registrant: Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 30 1952	12. Signature of Notary: Vera D. Mitchell		13. Notary Commission expires: June 11 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*	Type of Document: Certificate of Blessing		By whom issued and signed: L.D.S.Church, Newdale Ward William A. Montague, Clerk	Date Issued: ---	Date Orig. Entry: Blessed March 4, 1923
	Date of Birth: Sept. 24, 1922	Birth Place: Newdale, Idaho Fremont County	Full Name of Mother: Aileen Graham	Name of Father: David R. Dredge	
SUPPORTING RECORD 2. Class	Type of Document: Insurance Policy #GCL4137-10		By whom issued and signed: Idaho Mutual Benefit Ass'n. Boise, Idaho	Date Issued:	Date Orig. Entry: Nov 22, 1943 application date
	Date of Birth: Sept. 24, 1922	Birth Place: Newdale, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3. Class	Type of Document: Affidavit by Father- Age 62		By whom issued and signed: Richard David Dredge	Date Issued: Aug 16, 1962	Date Orig. Entry: ---
	Date of Birth: Sept 24, 1922	Birth Place: Newdale, Idaho	Full Name of Mother: Aileen Graham	Name of Father: Richard David Dredge	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Aug. 16, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 18 1962

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)	
		Sept. 24, 1922	
	3. Color or Race	5. Place of Birth (Town, County)	6. Name of Town of Birth
FATHER	4. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
	10. Signature of Registrant	11. Present Address of Registrant	
	12. Signature of Notary	13. Notary Premises or Expires	

APPLICATION FOR SOCIAL SECURITY BENEFITS

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. S. Church, Newdale Ward, Miller A. [illegible], Clerk	Date Issued: —	Date Orig. Entry: Blessed March 4, 1923
Class	Date of Birth: Sept. 24, 1922	Birth Place: Newdale, Idaho, Fremont County	Full Name of Mother: Aileen [illegible]	Name of Father: David D. Dredge
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #[illegible]-10	By whom issued and signed: Mutual Benefit Ass'n. Boise, Idaho	Date Issued:	Date Orig. Entry: Nov 22, 1923
Class	Date of Birth: Sept. 24, 1922	Birth Place: Newdale, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father - Age 62	By whom issued and signed: Richard David Dredge	Date Issued: Aug 18, 1962	Date Orig. Entry: —
Class	Date of Birth: Sept 24, 1922	Birth Place: Newdale, Idaho	Full Name of Mother: Aileen [illegible]	Name of Father: Richard David Dredge
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	Joyce H. Bolte	Aug. 17, 1962

*Class 1 Records are those made by [illegible] the Registrant's fourth birthday.
Class 2 Records are those made after the fourth birth [illegible] but are at least 3 years [illegible]

357-202-035-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-742

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sadie Adalena LeGate			2. Date Of Birth (month) August (day) 2 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lenore, Idaho
FATHER	6. Full Name of Father: Harry LeRoy LeGate			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Wilma Mae Green			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sadie LeGate Kingright		11. Present Address of Registrant: 763 Kentucky Avenue Dillon, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 28, 1962	12. Signature of Notary: Glenna Sage		13. Notary Commission expires: Jan. 4, 1965

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding voting records	By whom issued and signed: Evelyn J. Sage, County Clerk	Date Issued: Aug. 1, 1962	Date Orig. Entry: registered Aug. 29, 1946	
	Date of Birth: Aug. 2, 1922	Birth Place: Lenore, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #2596, Washington	Date Issued: Feb.27,1961	Date Orig. Entry: child born Mar. 17,1943	
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Wilma LeGate	Date Issued: Sept. 27, 1962	Date Orig. Entry: ---	
	Date of Birth: Aug.2,1922	Birth Place: Lenore, Idaho	Full Name of Mother: Wilma LeGate	Name of Father: Harry LeGate	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Benson	sm Shirley Miller	October 4, 1962

FORM BH 56067

3-30-61 1 copy paid

OCT 4 1962

DELAYED CERTIFICATE OF BIRTH

513-223-010-715

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-751

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maria Gavina Valenzuela			2. Date Of Birth (month) April (day) 23, (year) 1922
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: Gabriel Valenzuela			7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Antonia Paez			9. State or Country of Mother's Birth: Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maria G. Kapp		11. Present Address of Registrant: 20 Weston Ave, Murray Utah
NOTARY (Seal)	Subscribed and sworn to before me on: October 9 1962	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Lincoln Ward, L.D.S. Church O. W. Steele, Bishop	Date Issued: ------	Date Orig. Entry: July 2, 1922
	Date of Birth: April 23, 1922	Birth Place: Lincoln, Bonneville County, Idaho	Full Name of Mother: Antonia Paez	Name of Father: Gabrial Valenzuela	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Miller Ward, E. J. Solomon, Bishop, L.D.S. Church	Date Issued: Feb. 7, 1932	Date Orig. Entry: January 30, 1932
	Date of Birth: April 23, 1922	Birth Place: Lincoln, Idaho	Full Name of Mother: Antonia Paez	Name of Father: Gabriel Valenzuela	
SUPPORTING RECORD 3.	Type of Document: Certificate of birth		By whom issued and signed: L.D.S. Church, Joseph F. Smith, Custodian of Records	Date Issued: August 16, 1950	Date Orig. Entry: July 2, 1922
	Date of Birth: April 23, 1922	Birth Place: Lincoln, Bonneville County, Idaho	Full Name of Mother: Antonia Paez	Name of Father: Gabriel Valenzuela	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy	Date Filed: October 9, 1962

FORM BH 56067

OCT 9 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 62-751

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Maria Cavina Valenzuela	2. Date of Birth: April 23, 1922	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Bonneville
	6. City or Town of Birth: Lincoln		
FATHER	6. Full Name of Father: Gabriel Valenzuela	7. State or Country of Father's Birth: Mexico	
MOTHER	8. Full Maiden Name of Mother: Antonia Paez	9. State or Country of Mother's Birth: Mexico	
AFFIDAVIT	10. Declare Upon Oath that the [illegible] are true to the [illegible] and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary	13. Notary Commission Expires [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Lincoln Ward, L.D.S. Church, O. W. Steele, Bishop	Date Issued: ------	Date Orig. Entry: July 2, 1922
	Date of Birth: April 23, 1922	Birth Place: Lincoln, Bonneville County, Idaho	Full Name of Mother: Antonia Paez	Name of Father: Gabriel Valenzuela
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Miller Ward, E. J. Goldson, Bishop, L.D.S. Church	Date Issued: Feb. 7, 1932	Date Orig. Entry: January 30, 1922
	Date of Birth: April 23, 1922	Birth Place: Lincoln, Idaho	Full Name of Mother: Antonia Paez	Name of Father: Gabriel Valenzuela
SUPPORTING RECORD 3.	Type of Document: Certificate of birth	By whom issued and signed: L.D.S. Church, Joseph F. Smith, Custodian of Records	Date Issued: August 16, 1959	Date Orig. Entry: July 2, 1922
	Date of Birth: April 23, 1922	Birth Place: Lincoln, Bonneville County, Idaho	Full Name of Mother: Antonia Paez	Name of Father: Gabriel Valenzuela
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	October 9, 1962

FORM BH 66037

133-102-039-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-862

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph Vaughn Allen
2. Date Of Birth (month) (day) (year): May 2, 1922
3. Color or Race: Cau
4. Sex: Male
5. Place of Birth — a. County: Power
b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: Heber John Allen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Alice Galbraith
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph Vaughn Allen
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: November 21 1962
12. Signature of Notary: Phyllis J. Ousbye
13. Notary Commission expires: PHYLLIS J. OUSBYE - NOTARY PUBLIC My Commission Expires August 28, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by mother	Mary Alice Carlson	Nov.8, 1962	--
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 2,1922 / American Falls, Idaho	Mary Alice Galbraith	Heber John Allen	
SUPPORTING RECORD 2.	photo copy of Separation Qualification Record	United States Army	---	entered Dec. 5, 1962
	May 2,1922 / --	--	--	
SUPPORTING RECORD 3.	photo copy of Honorable Discharge U.S. Army	H.S. Orvis, 2nd Lt. A.C.	---	entered Nov. 28, 1942
	May 2,1922 / American Falls, Idaho	--	--	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	sm Shirley Miller	November 28, 1962

FORM BH 56067

NOV 28 1962

617404-001-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-156

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT DAVID WAGNER			2. Date Of Birth (month) (day) (year): 2 - 4 - 1922	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO ADA	b. City or Town of Birth: BOISE	
FATHER	6. Full Name of Father: HARRY HOWARD WAGNER			7. State or Country of Father's Birth: WASHINGTON	
MOTHER	8. Full Maiden Name of Mother: IRENE MAY LYNOE			9. State or Country of Mother's Birth: OREGON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert D. Wagner		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: January 21 1963	12. Signature of Notary: Quinn B. Collier		13. Notary Commission expires: 10/24 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding Hospital Record	By whom issued and signed: St. Alphonsus Hospital Medical Records Libarian		Date Issued: Jan 16, 1963	Date Orig. Entry: admitted Sept 19,1934
	Date of Birth: Age 12	Birth Place: ---	Full Name of Mother: ---	Name of Father: Harry Wagner	
SUPPORTING RECORD 2.	Type of Document: Notarized Statement regarding school Records	By whom issued and signed: Ind. School Dist. Boise City T.C.Bird, Supt.,Boise, Idaho		Date Issued: Jan 17, 1963	Date Orig. Entry: entered Sept 4,1928
	Date of Birth: Feb. 4, 1922	Birth Place: Boise, Idaho	Full Name of Mother: Mrs. Irene Wagner	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Mrs. Wayne Hackett		Date Issued: March 1 1963	Date Orig. Entry: ----
	Date of Birth: Feb. 4, 1922	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Joyce B. Foltz	Date Filed: March 1, 1963

FORM BH 56067

1-31-63

MAR 1 1963

FEB 5 1963

Wagner

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrant's Full name of Birth	2. Date of Birth (month) (day) (year)	
Person whose birth is being registered	3. Sex of Person	4. Place of Birth	5. Place of Birth
FATHER	6. Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission Expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document: Statement regarding Hospital Record	By whom issued and signed: St. Alphonsus Hospital Medical Records Librarian	Date Issued: Jan 18, 1963	Date Orig. Entry Admitted: Sept 19, 1962
	Date of Birth: Sixty Years	Full Name of Mother:	Name of Father: Harry Wagner	
	Age 17			
SUPPORTING RECORD B	Type of Document: Unverified Statement regarding school records	By whom issued and signed: Ind. School Dist. Boise City T.S. Ind. Supt., Boise, Idaho	Date Issued: Jan 17, 1963	Date Orig. Entry Entered: Sept 4, 1928
	Date of Birth: Sixty Years Feb. 4, 1922	Full Name of Mother: Mrs. Irene Wagner	Name of Father:	
SUPPORTING RECORD C	Type of Document: Affidavit by Aunt	By whom issued and signed: Mrs. Wayne Hackett	Date Issued: March 1 1963	Date Orig. Entry:
	Date of Birth: Sixty Years Feb. 4, 1922	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Wanson	by Joyce L. Foltz	March 1, 1963

859-212-029-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-158

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Irene Herman			2. Date of Birth (month) June (day) 12 (year) 1922	
	3. Color or Race: white	4. Sex: f.	5. Place of Birth a. County: Latah	b. City or Town of Birth: Leland	
FATHER	6. Full Name of Father: Walter M. Herman			7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Ella O. Comnick			9. State or Country of Mother's Birth: North Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma D. Pollock		11. Present Address of Registrant: 325 N. Garfield Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 25 1963	12. Signature of Notary: Neva Nom		13. Notary Commission expires: October 5 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate ob Baptism	By whom issued and signed: A.F. Wolff, Lutheran Pastor		Date Issued: ---	Date Orig. Entry: baptized Sept. 17, 1922
	Date of Birth: June 12, 1922	Birth Place: -----	Full Name of Mother: Ella Comnick	Name of Father: Walter Herman	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Enid C. Wallace, Deputy Clerk		Date Issued: Apr. 24, 1947	Date Orig. Entry: April 19, 1947
	Date of Birth: June 12, 1922	Birth Place: Leland, Idaho	Full Name of Mother: Ella Comnick	Name of Father: W. M. Herman	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File # 57530, Washington		Date Issued: Feb. 8, 1963	Date Orig. Entry: child born Dec. 25, 1951
	Date of Birth: Age: 29	Birth Place: Leland, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Beman	Shirley Miller	March 4, 1963

FORM BH 56067

MAR 4 1963

SEP 10 1934

562-213-010-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. #De63-233

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: MILDRED LOUISE EASTBURG			2. Date Of Birth (month) 12 (day) 13 (year) 1922	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: IDAHO FALLS	
FATHER	6. Full Name of Father: SKiff LeRoy EASTburg			7. State or Country of Father's Birth: KANSAS	
MOTHER	8. Full Maiden Name of Mother: ANNA Mildred Johnson			9. State or Country of Mother's Birth: KANSAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: M. Louise Ehlertoft		11. Present Address of Registrant: 2002-Vista - Boise Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: March 25, 1963	12. Signature of Notary: Gena Mann		13. Notary Commission expires: March 15, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother, Age 70	By whom issued and signed: Anna Mildred Eastburg		Date Issued: ------	Date Orig. Entry: March 20, 1963
	Date of Birth: December 13 1922	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Anna Mildred Eastburg	Name of Father: Skiff Leroy Eastburg	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #397408		Date Issued: -----	Date Orig. Entry: Child born Oct. 14, 1944
	Date of Birth: Age 21	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Application for Ins. Policy	By whom issued and signed: New York Life Insurance Co. of New York		Date Issued: ----	Date Orig. Entry: June 13, 1940
	Date of Birth: Age 17	Birth Place: Idaho Falls, Idaho Bonneville Co.	Full Name of Mother: Anna M. Eastburg	Name of Father: Skiff Eastburg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Morris	Date Filed: March 25, 1963

FORM BH 56067

3-15-63

MAR 25 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 63-5-53

REGISTERED

1. Name of child (If none, so state)

2. Date of birth

3. Sex

4. Place of birth (County)

5. City or town of birth

FATHER

6. Full name of father

7. State or country of father's birth

MOTHER

8. Full maiden name of mother

9. State or country of mother's birth

I hereby declare upon oath that I am personally acquainted with the above-named child and have known the child since the date of birth stated above, and that the facts stated above are true to the best of my knowledge and belief.

10. Signature of declarant

11. Present address of declarant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

14. Name of physician or midwife in attendance at birth

By whom signed and dictated

Date dictated

Date signed

15. Name of informant

By whom signed and dictated

Date dictated

Date signed

16. Name of witness

By whom signed and dictated

Date dictated

Date signed

17. Name of witness

By whom signed and dictated

Date dictated

Date signed

18. Name of witness

By whom signed and dictated

Date dictated

Date signed

689-108.003-363

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De63-312
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hal White			2. Date Of Birth (month) (day) (year): December 8, 1922
	3. Color or Race: Colored	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Unknown			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Ethel Cottoms			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hal White		11. Present Address of Registrant: Toledo, Ohio
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Discharge	By whom issued and signed: United States Naval Service	Date Issued: ----	Date Orig. Entry: September 1, 1944
Class*	Date of Birth: December 8, 1922	Birth Place: Pocatello, Idaho	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Arkansas, File #1469	Date Issued: ----	Date Orig. Entry: Child born Apr. 6, 1941
Class	Date of Birth: Age 18	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt, Age 68	By whom issued and signed: Cleola P. Bain	Date Issued: -----	Date Orig. Entry: April 25, 1963
Class	Date of Birth: December 8, 1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Ethel Cottoms	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	April 25, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

APR 25 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Certificate of Birth

Certificate of Death

Certificate of Stillbirth

Certificate of Adoption

Certificate of Marriage

Certificate of Divorce

Certificate of Annulment

Certificate of Dissolution

Certificate of Abortion

Certificate of Induced Termination of Pregnancy

Certificate of Fetal Death

Certificate of Foundling

Certificate of Paternity

Certificate of Legitimation

Certificate of Name Change

Certificate of Amendment

Certificate of Correction

Certificate of Delayed Registration

Certificate of Delayed Amendment

Certificate of Delayed Correction

Certificate of Delayed Name Change

Certificate of Delayed Legitimation

Certificate of Delayed Paternity

Certificate of Delayed Adoption

Certificate of Delayed Marriage

Certificate of Delayed Divorce

Certificate of Delayed Annulment

Certificate of Delayed Dissolution

Certificate of Delayed Abortion

Certificate of Delayed Induced Termination of Pregnancy

Certificate of Delayed Fetal Death

Certificate of Delayed Foundling

Certificate of Delayed Paternity

Certificate of Delayed Legitimation

Certificate of Delayed Name Change

Certificate of Delayed Amendment

Certificate of Delayed Correction

Certificate of Delayed Registration

FILE # D63-0355

YEAR 1922

IDAHO BIRTH CERTIFICATE

☒ **DELAYED BIRTH**

DO NOT CERTIFY

SEE ADOPTION DECREE FILE

"CUNNINGHAM"

815-202.006-264.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-391

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Southwick Hansen		2. Date of Birth (month) (day) (year): Oct 2 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Goshen (mailing address Shelley)
FATHER	6. Full Name of Father: Leo Hyrum Hansen		7. State or Country of Father's Birth: Goshen (Bingham Co) Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Sevenna Southwick		9. State or Country of Mother's Birth: Liberty, Weber Co Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn) Boyd	11. Present Address of Registrant: 2255½ Palm Ave Coronado, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 12, 1963	12. Signature of Notary: Charles E. Drasil NOTARY PUBLIC In and for the County of San Diego, State of California	13. Notary Commission expires: CHARLES E. DRASIL August 12, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Arthur Welling, Mission Pres.	Date Issued: ---	Date Orig. Entry: baptized July 6, 1930	
	Date of Birth: Oct.2, 1922	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Sevenna Southwick Hansen	Date Issued: March 28, 1963	Date Orig. Entry:	
	Date of Birth: Oct.2,1922	Birth Place: Goshen, Idaho	Full Name of Mother: Mary Sevenna Southwick Hansen	Name of Father: Leo Hyrum Hansen	
SUPPORTING RECORD 3.	Type of Document: photo copy of own child's hospital birth certificate	By whom issued and signed: Harlem Hospital and Clinic Harlem, Montana	Date Issued: ---	Date Orig. Entry: child born Oct. 5, 1942	
	Date of Birth: Oct.2,1922	Birth Place: Goshen, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	sm sm Shirley Miller	May 28, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

JUN 8 1963

Statistics Bureau

Boyd

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (Month) (Day) (Year)	
	3. Color or Race	4. Place of Birth	5. Duplicate Name of Birth
	White	Bingham	Norham (Mailing Address Shelley)
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
SUBSCRIBED	Subscribed and sworn to before me on February 12, 1963	12. Signature of Notary	13. Notary Commission expires CHARLES E. DRASIL August 12, 1964

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Affidavit of Mother	Mary Devenna Gentinger Hanson	March 28, 1963
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Oct. 2, 1962 / Ashen, Idaho	Mary Devenna Gentinger Hanson	Leo Myrum Hanson
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Affidavit of Mother	Charles Rosstad and Gladys Hanson, Montana	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Oct. 2, 1962 / Ashen, Idaho		
QUALIFYING INFORMATION			

RECORDS OF CERTIFICATE

I hereby certify that no other birth certificate has been found in the bureau of Statistics for which this is the same and that documentary evidence has been reviewed, which substantiates the facts as shown in the following statement.

State Registrar	Evidence reviewed by	Date Filed
	SDR	
	DR	

7532006 039-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-430

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PETT, GLADYS			2. Date of Birth (month) AUG. (day) 6 (year) 1922
	3. Color or Race: CAUCASIAN	4. Sex: FEMALE	5. Place of Birth a. County: ARBON, IDAHO — POWER	b. City or Town of Birth: ARBON, IDAHO
FATHER	6. Full Name of Father: CHARLES BRUCE PETT			7. State or Country of Father's Birth: BRIGHAM CITY, UTAH
MOTHER	8. Full Maiden Name of Mother: ANNA AMELIA ANDERSON			9. State or Country of Mother's Birth: MENDON, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Alexander		11. Present Address of Registrant: 3608 W. 144th St. HAWTHORNE CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 17TH 1962	12. Signature of Notary: Clyde Jolly		13. Notary Commission expires: CLYDE JOLLY My Commission Expires Feb. 19, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Anna A Pett	Date Issued: May 21, 1963	Date Orig. Entry
	Date of Birth: Aug. 6, 1922 — Birth Place: Arbon, Idaho	Full Name of Mother: Anna A. Pett	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Church Record LDS Church	By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records	Date Issued: May 24, 1963	Date Orig. Entry: blessed Dec. 14, 1922
	Date of Birth: Aug. 6, 1922 — Birth Place: Arbon, Idaho	Full Name of Mother: Anna A. Anderson	Name of Father: Charles Bruce Pett	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing	By whom issued and signed: Arnold E. Johnson, Patriarch	Date Issued: ---	Date Orig. Entry: Mar. 10, 1955
	Date of Birth: Aug. 6, 1922 — Birth Place: Arbor, Idaho	Full Name of Mother: Anna Amelia Anderson	Name of Father: Charles Bruce Pett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Bowers	Evidence reviewed by: sm Shirley Miller	Date Filed: June 11, 1963

BH 56067

DELAYED CERTIFICATE OF BIRTH

JUN 11 1963

995-12/1022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-584

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE ARTHUR RINEHART			2. Date of Birth (month) AUGUST (day) 24 (year) 1922
	3. Color or Race: WHITE	4. Sex: Male	5. Place of Birth: a. County: FREMONT	b. City or Town of Birth: WILFORD (Mail St.Anthony)
FATHER	6. Full Name of Father: Charles Rinehart			7. State or Country of Father's Birth: Idaho, Adams
MOTHER	8. Full Maiden Name of Mother: Vivian LA Rue Larson			9. State or Country of Mother's Birth: Utah-Cache
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Arthur Rinehart		11. Present Address of Registrant: 729 So. 1st East, St. Anthony, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: August 17 1963	12. Signature of Notary: Harold B Lawrence		13. Notary Commission expires: May 10 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Honorable Discharge	By whom issued and signed: U.S.Army , Ft Lewis, Wn.	Date Issued: ----	Date Orig. Entry: Separation Aug 11, 1951
	Date of Birth: Aug. 24 1922	Birth Place: Saint Anthony, Idaho	Full Name of Mother: ----	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: photocopy of Separation Qualification Record	By whom issued and signed: U S Army	Date Issued: ----	Date Orig. Entry: Jan 26, 1946
	Date of Birth: Aug 24 1922	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Temple Recommend	By whom issued and signed: LDS Church Geo. Christensen	Date Issued: Aug 27 1950	Date Orig. Entry: Baptized Aug 6, 1933
	Date of Birth: Aug 24 1922	Birth Place: Fremont county Wilford, Idaho	Full Name of Mother: Vivian Larsen	Name of Father: Charles Rinehart
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: Aug 20, 1963

FORM BH 56067

AUG 20 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible] County: [illegible]	6. Birth or Town of Birth: [illegible]
MATHER	7. Full Name of Father: [illegible]	8. State or Country of Fathers Birth: [illegible]
MOTHER	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mothers Birth: [illegible]
AFFIDAVIT	11. Declare upon oath that the statements are true to the [illegible] and belief.	12. Signature of Registrant: [illegible]
	13. Present Address of Registrant: [illegible]	14. Subscribed and sworn to before me on: [illegible]
	15. Secretary of Motors: [illegible]	16. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
	Type of Document: Honorable Discharge	By whom issued and signed: U.S. Army, Ft. Lewis, Wash.	Date Issued: ----	Date Orig. Entry: Separation Aug 11, 1951
SUPPORTING RECORD 2	Date of Birth: 1922	Birth Place: Paint Rathony, Idaho	Full Name of Mother: ----	Name of Father: ----
	Type of Document: Separation Qualification Record	By whom issued and signed: U S Army	Date Issued: ----	Date Orig. Entry: Jan 26, 1940
SUPPORTING RECORD 3	Date of Birth: Aug 24 1922	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
	Type of Document: Temple Recommend	By whom issued and signed: US Church Gen. Christensen	Date Issued: Aug 27 1951	Date Orig. Entry: Aug 6, 1953
	Date of Birth: Aug 24 1922	Birth Place: Fremont county Wilford, Idaho	Full Name of Mother: Vivian Larsen	Name of Father: Charles Rinehart
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Joyce S. Foltz	Aug 20, 1963

243-203-004-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-069
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donna Sutton

2. Date of Birth (month) (day) (year): April 3 1922

3. Color or Race: White

4. Sex: Female

5. Place of Birth a. County: Paris, Bear Lake County

b. City or Town of Birth: Paris

FATHER

6. Full Name of Father: Ralph Victor Sutton

7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Ruth Caldwell

9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donna Sutton Wyllie

11. Present Address of Registrant: 218 Briar Lane, San Mateo, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: JANUARY 8TH 1953

12. Signature of Notary: Gordon Parsons

13. Notary Commission expires: DEC. 24TH 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church, by Ella Jack, Custodian of Church records	1/29/52	Blessed on May 7, 1922
Class* A	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 3, 1922 Paris, Idaho	Ruth Caldwell	Ralph Victor Sutton	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Ralph Victor Sutton, Ruth Caldwell Sutton	Date Issued: August 11, 1958	Date Orig. Entry
Class	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 3, 1922 Paris, Idaho	Ruth Caldwell Sutton	Ralph Victor Sutton	
SUPPORTING RECORD 3.	Type of Document: Certified copy of app. for marriage license	By whom issued and signed: Alvin Keddington	Date Issued: Jan. 22, 1964	Date Orig. Entry: Nov. 7, 1941
Class	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 3, 1922 Paris, Idaho	Ruth Caldwell	Ralph Victor Sutton	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	February 3, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. District

FEB 4 1964

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (Month) (Day) (Year): [illegible]
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible] County: [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	1. Formerly declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
NOTARY (Seal)	2. Described and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: L. L. Church, by Ella Jack, Custodian of Church records	Date Issued: 1/29/52 Date Orig. Entry: May 7, 1922
	Date of Birth: April 3, 1922 Birth Place: Paris, Idaho	Full Name of Mother: Ruth Caldwell	Name of Father: Ralph Victor Sutton
Class: A			
RECORD 2	Affidavit by parents	Ralph Victor Sutton, Ruth Caldwell Sutton	Date Issued: August 10, 1950
	Date of Birth: April 3, 1922 Birth Place: Paris, Idaho	Full Name of Mother: Ruth Caldwell Sutton	Name of Father: Ralph Victor Sutton
Class:			
SUPPORTING RECORD 3	Type of Document: Certificate of Acc. for Marriage License	By whom issued and signed: Alvin Keddington	Date Issued: Jan. 22, 1941 Date Orig. Entry: Nov. 7, 1941
	Date of Birth: April 3, 1922 Birth Place: Paris, Idaho	Full Name of Mother: Ruth Caldwell	Name of Father: Ralph Victor Sutton
Class:			
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible]	Evidence reviewed by: Mrs. Shirley Miller	Date Filed: January 2, 1964

*Class A Records are those made and used before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 4 years old.

Form [illegible]

659-218-022-859 Mrs Henrietta Oviatt Tyler (Mother of REGISTRANT)

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VAUNETTA BONNIE OVIATT			2. Date Of Birth (month) JULY (day) 18 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: PARKER, IDA. FREMONT	b. City or Town of Birth
FATHER	6. Full Name of Father: PHIL HENRY OVIATT			7. State or Country of Father's Birth: FARMINGTON, UTAH, U.S.A.
MOTHER	8. Full Maiden Name of Mother: HENRIETTA REBECCA HEILESON			9. State or Country of Mother's Birth: GLENWOOD, UTAH U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Bonnie Rhodes		11. Present Address of Registrant: 3850 HILLROAD BOISE, IDA.
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Childs own birth certificate		By whom issued and signed: on file in state of Idaho # 54-14015	Date Issued: -------	Date Orig. Entry: child born Nov. 23, 1954
	Date of Birth: Age 32	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation L.D.S. church		By whom issued and signed: Hugh A. Wright, Bishop	Date Issued: Nov. 2, 1930	Date Orig. Entry: --------
	Date of Birth: July 18, 1922	Birth Place: Parker, Fremont Co. Idaho	Full Name of ~~Mother~~ Father: Phil Henry Oviatt	Name of ~~Father~~ Mother: Henritta Heileson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father		By whom issued and signed: Phil H. Oviatt	Date Issued: Feb 1, 1964	Date Orig. Entry: ----
	Date of Birth: July 18, 1922	Birth Place: Parker, Idaho	Full Name of Mother: Henrietta Oviatt	Name of Father: Phil Henry Oviatt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Feb 3, 1964

FORM BH 56067 1-2 Cert No F 15134 1-2 Ltd

Rhodes

FEB 3 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 0004-022

Bolsa, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible]	4. Sex: F
	5. Place of Birth: [illegible]	6. County of Birth: [illegible]
FATHER	8. Full Name of Father: PHIL HENRY OVIATT	7. State or Country of Father's Birth: [illegible] U.S.A.
MOTHER	10. Maiden Name of Mother: [illegible] HELLESON	9. State or Country of Mother's Birth: [illegible] U.S.A.
AFFIDAVIT	1. Person Bearing upon oath that the above statements are true to the best of my knowledge and belief.	20. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's own birth certificate	By whom issued and signed: on file in state of Idaho # 54-14015	Date Issued: -------	Date Orig. Entry: child born Nov. 23, 1954
	Date of Birth: Age 32	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism and Confirmation L.D. 4, church	By whom issued and signed: Hugh A. Wright, Bishop	Date Issued: Nov. 2, 1930	Date Orig. Entry: -------
	Date of Birth: July 18, 1922	Birth Place: Parker, Fremont Co. Idaho	Full Name of Mother: Father Phil Henry Oviatt	Name of Father: Henrietta Hellesen
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father	By whom issued and signed: Phil H. Oviatt	Date Issued: Feb 1, 1954	Date Orig. Entry: ----
	Date of Birth: July 18, 1922	Birth Place: Parker, Idaho	Full Name of Mother: Henrietta Oviatt	Name of Father: Phil Henry Oviatt
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence Reviewed by	Date Filed
A. W. Benson	Joyce S. Foith	Feb 3, 1964

251-202-022-962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De-64-189
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Rose Beardall			2. Date of Birth (month) Sept (day) 2 (year) 1922	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony	
FATHER	6. Full Name of Father: Royden Beardall			7. State or Country of Father's Birth: Springville, Utah	
MOTHER	8. Full Maiden Name of Mother: Thelma Victory Rose			9. State or Country of Mother's Birth: Twin Groves, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ruth B Johnson	11. Present Address of Registrant: 1812 Orchard Place Fort Collins, Colo.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 13, 1964		12. Signature of Notary: Bernadine R. Simon	13. Notary Commission expires: June 27, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Certificate of Baptism and Confirmation		By whom issued and signed: Bernadine R. Simon, Notary	Date Issued: Feb.10,1964	Date Orig. Entry: baptized Nov. 2, 1930
Class*	Date of Birth: Sept. 2, 1922	Birth Place: St.Anthany, Idaho	Full Name of Mother: Thelma V. Rose	Name of Father: Royden Beardall	
SUPPORTING RECORD 2.	Type of Document: Notarized photo copy of Certificate of Blessing		By whom issued and signed: Bernadine R. Simon, Notary Public	Date Issued: Feb.10,1964	Date Orig. Entry: blessed Oct. 1, 1922
Class	Date of Birth: Sept. 2, 1922	Birth Place: St. Anthony, Idaho	Full Name of Mother: Thelma Rose	Name of Father: Royden Beardall	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents		By whom issued and signed: Thelma V. Beardall and Royden Beardall	Date Issued: August 16, 1960	Date Orig. Entry:
Class	Date of Birth: Sept. 2, 1922	Birth Place: Fremont County St.Anthony, Idaho	Full Name of Mother: Thelma Victory Rose Beardall	Name of Father: Royden Beardall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Shirley Miller	Date Filed: March 16, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 7-64

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 23 1964

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ruth Rose Beardall	2. Date of Birth: Sept 2 1922
	3. Color or Race, Sex: White F	4. Place of Birth: Fremont
		5. Birthplace of Birth: St. Anthony
FATHER	6. Full Name of Father: Royden Beardall	7. State or Country of Father's Birth: Springville, Utah
MOTHER	8. Full Maiden Name of Mother: Thelma Victory Rose	9. State or Country of Mother's Birth: Twin Groves, Idaho
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: 1312 Orchard Place, Fort Collins, Colo.
	12. Signature of Notary	13. Notary Commission Expires

AFFIDAVIT — NO NOT FULL BIRTH IN FILE

SUPPORTING RECORD 1	Type of Document: Photo copy of Certificate of Baptism and Confirmation	By whom issued and signed: Bernadine P. Simon, Notary	Date Issued: Feb. 10, 1964
	Date of Birth: Sept. 2, 1922	Birth Place: St. Anthony, Idaho	Date Orig. Entry: Nov. 2, 1939
		Full Name of Mother: Thelma V. Rose	Name of Father: Royden Beardall
SUPPORTING RECORD 2	Type of Document: Notarized photo copy of Certificate of Baptism	By whom issued and signed: Bernadine A. Simon, Notary	Date Issued: Feb. 10, 1964
	Date of Birth: Sept. 2, 1922	Birth Place: St. Anthony, Idaho	Date Orig. Entry: Nov. 2, 1939
		Full Name of Mother: Thelma Rose	Name of Father: Royden Beardall
SUPPORTING RECORD 3	Type of Document: Affidavit by parents	By whom issued and signed: Thelma V. Beardall and Royden Beardall	Date Issued: August 16, 1960
	Date of Birth: Sept. 2, 1922	Birth Place: Fremont County, St. Anthony, Idaho	Name of Father: Royden Beardall
		Full Name of Mother: Thelma Victory Rose Beardall	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature] | Evidence reviewed by: Shirley Miller | Date Filed: March 16, 1964

Class A Records are those made and taken before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

269-104-022-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-231

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MELVIN JAMES SORENSEN			2. Date of Birth (month) FEB (day) 4 (year) 1922	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: IDAHO a. County: FREMONT	b. City or Town of Birth: TETON	
FATHER	6. Full Name of Father: EDWARD PETER SORENSEN			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: VERNA MAY NEIBAUR			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin J. Sorensen		11. Present Address of Registrant: 363 OMS SHAW AFB S.C.	
NOTARY (Seal)	Subscribed and sworn to before me on: 25 Mar 1964	12. Signature of Notary: Henriett M Smith		13. Notary Commission expires: at the pleasure of the Governor 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Honorable Discharge from USAF	By whom issued and signed: Channing F. Tankersley 1st Lt. USAF		Date Issued: Feb.12,1950	Date Orig. Entry: enlisted Feb.13,1947
	Date of Birth: Feb.4,1922	Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Photo copy of Certificate of Ordination to Holy Priesthood	By whom issued and signed: John W. Huskinson, Bishop		Date Issued: ---	Date Orig. Entry: ordained Mar. 31, 1935
	Date of Birth: Feb.4,1922	Birth Place: Fremont County Teton, Idaho	Full Name of Mother: Verna May Neibauer	Name of Father: Edward P. Sorenson	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Nevada Registrar's No. 1953		Date Issued: Oct.21,1958	Date Orig. Entry: child born Aug. 6, 1958
	Date of Birth: Age: 36	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: March 31, 1964

FORM BH 56067

MAR 31 1964

NOV 22 1966

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

1. Registrar's Full Name of Birth		2. Date of Birth (month)	(day) (year)
[illegible]		[illegible]	[illegible]
3. Color or Race of Sex	4. Place of Birth	5. Date of Birth	Duplicate
[illegible]	[illegible]	[illegible]	[illegible]
6. Full Name of Father		7. State or Country of Father's Birth	
[illegible]		[illegible]	
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth	
[illegible]		[illegible]	
10. Signature of Registrar	11. Signature of Registrar	12. Present Address of Registrar	
[illegible]		[illegible]	
13. Signature of Notary	14. Notary Commission expires		
[illegible]			

[illegible]	By whom issued and signed	Date Issued	Date Orig. Entry Delayed
[illegible]	[illegible]	Feb. 11, 1950	[illegible]
[illegible]	[illegible]		
[illegible]			
[illegible]	By whom issued and signed	Date Issued	Date Orig. Entry Delayed
[illegible]	[illegible]	---	Mar. 31, 1964
[illegible]	Full Name of Mother	Name of Father	
[illegible]	[illegible]	Edward P. Sorenson	
[illegible]	By whom issued and signed	Date Issued	Date Orig. Entry Delayed
[illegible]	Nevada Registrar's No. 1953	Oct. 2, 1958	Aug. 6, 1958
[illegible]	Full Name of Mother	Name of Father	
[illegible]	---	---	

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that Delaware's evidence has been reviewed, which substantiates the facts of the form in the foregoing document.

[illegible]	[illegible]	Date Filed
[illegible]	[illegible]	[illegible]

944-202 022-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-298

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marcella Rudd			2. Date Of Birth (month) Oct. (day) 2 (year) 1922	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Parker, Fremont	b. City or Town of Birth: Parker	
FATHER	6. Full Name of Father: Alma S. Rudd			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Eva Rebecca Simmons			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marcella Rudd Blinkhorn		11. Present Address of Registrant: Weiser, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1964	12. Signature of Notary: Vera Kowallis		13. Notary Commission expires: March 24 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued: November 27, 1946	Date Orig. Entry
	Date of Birth: Oct.2,1922	Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Arnold D. Miller		Date Issued: ---	Date Orig. Entry: blessed Nov. 5, 1922
	Date of Birth: Oct.2,1922	Birth Place: Fremont County Parker, Idaho	Full Name of Mother: Eva Simmons	Name of Father: Alma S. Rudd	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Eva Rebecca Rudd		Date Issued: March 17, 1964	Date Orig. Entry
	Date of Birth: Oct.2,1922	Birth Place: Fremont County Parker, Idaho	Full Name of Mother: Eva Rebecca Simmons Rudd	Name of Father: Alma S. Rudd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: April 21, 1964

FORM BH 56067

APR 21 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Peterson

1. Name of child (First, middle, last)		2. Date of birth (Month, day, year)	
	Boy		
3. Color or race	4. Sex	5. Place of birth (County)	
6. Full name of father		7. State or country of father's birth	
8. Maiden name of mother		9. State or country of mother's birth	
10. Name and address of person that can prove facts of birth	11. Relationship	12. Present address of informant	
13. Notary and seal - to notarize statements	14. Signature of notary	15. Notary Commission expires	

AFFIDAVIT TO OBTAIN A DELAYED RECORD	Type of Document	DO NOT WRITE BELOW THIS LINE	Date Issued / Date Orig. Entry
	Certified Copy of Application for Idaho Mutual Benefit Assoc.		November 21, 1964
	Date of Birth	Full Name at Birth	Name of Mother
	Dec. 2, 1922		
AFFIDAVIT TO OBTAIN A DELAYED RECORD	Type of Document	If name issued and signed	Date Issued / Date Orig. Entry
	Certified Copy of Application for Idaho Mutual Benefit Assoc.	Ronald A. Miller	Nov. 21, 1964
	Date of Birth	Full Name at Birth	Name of Mother
	Dec. 2, 1922	[illegible]	Alma S. Reed
AFFIDAVIT TO OBTAIN A DELAYED RECORD	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Certified Copy of Application for Idaho Mutual Benefit Assoc.	Eva Dobson Shumpis Reed	January 21, 1964
	Date of Birth	Full Name at Birth	Name of Mother
	Dec. 2, 1922	Ronald A. Miller	Alma S. Reed

MILITARY INFORMATION

SIGNATURE & IDENTIFICATION (seal)	I hereby certify that no certificate of birth can be found in the bureau of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.	
State Registrar	Examined Records By	Date Filed
	Shirley Miller	April 21, 1964

FORM BH 5007

435-223-003-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-523

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Billie Norine Mc Nabb		2. Date of Birth (month) (day) (year): Nov. 23 1922	
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: MAIL Pocatello (TYHEE)
FATHER	6. Full Name of Father: William Wm. Harrison Mc Nabb		7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Nora Jane Krous		9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me.	10. Signature of Registrant: Billie Mc Nabb Miller	11. Present Address of Registrant: 8255 Colima Rd, Wh.	
NOTARY (Seal)	CAROL C. CROSS NOTARY PUBLIC STATE OF CALIFORNIA COUNTY OF LOS ANGELES	12. Signature of Notary: Carol C. Cross	13. Notary Commission expires: Jan. 7, 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth (13 yrs. old at birth)	By whom issued and signed: James Fuller Miller, Jr.	Date Issued: July 20, 1964	Date Orig. Entry: ---	
	Date of Birth: Nov. 23, 1922	Birth Place: Tyhee near Pocatello, Idaho	Full Name of Mother: Nora Jane Krous McNabb	Name of Father: William Harrison McNabb	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #127950	By whom issued and signed: The Capitol Life Insurance Company	Date Issued: May 22, 1942	Date Orig. Entry: May 22, 1942	
	Date of Birth: Nov. 23, 1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Mrs. Nora J. McNabb	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of school record	By whom issued and signed: San Jose State College	Date Issued: ---	Date Orig. Entry: Oct. 2, 1944	
	Date of Birth: Nov. 23, 1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Nora J. McNabb	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 23, 1964

FORM BH 56067

JUL 23 1964

213-130-030-392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-574

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelda May Bates		2. Date Of Birth (month) (day) (year): December 30 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: Ellis, Idaho
FATHER	6. Full Name of Father: Harry C. Bates		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elveretta Lish		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Thelda May Bates Sullivan	11. Present Address of Registrant: x 917 West Fremont Riverton Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 17 1958	12. Signature of Notary: Frank P. Hall	13. Notary Commission expires: Dec. 28 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by grandmother (present at birth)	By whom issued and signed: Martha Bates	Date Issued: 8-11-58	Date Orig. Entry:
	Date of Birth: Dec. 30, 1922	Birth Place: Lemhi Co. near Ellis, Idaho	Full Name of Mother: Alveretta Lish Bates	Name of Father: Harry C. Bates
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #131	By whom issued and signed: J.A. Simmons, Dep. Registrar Grass Valley, California	Date Issued: Aug. 11, 1954	Date Orig. Entry: child born June 24, 1949
	Date of Birth: age: 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Statement regarding medical records	By whom issued and signed: John W. Ballou, M. D. Grass Valley, California	Date Issued: Nov. 13, 1962	Date Orig. Entry: May 15, 1946
	Date of Birth: Age: 23	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr gml Glenda Larson	Date Filed: August 17, 1964

FORM BH 56067

5-27-64 (5)

AUG 18 1964

492-226-017-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-599

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Elaine Mishler			2. Date Of Birth (month) Sept. (day) 26 (year) 1922	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Dubois, Idaho Clark	b. City or Town of Birth: Dubois	
FATHER	6. Full Name of Father: Roy Alfred Mishler			7. State or Country of Father's Birth: David City, Nebraska	
MOTHER	8. Full Maiden Name of Mother: Sarah Jennie Kingsford			9. State or Country of Mother's Birth: Prescott, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marjorie E. Mishler	11. Present Address of Registrant: 1105 N. Alder Dallas Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1964		12. Signature of Notary: Richard N. Mahle	13. Notary Commission expires: My Commission Expires Oct. 30, 1965 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance		By whom issued and signed: The Connecticut Mutual Life Insurance Co., Hartford, Conn.	Date Issued: ---	Date Orig. Entry: March 7, 1944
	Date of Birth: Sept. 26, 1922	Birth Place: Dubois, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Family record of births		By whom issued and signed: Family record	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Sept. 26, 1922	Birth Place: Dubois, Clark County, Idaho	Full Name of Mother: Sarah Jennie Kingsford	Name of Father: Roy Alfred Mishler	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Assistant at the Birth of this child		By whom issued and signed: Mrs. Wanda Willes Age 62	Date Issued: Aug 5, 1964	Date Orig. Entry: ----
	Date of Birth: Sept 26, 1922	Birth Place: Dubois, Idaho	Full Name of Mother: Sarah Jennie Mishler	Name of Father: Roy A. Mishler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Joyce B. Foltz	Date Filed: August 31, 1964

FORM BH 56067

Mishler

SEP 1 1964

249-107-096-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-699

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bill Keith Smith			2. Date of Birth (month) Oct. (day) 7, (year) 1922	
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Malad / Oneida	b. City or Town of Birth: Malad City, Idaho	
FATHER	6. Full Name of Father: William R. Smith			7. State or Country of Father's Birth: Logan, Utah	
MOTHER	8. Full Maiden Name of Mother: Lucy V. Davis			9. State or Country of Mother's Birth: Malad, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bill Keith Smith		11. Present Address of Registrant: 925 W. Ida Stayton, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: June 2nd, 19 64	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan. 6th, 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application to insurance company	By whom issued and signed: New York Life Insurance Co.		Date Issued: ---	Date Orig. Entry: April 6, 1956
	Date of Birth: Oct. 7, 1922 / Birth Place: Malad, Idaho U.S.A.	Full Name of Mother: [illegible]		Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of military separation paper	By whom issued and signed: U. S. Naval Service		Date Issued: Nov. 12, 1945	Date Orig. Entry: Dec. 2, 1942
	Date of Birth: Oct. 7, 1922 / Birth Place: Malad, Idaho	Full Name of Mother: ---		Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: William R. Smith		Date Issued: Oct. 4, 1964	Date Orig. Entry: ---
	Date of Birth: Oct. 7, 1922 / Birth Place: Malad, Idaho	Full Name of Mother: Lucy V. Davies Smith		Name of Father: William R. Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Oct. 16, 1964

FORM BH 56067

6-18-64

OCT 16 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Bell

Smith

053 281-225-002-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-053

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Annita Leona Shaw
2. Date Of Birth (month) (day) (year): July 25, 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Adams
b. City or Town of Birth: Council

FATHER

6. Full Name of Father: William Henry Shaw
7. State or Country of Father's Birth: Council Bluff, Iowa

MOTHER

8. Full Maiden Name of Mother: Nina Ella Thompson
9. State or Country of Mother's Birth: Council, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Annita Saldern
11. Present Address of Registrant: 402 No. 20th.

NOTARY (Seal)

Subscribed and sworn to before me on: January 14 1958

12. Signature of Notary: Hazel L. Hurlbert.
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Mother
By whom issued and signed: Mrs. Nina Hyde
Date Issued: 1-14-58
Date Orig. Entry:
Date of Birth: July 25, 1922
Birth Place: Adams County Council, Idaho
Full Name of Mother: Nina Ella Thompson
Name of Father: William Henry Shaw

SUPPORTING RECORD 2.

Type of Document: Own Child's Birth Certificate
By whom issued and signed: State of Idaho #330317
Date Issued: Child's Birthdate December 24, 1941
Date Orig. Entry:
Date of Birth: Age 19
Birth Place: Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: Bible Record
By whom issued and signed: Family Bible
Date Issued: ----------
Date Orig. Entry: Obviouglyold
Date of Birth: July 25 1922
Birth Place: Idaho
Full Name of Mother: Nina Thompson Shaw
Name of Father: William Henry Shaw

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sc Florence Curtright
Date Filed: Jan. 19, 1965

FORM BH 56067

JAN 19 1965

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

RECIPIENT	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (Month) (Day) (Year) (Age): July 15, 1922
Person whose birth is being registered	3. Color or Race: [illegible] 4. Sex: Female 5. Place of Birth: [illegible]	Birth or Year of Birth: Council
FATHER	6. Full Name of Father: [illegible] Henry Shaw	7. State or Country of Father's Birth: Council Bluff, Idaho
MOTHER	8. Full Maiden Name of Mother: [illegible] Thompson	9. State or Country of Mother's Birth: Council, Idaho
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible] by Mother	2. When Issued and Signed: Mrs. [illegible] Kyle	Date Issued: 1-14-[illegible]	Date Orig. Entry:
	Date of Birth: July 25, 1922	Birth Place: Adams County, Council, Idaho	Full Name of Mother: Nina Ella Thompson	Name of Father: William Henry Shaw
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	2. When Issued and Signed: State of Idaho [illegible]	Date Issued: Child's Birthdate December 24, 1941	Date Orig. Entry:
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Bible Record	2. When Issued and Signed: Family Bible	Date Issued: ----------	Date Orig. Entry: Obviously old
	Date of Birth: July 25, 1922	Birth Place: [illegible]	Full Name of Mother: [illegible] Thompson Shaw	Name of Father: William Henry Shaw

INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
M. W. Benson	sc Florence Cartright	Jan. 19, 1965

FORM 2H [illegible]

795-210-017-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-067

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma Juanita Frederiksen
2. Date Of Birth (month) (day) (year): May 10, 1922
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Clark
b. City or Town of Birth: Kilgore, Idaho

FATHER

6. Full Name of Father: Olaf Frederiksen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Leown Harris
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Emma Juanita Frederiksen
11. Present Address of Registrant: 525 L. St. Idaho Falls Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: February 25 1957
12. Signature of Notary: George L. Jensen
13. Notary Commission expires: RESIDING AT IDAHO FALLS, IDAHO MY COMMISSION EXPIRES May 10, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Mrs. Olaf Frederiksen	May 9,1958	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 10, 1922 Kilgore, Idaho	Mary Leown Harris	Olaf Frederiksen	
SUPPORTING RECORD 2.	Federal Census record	U. S. Department of Commerce Bureau of the Census	May 3, 1957	April 1, 1930
	Age 7 / Idaho	Mary L. Frederiksen	Olaf Frederiksen	
SUPPORTING RECORD 3.	Own childs birth certificate	On file Idaho#302171	-----	child born Oct. 11,1940
	Age 18 / Kilgore, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Jan. 26, 1965

FORM BH 56067

JAN 26 1965

Frederiksen

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT	1. Registrant's Full Name at Birth: Juanita Frederiksen	2. Date of Birth: May 10, 1922
Person Date Birth 1. Date	3. Place of Birth: Female	4. Place of Birth: Kilgore, Idaho
Registrant's Sex	5. Place of Birth: Female	6. Place of Birth: Idaho
FATHER	Name of Father: Olaf Frederiksen	7. Place of Birth: Idaho
MOTHER	Name of Mother: Mary Leown Harris	8. Place of Birth: Idaho
AFFIDAVIT	9. Signature of Registrant	10. Signature of Registrant
	11. Signature of Registrant	12. Signature of Registrant

RESIDING AT IDAHO FALLS, IDAHO
MY COMMISSION EXPIRES MAY 10, 1965

SUPPORTING RECORD 1.	Type of Document: Affidavit	By whom Issued and Signed: [illegible] Frederiksen	Date Issued: May 9, 1962	Date Orig. Entry: ----
	Date of Birth	Full Name of Mother: Mary Leown Harris	Name of Father: Olaf Frederiksen	
SUPPORTING RECORD 2.	Type of Document: Bureau of Census record	By whom Issued and Signed: U. S. Department of Commerce Bureau of the Census	Date Issued: May 3, 1962	Date Orig. Entry: April 1, 1960
	Date of Birth: Age 7	Full Name of Mother: Mary L. Frederiksen	Name of Father: Olaf Frederiksen	
SUPPORTING RECORD 3.	Type of Document: Birth certificate	By whom Issued and Signed: Profile Idaho 502111	Date Issued: ----	Date Orig. Entry: Child born Oct. 11, 1940
	Date of Birth: Age 22	Full Name of Mother: ----	Name of Father: ----	
QUALIFIED TRANSCRIPT 4.				

REGISTRAR'S CERTIFICATION: Hereby certify that the prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that Secondary Evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature of Registrar: [signature]	Evidence reviewed by: [signature]	Date filed: Oct. 20, 1965

364-128-015-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-125

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bennie Chatterton Comish		2. Date of Birth (month) (day) (year): Jan 28 1922
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Caribou; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Robert Carlos Comish		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Violet May Chatterton		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bennie Comish	11. Present Address of Registrant: Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 13 1965	12. Signature of Notary: Kenneth Lloyd	13. Notary Commission expires: MY COMMISSION EXPIRES JAN. 23, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Robert Lester Comish Age 57	Date Issued: Feb.13,1965	Date Orig. Entry: -----	
	Date of Birth: Jan.28,1922	Birth Place: Grace, Idaho	Full Name of Mother: Violet May Chatterton	Name of Father: Robert Carlos Comish	
SUPPORTING RECORD 2.	Type of Document: Military discharge paper	By whom issued and signed: Army of the United States	Date Issued: July 21, 1943	Date Orig. Entry: inducted Feb.15,1943	
	Date of Birth: Age 21 (inducted)	Birth Place: Grace, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #44667	Date Issued: ----	Date Orig. Entry: child born Dec.5,1945	
	Date of Birth: Age 23	Birth Place: Grace, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

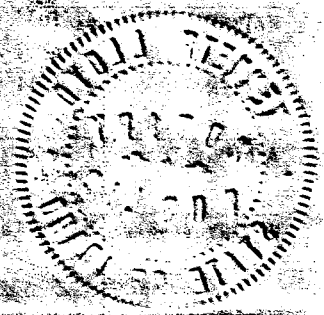
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 19, 1965

FORM BH 56067

10080

FEB 19 1965

Greek



365228-014-432

(Be sure the information is complete and accurate)

State File No. De65-127

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Esther
b. (Middle): May
c. (Last): Condra

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): December 28, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Lester
b. (Middle):
c. (Last): Condra

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Lynn County , Oregon

11a. USUAL OCCUPATION: Mantenance Work

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Kate
b. (Middle): Lillian
c. (Last): McKinney

13. COLOR OR RACE: White

14. AGE (At time of this birth): YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Brownsville, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? Two
b. How many OTHER children were born alive but are now dead? None
c. How many children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mr. Lester Condra — Father

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: T. E. Mangum Sr. M. D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: T. E. Mangum Sr. M. D. Nampa, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Feb. 23, 1965

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 40 WEEKS

22b. WEIGHT AT BIRTH: 7 LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum.....

Form DPH-48001

FEB 23 1965

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

653-105-019-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-299

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David William Wells		2. Date of Birth (month) May (day) 5 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer Co. / b. City or Town of Birth: Leslie
FATHER	6. Full Name of Father: William Ray Wells		7. State or Country of Father's Birth: Idaho.
MOTHER	8. Full Maiden Name of Mother: Eva Augusta Terry		9. State or Country of Mother's Birth: New Mexico.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David W. Wells	11. Present Address of Registrant: 305 Travertine Way Boise, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: April 17, 1965	12. Signature of Notary: Evelyn Powers	13. Notary Commission expires: October 14, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge, Army of the United States	By whom issued and signed: Earl G. Linhart, Major H. S. Orvis Lt.	Date Issued: Feb. 2, 1946	Date Orig. Entry: Feb. 2, 1946
	Date of Birth: May 5, 1922 / Birth Place: Leslie, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church Mark King, Clerk	Date Issued: Dec. 1941	Date Orig. Entry: Ordained Sept. 21, 1941
	Date of Birth: May 5, 1922 / Birth Place: Leslie, Idaho	Full Name of Mother: Eva Augusta Terry	Name of Father: William Ray Wells	
SUPPORTING RECORD 3.	Type of Document: Marriage Certificate	By whom issued and signed: Idaho Falls, Bonneville Co. Jack A. Packer, Recorder	Date Issued: Dec. 16 1948	Date Orig. Entry: Married Dec. 17, 1948
	Date of Birth: Age 26 / Birth Place: Leslie, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subtantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 7, 1965

FORM BH 56067

MAY 7 1965

MAY 04 2004

DECEASED

Army of the United States Honorable Discharge	Carl G. Hunnert, Major R. S. Orvis Lt.	Date Issued Feb. 2, 1946	Date Filed Feb. 2, 1946
Certificate of Ordination	L. D. S. Church Mark King, Clerk	Date Issued Dec. 1941	Date Filed Ordained Dec. 21, 1941
Marriage Certificate	Ewa Augusta Terry Idaho Falls, Bonneville Co. Jack A. Packer, Recorder	Date Issued Dec. 15, 1945	Date Filed Married Dec. 17, 1945
Age 26 Leslie, Idaho			

State Registrar: W. W. Benson

Evidence reviewed by: Florence Cartright

Date Filed: May 7, 1965

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

367-204-037-219 (Be sure the information is complete and accurate)

State File No. De 65-328
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Owyhee
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Triangle
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Genevieve b. (Middle) c. (Last) Lopez

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): November 4, 1922

FATHER OF CHILD

7. FULL NAME: a. (First) Martin b. (Middle) Crecensio c. (Last) Lopez

8. AGE (At time of this birth): 22 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Sina Loa, Mexico
10. USUAL OCCUPATION: Railroad work
11. KIND OF BUSINESS OR INDUSTRY: Railroad work

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Gladys b. (Middle) Leve c. (Last) Bailey

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Catonville, Texas
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship): Gladys Leve Lopez Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS
20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: May 28, 1965
22. REGISTRAR'S SIGNATURE: D W Benson
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
Was a standard serological test for syphillis performed? Yes ____ No ____
Approximate date ____
RACE OR COLOR OF FATHER: Mexican
RACE OR COLOR OF MOTHER: Indian
DELAYED
METHOD OF DELIVERY
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

MAY 28 1965

863-08-028-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-354

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Joseph Holm		2. Date Of Birth (month) 2 (day) 8 (year) 22	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenia	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: Joseph Holm		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Verdie Eunice Lindley		9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Joseph Holm	11. Present Address of Registrant: 825 S. Nevada St. Longview Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 19 1965	12. Signature of Notary: Paul V. Hucklin	13. Notary Commission expires: 13 Jan 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #209863	By whom issued and signed: Royal Neighbors of America	Date Issued: April 1,1938	Date Orig. Entry: Feb. 1, 1938	
	Date of Birth: Feb.8,1922	Birth Place: Post Falls, Idaho Kootenai County	Full Name of Mother: Verdie E. Holm	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Discharge	By whom issued and signed: United States Naval Reserve	Date Issued: Nov.4,1942	Date Orig. Entry: enlisted March 20, 1942	
	Date of Birth: Feb.8,1922	Birth Place: Post Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Verdie E. Holm	Date Issued: May 22,1965	Date Orig. Entry: -----	
	Date of Birth: Feb.8,1922	Birth Place: Post Falls, Idaho	Full Name of Mother: Verdie E. Holm	Name of Father: Joseph Holm	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	June 4, 1965

FORM BH 56067

5 20 65

963-202-029-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-490

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Francis Rothwell	2. Date Of Birth (month) Sep (day) 2 (year) 22
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Viola; a. County: Latah	b. City or Town of Birth: Viola
FATHER	6. Full Name of Father: John William Rothwell	7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Grace Mae Windsor	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice F Burch; 11. Present Address of Registrant: Rt 1 Box 58 Moscow, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 16 1965	12. Signature of Notary: C. W. Walton; 13. Notary Commission expires: 8-1-67 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #375279	Date issued: ----	Date Orig. Entry: child born June 21, 1943
	Date of Birth: Age 20; Birth Place: Viola, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Moscow High School	Date issued: ----	Date Orig. Entry: entered Sept. 7, 1937
	Date of Birth: Sept.2,1922; Birth Place: ----	Full Name of Mother: -----	Name of Father: John Rothwell	
SUPPORTING RECORD 3.	Type of Document: Federal Census Records	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: June 14,1965	Date Orig. Entry: April 1, 1930
	Date of Birth: Age 7; Birth Place: Idaho	Full Name of Mother: Grace M. Rothwell	Name of Father: John W. Rothwell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 28, 1965

FORM BH 56067

3-4-65 gml

JUL 28 1965

NOTARY PUBLIC
STATE OF IDAHO

413-22-003-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-508

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernard Charles Mallard			2. Date of Birth: (month) Feb (day) 22 (year) 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: St Anthony Mercy	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Frank Charles Mallard			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Bessie Craig			9. State or Country of Mother's Birth: Wyoming	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernard C Mallard		11. Present Address of Registrant: 1432 S. E. Cameo Dr. Tustin, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 29th 1965	12. Signature of Notary: Birney B. Truitt BIRNEY B. TRUITT		13. Notary Commission expires: BIRNEY B. TRUITT My Commission Expires Nov. 26, 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage records	By whom issued and signed: City & County of San Francisco California, Thos Toomey, Rec.		Date Issued: Dec. 17, 1951	Date Orig. Entry: April 11, 1948
	Date of Birth: Age 26	Birth Place: Poctatello, Idaho	Full Name of Mother: Bessie Schlak	Name of Father: Frank Mallard	
SUPPORTING RECORD 2.	Type of Document: military discharge paper	By whom issued and signed: Army of the United States Paul K. Dean, Major AC		Date Issued: Oct. 29, 1945	Date Orig. Entry: inducted Aug. 20, 1941
	Date of Birth: Feb. 22, 1922	Birth Place: Pocatello, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: hospital record of own birth	By whom issued and signed: St. Anthony's Mercy Hospital Pocatello, Idaho		Date Issued: May 20, 1963	Date Orig. Entry: Feb. 21, 1922
	Date of Birth: *	Birth Place: Pocatello, Idaho St. Anthonys Hosp.	Full Name of Mother: Mrs. F. C. Mallard	Name of Father: F. C. Mallard	

QUALIFYING INFORMATION

* hospital record does not give date of birth, however, mother entered hospital on Feb. 21, 1922 and was discharged with her babe boy on March 3, 1922.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	August 2, 1965

FORM BH 56067

AUG 2 1965

843-123-015-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-578

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grant Sorrsen Hulse		2. Date of Birth (month) July (day) 23 (year) 1922	
	3. Color or Race: W.	4. Sex: M	5. Place of Birth: County Caribou	b. City or Town of Birth: Grace & Bench* Idaho
FATHER	6. Full Name of Father: George Weaver Hulse		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Pearl Rosella Sorrsen		9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grant Sorrsen Hulse	11. Present Address of Registrant: Bancroft Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 8-5-65 19__	12. Signature of Notary: Alvin R. Mitchell	13. Notary Commission expires 6-12-67 19__	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: LDS Church, Bancroft Ward Glenn F. Yost Bishop	Date Issued: Mar.26,1965	Date Orig. Entry: blessed Sept.3,1922	
	Date of Birth: July 23, 1922	Birth Place: Bench, Bannock County, Idaho	Full Name of Mother: Pearl Sorenson	Name of Father: George W. Hulse	
SUPPORTING RECORD 2.	Type of Document: Transcript of Military discharge papers	By whom issued and signed: Bannock County Recorder, Idaho Army - Ralph L. Gutke, Major	Date Issued: separated Nov.8,1945	Date Orig. Entry: induction Nov.16,1942	
	Date of Birth: July 23, 1922	Birth Place: Bench, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Bancroft Ward Ferris N. Call, Clerk	Date Issued: Mar.26,1965	Date Orig. Entry: baptized Jan.31,1931	
	Date of Birth: July 23, 1922	Birth Place: Bench, Idaho Bannock County	Full Name of Mother: Pearl Sorenson	Name of Father: George W. Hulse	

QUALIFYING INFORMATION

*Bench is a small community near Grace, Idaho. Mail goes through Grace. Bench is in Bannock County rural and Grace is in Caribou County.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Aug.19, 1965

FORM BH 56067

SEP 10

DECEASED

251-104-014-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-585

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Eugene Beaman			2. Date of Birth (month) July (day) 4 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: William West Beaman			7. State or Country of Father's Birth: Bates County, Missouri
MOTHER	8. Full Maiden Name of Mother: Maude M. Stevens			9. State or Country of Mother's Birth: Bates County, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William E. Beaman	11. Present Address of Registrant: 1407 E Franklin St
NOTARY (Seal)	Subscribed and sworn to before me on: August 19 1965		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #20 099 788	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Sept. 13, 1948	Date Orig. Entry: Aug. 24, 1948
	Date of Birth: July 4, 1922 / Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #57-4271	Date Issued: -----	Date Orig. Entry: child born April 11, 1957
	Date of Birth: Age 34 / Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age 77	By whom issued and signed: Maude B. Beaman	Date Issued: Aug. 23, 1965	Date Orig. Entry: ----------
	Date of Birth: July 4 1922 / Birth Place: Nampa, Idaho	Full Name of Mother: Maude M. Stevens Beaman	Name of Father: William West Beaman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Aug. 23, 1965

FORM BH 56067

in office 8-19-65 1 copy paid Rec # 19814

AUG 23 1965

Affidavit by mother	Age 77	Maude R. Beaman	
July 4 1922	Nampa, Idaho	Maude M. Stevens Beaman	William West Beaman

W. W. Bonsen — Florence Curtright — Aug. 23, 1965

25-217-003-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-646

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty Mary Keane		2. Date Of Birth (month) Dec. (day) 17 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Earl James Keane		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Helen Baugh		9. State or Country of Mother's Birth: Idaho
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty (Keane) Baker	11. Present Address of Registrant: 2807 Cherry Lane
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1965	12. Signature of Notary: Jacquelyn N. Cassell	13. Notary Commission expires: 9-14 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with atate of Idaho # 49-2383	Date Issued: ------	Date Orig. Entry: child born Mar. 5, 1949
	Date of Birth: Age 26	Birth Place: Pocatello, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: New York Life Ins. Policy	By whom issued and signed: Clarence J. Myers President	Date Issued: June 27, 1958	Date Orig. Entry: June 23, 1958
	Date of Birth: Dec. 17 1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Helen Baugh Keane	Name of Father: Earl James Keane
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Earl J. Keane	Date Issued: Aug.21,1965	Date Orig. Entry: -----
	Date of Birth: Dec.17,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Helen (Baugh) Keane	Name of Father: Earl J. Keane
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	fc Glenda Larson	Sept.22,1965

FORM BH 56067

Baker

SEP 23 1965

DECEASED

415-227-022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-679

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Elaine Davenport		2. Date of Birth (month) (day) (year): January 27, 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: St. Anthony Fremont
			b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Vernon Christensen Davenport		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lorena Grace Cazier		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris E. Mills	11. Present Address of Registrant: 502 Kingwood Salem, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1965	12. Signature of Notary: Thelma Wilson	13. Notary Commission expires: April 24 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Salem Memorial Hospital, Ore. Helen E. Myers, Med.Rec.Lib.	Date Issued: Aug.10,1965	Date Orig. Entry: July 28, 1952
	Date of Birth: Jan.27,1922 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lorena Grace Cazier Davenport	Date Issued: July 23, 1965	Date Orig. Entry: -----
	Date of Birth: Jan.27,1922 / Birth Place: St. Anthony, Idaho	Full Name of Mother: Lorena Grace Cazier Davenport	Name of Father: Vernon Christensen Davenport	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, St. Anthony 1st Ward, Yellowstone, Stake	Date Issued: -----	Date Orig. Entry: blessed March 5,1922
	Date of Birth: Jan.27,1922 / Birth Place: St. Anthony, Idaho	Full Name of Mother: Lorena Cazier	Name of Father: Vernon Davenport	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept.28,1965

FORM BH 56067

7-15-65

SEP 28

153-13-203-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-854

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Conrad Harry Anthony		2. Date of Birth (month) (day) (year): March 13 1922
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Central, Idaho
FATHER	6. Full Name of Father: Harry Mathew Anthony		7. State or Country of Father's Birth: Prairie City, Iowa, 2/24/1890
MOTHER	8. Full Maiden Name of Mother: Junetta M. Hansen - Anthony		9. State or Country of Mother's Birth: Thatcher, Idaho, 8/3/1897
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C. H. Anthony	11. Present Address of Registrant: 1551 So. 37, Lincoln, Nebr.
NOTARY (Seal)	Subscribed and sworn to before me on: October 16 1965	12. Signature of Notary: Edward W. Williams	13. Notary Commission expires: September 4 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge paper	By whom issued and signed: Army of the U.S., W.K.Stewart, Jr, Lt.Col.	Date Issued: Sep.30,1945	Date Orig. Entry: inducted Sept.24,1942
	Date of Birth: Mar.13,1922 / Birth Place: Central, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of immunization register	By whom issued and signed: military medical records	Date Issued: -----	Date Orig. Entry: Oct.2,1950
	Date of Birth: Mar.13,1922 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavits by parents	By whom issued and signed: Junetta M. Anthony and Harry Mathew Anthony	Date Issued: Nov.2,1965	Date Orig. Entry: -----
	Date of Birth: Mar.13,1922 / Birth Place: Central, Bannock County, Idaho	Full Name of Mother: Junetta M. (Hansen) Anthony	Name of Father: Harry Mathew Anthony	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Nov. 29, 1965

K

FORM BH 56067 nm (A) 2-17-65 Copied per #2107 11-2-65 gml

NOV 29 1965

Anthony

194-103-025-185

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-859

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Warren G. Pidgeon
2. Date Of Birth: (month) May (day) 3 (year) 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Grangeville, Idaho

FATHER

6. Full Name of Father: Charles Ross Pidgeon
7. State or Country of Father's Birth: Henry Co., Iowa

MOTHER

8. Full Maiden Name of Mother: Uvena Emily Arnold
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Warren G. Pidgeon
11. Present Address of Registrant: Salem, Iowa

NOTARY (Seal)

Subscribed and sworn to before me on October 30 19 65

12. Signature of Notary: William W. Simkin
13. Notary Commission expires: July 4, 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of school record	Salem High School	-----	dropped Nov. 24, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 3, 1922	Grangeville, Idaho	-----	Charles Pidgeon

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from family Bible	Family Bible	-----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 3, 1922	-----	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by parents	Mrs. Uvena Pidgeon and Charles R. Pidgeon	June 14, 1965	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 3, 1922	Grangeville, Idaho	Mrs. Uvena Pidgeon	Charles R. Pidgeon

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Nov. 29, 1965

FORM BH 56067

(C) 10-4

NOV 29 1965

010 -- 819-213-006-316

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Virginia Harker			2. Date Of Birth (month) Aug. (day) 13 (year) 1922	
	3. Color or Race: white	4. Sex: fem.	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley, Idaho	
FATHER	6. Full Name of Father: Amos Harker			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Hazel Augusta Lawson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel Virginia Hawkes	11. Present Address of Registrant: 42 Greenwood Pocatello, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 8 1966		12. Signature of Notary: Hazel Bradford	13. Notary Commission expires: 6-22 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: J. E. Kelley, Bishop L. D. S. Church	Date Issued: Oct.1,1922	Date Orig. Entry: Blessed Oct.1,1922
	Date of Birth: Aug.13,1922	Birth Place: Shelley, Idaho	Full Name of Mother: Hazel A. Lawson	Name of Father: Amos Harker	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: On file with state of Idaho # 382618	Date Issued: -----	Date Orig. Entry: child born Oct.17,1943
	Date of Birth: Age 21	Birth Place: Shelley, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Feb.1,1949	Date Orig. Entry: Feb. 1,1949
	Date of Birth: Age next birthday 27	Birth Place: Shelley, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Jan. 10,1966

FORM BH 56067

1-5-66

JAN 12 1966

154-229.021-672

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-033

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Elsa Andersen			2. Date Of Birth (month) Dec (day) 29 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Mink Creek, Franklin	b. City or Town of Birth: Mink Creek, Idaho
FATHER	6. Full Name of Father: Mads Andersen			7. State or Country of Father's Birth: Vesterhed Denmark
MOTHER	8. Full Maiden Name of Mother: Caroline Olsen			9. State or Country of Mother's Birth: Nybor Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Elsa Andersen		11. Present Address of Registrant: 200 S 1st W Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 13th of January 19 66	12. Signature of Notary: Ted B Larsen		13. Notary Commission expires: May 16 19 66

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Hans Jensen, Clerk Mink Creek Ward		Date Issued: Mar.4,1923	Date Orig. Entry: blessed Mar. 4, 1923
	Date of Birth: Dec.29,1922	Birth Place: Mink Creek, Idaho Franklin County	Full Name of Mother: Caroline Olsen	Name of Father: Mads Andersen	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from mother's Diary	By whom issued and signed: Family Records		Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Dec.29,1922	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #366703		Date Issued: -----	Date Orig. Entry: child born Jan.4,1943
	Date of Birth: Age 20	Birth Place: Mink Creek, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Jan. 13, 1966

FORM BH 56067

11-12-65

JAN 13 1966

FEB 5 1981

12720502 7-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-172

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANTONIA ASPIASU			2. Date Of Birth (month) 6 (day) 5 (year) 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jerome, Idaho — Jerome	b. City or Town of Birth: Jerome, Idaho	
FATHER	6. Full Name of Father: Juan Aspiasu			7. State or Country of Father's Birth: Spain	
MOTHER	8. Full Maiden Name of Mother: Atanasia Gabiola			9. State or Country of Mother's Birth: Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Antonia Eloma		11. Present Address of Registrant: 617 2nd Avenue East, Jerome, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 25, 1966	12. Signature of Notary: Eleanor G. Maxwell		13. Notary Commission expires: May 1, 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Benedict's Hospital, Inc. Jerome, Idaho, Str. Mary Matthew	Date Issued: Feb. 25, 1966	Date Orig. Entry: June 19, 1957	
	Date of Birth: June 5, 1922	Birth Place: Jerome, Idaho	Full Name of Mother: Atanasia Gabiola	Name of Father: Juan Aspiasu	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Atanasia Goicoechea	Date Issued: Feb. 26, 1966	Date Orig. Entry: -----	
	Date of Birth: June 5, 1922	Birth Place: Jerome, Idaho	Full Name of Mother: Atanasia Gabiola	Name of Father: Juan Aspiasu	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism (Rev. Wm. F. McQuaid)	By whom issued and signed: Roman Catholic Church, St. Peter's, Shoshone, Idaho	Date Issued: Feb. 26, 1966	Date Orig. Entry: baptized Jan. 30, 1923	
	Date of Birth: June 5, 1922	Birth Place: Jerome, Idaho	Full Name of Mother: Atanasia Gabiola	Name of Father: Juan Aspiasu	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 3, 1966

FORM BH 56067

MAR 3 1966

MAR 5 1970

MAR 13 1975

128-228-203-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-335

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roma Ashbaker		2. Date Of Birth (month) Feb. (day) 28 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Charles Ashbaker		7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Esther Olive Peterson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roma A. Roghaar	11. Present Address of Registrant: 3758 So. 2035 East Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 28 1966	12. Signature of Notary: Linda Godfrey	13. Notary Commission expires: June 24 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Charles Ashbaker	Date Issued: Feb.28,1966	Date Orig. Entry: -----
	Date of Birth: Feb.28,1922 / Birth Place: Grace, Idaho Bannock County	Full Name of Mother: Esther Peterson	Name of Father: Charles Ashbaker	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for license to marry #131	By whom issued and signed: county clerk's office, Cache County, Utah	Date Issued: Feb.28,1966	Date Orig. Entry: June 1,1943
	Date of Birth: Feb.28,1922 / Birth Place: Grace, Idaho	Full Name of Mother: Ester Peterson	Name of Father: Charles Ashbaker	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Marvin, Lowe, Bishop, Grace Ward	Date Issued: ----	Date Orig. Entry: blessed April 2, 1922
	Date of Birth: Feb.28,1922 / Birth Place: Grace, Bannock County, Idaho	Full Name of Mother: Esther Petersen	Name of Father: Charles Ashbaker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: April 25, 1966

FORM BH 56067

12-7-64

APR 25 1966

993-112-026-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-469

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arnold William Richardson		2. Date of Birth (month) May (day) 12 (year) 1922	
	3. Color or Race: White	4. Sex: Son	5. Place of Birth: a. County: ~~Lincoln~~ Jefferson	b. City or Town of Birth: Hamer Idaho
FATHER	6. Full Name of Father: Jabez Edward Richardson		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Verrill Carlottie Johnston		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arnold W Richardson	11. Present Address of Registrant: St. Ignatius, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1966	12. Signature of Notary: Walter Hamel	13. Notary Commission expires: Dec 31 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage record #2404	By whom issued and signed: Lake County, Montana	Date Issued: ----	Date Orig. Entry: July 8, 1946	
	Date of Birth: May 12,1922	Birth Place: Hamer, Idaho	Full Name of Mother: Verrill Carlottie Johnson	Name of Father: Jabez Edward Richardson	
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge paper	By whom issued and signed: U.S. Marine Corps, W.L. Erdman, Major	Date Issued: May 22,1945	Date Orig. Entry: enlisted Dec.4,1941	
	Date of Birth: May 12,1922	Birth Place: Hamer, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Verrill C. Richardson	Date Issued: May 5, 1966	Date Orig. Entry: -----	
	Date of Birth: May 12,1922	Birth Place: Hamer, Idaho	Full Name of Mother: Verrill C. Johnston Richardson	Name of Father: Jabez Edward Richardson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 31, 1966

FORM BH 56067

MAY 31 1966

433116-026-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-475

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Clarence Earl McClure			2. Date of Birth (month) June (day) 16 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Roberts
FATHER	6. Full Name of Father: James McClure			7. State or Country of Father's Birth: Colorado; Cadbo Co.
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Stevens			9. State or Country of Mother's Birth: Idaho Madison, Rexburg
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence E. McClure		11. Present Address of Registrant: 1201 apt 7 f 5th ave Oakland, Calif. 94621
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 1966	12. Signature of Notary: Edward Hammer		13. Notary Commission Expires: November 15 1969

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Mud Lake Ward, Lorenzo Matson, Bishop	Date Issued: Aug. 2, 1931	Date Orig. Entry: baptized Aug. 1, 1931	
	Date of Birth: June 16, 1922	Birth Place: Roberts, Idaho Jefferson County	Full Name of Mother: Sarah Elizabeth Stevens	Name of Father: James McClure	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Roberts Ward, H.I. Grow, Bishop	Date Issued: -----	Date Orig. Entry: blessed July 2, 1922	
	Date of Birth: June 16, 1922	Birth Place: Roberts, Jefferson County, Idaho	Full Name of Mother: Sarah E. Stephens	Name of Father: James Madison McClure	
SUPPORTING RECORD 3.	Type of Document: Statement of Service, U.S.N.	By whom issued and signed: Tom Gordy, Lt. USN, personnel officer	Date Issued: discharged Oct. 30, 1947	Date Orig. Entry: enlisted Dec. 18, 1945	
	Date of Birth: June 16, 1922	Birth Place: Roberts, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	June 1, 1966

FORM BH 56067 1 copy paid rec. 9317 (L)

Mail to
Sarah E. Lambert
Terreton, Idaho

State of California
County of } SS

On This 28th day of April in the year One Thousand Nine Hundred and Sixty-Six before me Edward S Fauver a Notary Public in and for the County of Alameda State of California, residing therein, duly commissioned and sworn, personally appeared CLARENCE E. McCLURE

known to me to be the person described in and whose name is subscribed to the within instrument,

and he acknowledged to me that he executed the same

In Witness Whereof, I have hereunto set my hand and affixed my Official Seal, the day and year in this certificate first above written.

Edward S Fauver
NOTARY PUBLIC
In and for said County of Alameda State of California

GENERAL ACKNOWLEDGMENT

My Commission Expires November 15, 1969

FORM NF26X-1 PICA Oakland, Calif.

JUN 1 1966

249-117-010-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-650

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Mardee Ben Burtenshaw			**2. Date of Birth** (month) October (day) 17, (year) 1922
	3. Color or Race White	**4. Sex** Male	**5. Place of Birth** a. County Shelton — Bonneville	b. City or Town of Birth Shelton, Idaho (mail Rigby)
FATHER	**6. Full Name of Father** Ben Burtenshaw, Jr.			**7. State or Country of Father's Birth** Shelton, Idaho
MOTHER	**8. Full Maiden Name of Mother** Eva Augusta Martin			**9. State or Country of Mother's Birth** Rigby, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant** Mardee Ben Burtenshaw		**11. Present Address of Registrant** RT 3 Idaho Falls, Idaho
NOTARY (Seal)	**Subscribed and sworn to before me on** June 16 1966	**12. Signature of Notary** Afton Lamont		**13. Notary Commission expires** 12-1 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document** Insurance Policy #2100761	**By whom issued and signed** American National Ins. Co. Galveston, Texas		**Date Issued** Nov.28,1955	**Date Orig. Entry** Nov. 3, 1955
	Date of Birth Oct.17,1922	**Birth Place** Shelton, Idaho	**Full Name of Mother** -----	**Name of Father** -----	
SUPPORTING RECORD 2.	**Type of Document** photocopy of military discharge paper	**By whom issued and signed** Paul K.Dean, Major AC Army of U.S.		**Date Issued** Oct.31,1945	**Date Orig. Entry** inducted Dec.16,1942
	Date of Birth Oct.17,1922	**Birth Place** Rigby, Idaho	**Full Name of Mother** -----	**Name of Father** -----	
SUPPORTING RECORD 3.	**Type of Document** Affidavit by parents	**By whom issued and signed** Eva Martin Burtenshaw & Benj. Burtenshaw		**Date Issued** July 8,1966	**Date Orig. Entry** -----
	Date of Birth Oct.17,1922	**Birth Place** Shelton, Idaho	**Full Name of Mother** Eva Martin Burtenshaw	**Name of Father** Ben Burtenshaw, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W W Barson	**Evidence reviewed by** gml Glenda Larson	**Date Filed** July 26, 1966

FORM BH 56067

1 repd rec # 14699 (B) 6-22-66 gml

JUL 26 1966

613-226-022-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-669

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Louise WATTS			2. Date Of Birth (month) MAY (day) 26 (year) 1922	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth: ST. ANTHONY IDAHO County FREMONT	b. City or Town of Birth: ST. ANTHONY, ED	
FATHER	6. Full Name of Father: ~~JOSEPH~~ GLEN JOSEPH WATTS			7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: VELMA IRENE BAGLEY			9. State or Country of Mother's Birth: BAKER, OREGON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy L. Johnson		11. Present Address of Registrant: 5232 SWEGLE Rd. NE	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1966	12. Signature of Notary: Carlelle Allen		13. Notary Commission expires: My Commission Expires Sept. 29, 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 58	By whom issued and signed: Mrs. Lucille Aldridge		Date Issued: Mar.7,1966	Date Orig. Entry: ------
	Date of Birth: May 26,1922	Birth Place: St.Anthony,Idaho Fremont County	Full Name of Mother: Velma Irene (Bagley) Watts	Name of Father: Glen Joseph Watts	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for license to marry #1622	By whom issued and signed: County Clerk's Office, Tooele County, Utah		Date Issued: Mar.11,1966	Date Orig. Entry: May 21, 1939
	Date of Birth: May 26,1922	Birth Place: St. Anthony,Idaho	Full Name of Mother: Velma Irene Bagley	Name of Father: Glen Joseph Watts	
SUPPORTING RECORD 3.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church, Salt Lake City		Date Issued: July 13,1966	Date Orig. Entry: July 2, 1922
	Date of Birth: May 26,1922	Birth Place: St.Anthony, Idaho	Full Name of Mother: Velma Irene Bagley	Name of Father: Glen Joseph Watts	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	July 27, 1966

FORM BH 56067

(7) 3-30-66 gml

JUL 28 1966

+157-015-022 - 693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-992

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Thelma Lavon Angell			2. Date Of Birth (month) Oct (day) 15 (year) 1922	
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Chester	b. City or Town of Birth: Fremont	Chester, Idaho
FATHER	6. Full Name of Father: James Lee Angell			7. State or Country of Father's Birth: Fairview	Utah
MOTHER	8. Full Maiden Name of Mother: Gwynneth Williams Angell			9. State or Country of Mother's Birth: Chester	Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Lavon Angell		11. Present Address of Registrant: St. Anthony, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 19 66	12. Signature of Notary: La Mont Bauer, Clerk of District Court		13. Notary Commission expires: elective 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #396383	Date Issued: -----	Date Orig. Entry: child born Sept. 15, 1944	
	Date of Birth: Age 21	Birth Place: Chester, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: James Lee Angell	Date Issued: Oct. 21, 1966	Date Orig. Entry: -----	
	Date of Birth: Oct. 15, 1922	Birth Place: Chester, Idaho	Full Name of Mother: Gwynneth Williams Angell	Name of Father: James Lee Angell	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage affidavit #250929	By whom issued and signed: Fremont County, Idaho	Date Issued: Oct. 17, 1966	Date Orig. Entry: July 26, 1943	
	Date of Birth: Oct. 15, 1922	Birth Place: Chester, Idaho Fremont County	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Nov. 17, 1966

FORM BH 56067

NOV 17 1966

344-214-028-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1075

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Elner Cummins
2. Date Of Birth (month) Feb. (day) 14 (year) 1922
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Coeur d Alene

FATHER

6. Full Name of Father: David Robert Cummins
7. State or Country of Father's Birth: Portland, Oregan

MOTHER

8. Full Maiden Name of Mother: Florence B. Shull
9. State or Country of Mother's Birth: Okanogan, Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth Elner Cummins
11. Present Address of Registrant: 2670 S. Poplar, Santa Ana, Calif.

NOTARY

Subscribed and sworn to before me on: Dec - 7 1966

12. Signature of Notary: Ronald Steuber
13. Notary Commission expires: RONALD STEUBER, My Commission Expires June 29, 1970

Official Seal RONALD STEUBER Notary Public California Principal Office in Los Angeles County

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of affidavit by father
By whom issued and signed: David Robert Cummins
Date Issued: Aug. 7, 1964
Date Orig. Entry: -----
Date of Birth: Feb. 14, 1922
Birth Place: Ross (near Coeur d Alene,) Idaho
Full Name of Mother: father David Robert Cummins
Name of Father: mother Florence B. Cummins

SUPPORTING RECORD 2.

Type of Document: photocopy of application for insurance policy
By whom issued and signed: Pierce Insurance Company
Date Issued: -----
Date Orig. Entry: Feb. 2, 1951
Date of Birth: Feb. 14, 1922
Birth Place: -----
Full Name of Mother: Florence Cummins
Name of Father: -----

SUPPORTING RECORD 3.

Type of Document: photocopy of application for insurance policy #32-743-080
By whom issued and signed: The Prudential Ins. Co. of America
Date Issued: -----
Date Orig. Entry: May 26, 1959
Date of Birth: Feb. 14, 1922
Birth Place: Coeur d'Alene, Idaho
Full Name of Mother: -----
Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: Dec. 20, 1966

FORM BH 56067 NR search made in Kootenai Co. 7-23-64 (P) 1 copy paid rec. #1379 12-9-66

DEC 20 1966

231-222-019-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LILLIAN EDWINA EMILY MARIA BLACK		2. Date Of Birth (month) DEC. (day) 22, (year) 1922	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CHALLIS, CUSTER	b. City or Town of Birth: CHALLIS
FATHER	6. Full Name of Father: RALPH MARDISIA BLACK		7. State or Country of Father's Birth: FORBESTOWN, BUTTE CO, CALIF.	
MOTHER	8. Full Maiden Name of Mother: LILLIAN EDWINA YOUNG		9. State or Country of Mother's Birth: ALBION, IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian E. MacFee	11. Present Address of Registrant: RT. 3 RICHLANE BLACKFOOT, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: November 29 1966	12. Signature of Notary: Nellie Manson	13. Notary Commission expires: December 2 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #423579	Date Issued: -----	Date Orig. Entry: child born Aug.27,1946	
	Date of Birth: Age: 23	Birth Place: Challis, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Blaine,County,Idaho	Date Issued: Nov.14,1966	Date Orig. Entry: Sept.2,1939	
	Date of Birth: Dec.22,1922	Birth Place: Challis, Idaho	Full Name of Mother: Lillian Black	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lillian E. Black	Date Issued: Jan.3,1967	Date Orig. Entry: -----	
	Date of Birth: Dec.22,1922	Birth Place: Challis, Custer County, Idaho	Full Name of Mother: Lillian E. Black	Name of Father: Ralph M. Black	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Jan. 31, 1967

FORM BH 56067

(10) 11-30-66 p.1

JAN 31 1967

33-1/2 104X-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-198

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BILLY RAYMOND CLAYTON		2. Date of Birth (month) (day) (year): February 12 1922
	3. Color or Race: white	4. Sex:	5. Place of Birth a. County: Midvale, Washington; b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Raymond (Arthur) A. Clayton		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Helen J. Titsworth		9. State or Country of Mother's Birth: Athena, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Billy Raymond Clayton	11. Present Address of Registrant: ~~1504~~ Fort Street Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 4th 1967	12. Signature of Notary: John W. Lloyd	13. Notary Commission expires: April 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records	By whom issued and signed: Weiser, Idaho, Weiser High School, Agnes Allan Clerk	Date Issued: -----	Date Orig. Entry: 1938-39
	Date of Birth: Feb.12,1922 / Birth Place: Midvale, Idaho	Full Name of Mother: Helen Clayton	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U.S. Army, Frank S. Sherman, Major CMP	Date Issued: May 17,1947	Date Orig. Entry: inducted Sept.25,1946
	Date of Birth: Feb.12,1922 / Birth Place: Midvale, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Helen J. Clayton McMullen	Date Issued: Mar.4,1967	Date Orig. Entry: -----
	Date of Birth: Feb.12,1922 / Birth Place: Midvale, Idaho Washington County	Full Name of Mother: Helen J. Titsworth	Name of Father: Raymond A. Clayton	
QUALIFYING INFORMATION				

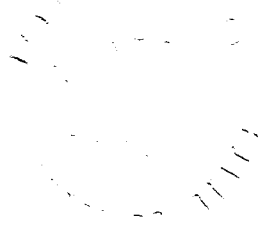
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	March 20, 1967

FORM BH 56067

MAR 20 1967



496-11-021-467

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-289

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DeWayne Bronson			2. Date of Birth (month) Oct (day) 11 (year) 1922	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Fairview Franklin	b. City or Town of Birth: Fairview Idaho	
FATHER	6. Full Name of Father: George A. Bronson			7. State or Country of Father's Birth: Franklin Idaho	
MOTHER	8. Full Maiden Name of Mother: Roxie Z Dopp			9. State or Country of Mother's Birth: Lewiston Cache	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: DeWayne Bronson		11. Present Address of Registrant: 1526 N. 350 W Hurricane	
NOTARY (Seal)	Subscribed and sworn to before me on: 13 March 1967	12. Signature of Notary: A. Kaye Browning		13. Notary Commission expires: May 11 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of Certificate of Blessing in LDS Church	By whom issued and signed: Wm. Wiser, Elder, Fairview, Ida ward, /A. Kaye Browning, Notary	Date Issued: Mar. 22, 1967	Date Orig. Entry: blessed Jan. 7, 1923	
	Date of Birth: Oct. 11, 1922	Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: Roxie Dopp	Name of Father: Geo. A. Bronson	
SUPPORTING RECORD 2.	Type of Document: photocopy of notice of separation from the U.S. Naval Serv.	By whom issued and signed: M.L. Wenk, Lt. (JG), USCGR (W)	Date Issued: Sep. 24, 1945	Date Orig. Entry: Aug. 11, 1942	
	Date of Birth: Oct. 11, 1922	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-8097	Date Issued: -----	Date Orig. Entry: child born July 23, 1948	
	Date of Birth: Age 25	Birth Place: Fairview, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

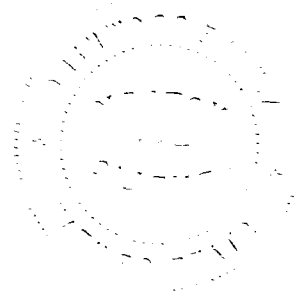
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	May 2, 1967

FORM BH 56067 Appd rev 4-1961

(P) 3.30 - 6 Tmd

MAY 2 1967



619-216-031-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-450

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Katherine Warren			2. Date Of Birth: (month) March (day) 16, (year) 1922	
	3. Color or Race: white	4. Sex: F.	5. Place of Birth: Winchester a. County: Lewis	b. City or Town of Birth: Winchester	
FATHER	6. Full Name of Father: Claude Derius Warren			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Sarah Carolyn Erickson			9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Warren Newman		11. Present Address of Registrant: 2706 Christmas Tree Lane Bakersfield, California	
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 14 1967	12. Signature of Notary: Robert L Wilson		13. Notary Commission expires: MARCH 21 1970	

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #20	By whom issued and signed: State of Washington		Date Issued: Aug.9,1963	Date Orig. Entry: child born Feb.2,1945
	Date of Birth: Age 22	Birth Place: Winchester, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for marriage license	By whom issued and signed: Pacific County, Washington County Recorder's Office		Date Issued: Mar.30,1967	Date Orig. Entry: Oct.16,1941
	Date of Birth: Age 19	Birth Place: Winchester, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-14-6179	By whom issued and signed: Social Security Adm.		Date Issued: -----	Date Orig. Entry: June 2,1938
	Date of Birth: Mar.16,1922	Birth Place: Winchester, Idaho	Full Name of Mother: Sara Erickson	Name of Father: Claude Warren	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	June 16, 1967

FORM BH 56067 2nd form sent 2-7-67 gml. 1 copy paid rec. 63-404

JUN 1 9. 1967.

789-228-042-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-501

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELMA CHRISTINA CHRISTOPHERSON
2. Date of Birth (month) (day) (year): DECEMBER 28 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: TWIN FALLS
b. City or Town of Birth: TWIN FALLS

FATHER

6. Full Name of Father: JOSEPH ALBERT CHRISTOPHERSON
7. State or Country of Father's Birth: LEHI, UTAH

MOTHER

8. Full Maiden Name of Mother: ANNIE AMELIA SORENSEN
9. State or Country of Mother's Birth: HYRUM, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elma C. Christopherson
11. Present Address of Registrant: 322 Jackson st.

NOTARY (Seal)

Subscribed and sworn to before me on: May 25 1967
12. Signature of Notary: Ruth K Jones
13. Notary Commission expires: My Commission Expires May 6, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	Twin Falls Ward, J.E. Allred, Bishop	Feb.10,1931	baptized Jan.31,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.28,1922	Twin Falls,Idaho	Annie Amelia Sorensen	Joseph A. Christopherson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person present at time of birth	Minnie B. Hill Age 58	May 25,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.28,1922	Twin Falls,Idaho	Annie Amelia Sorensen	Joseph Albert Christopherson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #50-7330	-----	child born June 5,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 27	Twin Falls	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 28, 1967

FORM BH 56067

JUN 28 1967

716-205-016-413

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De 67-736
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Marie Paoli	2. Date Of Birth (month) (day) (year): March 5 1922
	3. Color or Race: white; 4. Sex: ; 5. Place of Birth a. County: Idaho RFD#1 Cassia	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: Olindo Paoli	7. State or Country of Father's Birth: Austria
MOTHER	8. Full Maiden Name of Mother: Ines Cathryn Dallolio	9. State or Country of Mother's Birth: Venice, Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada Marie Paoli (Pope)
		11. Present Address of Registrant: Richfield, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 16 1959	12. Signature of Notary: Leo B Brush
		13. Notary Commission expires: July 1 1961

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Ines Paoli	Date issued: 11-23-54	Date Orig. Entry: ---
Class* B	Date of Birth: March 5, 1922; Birth Place: RFD#1 Cassia County, Idaho	Full Name of Mother: Ines Cathryn Dallolio	Name of Father: Olinlo Paoli	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism Roman Catholic Church	By whom issued and signed: St. Nicholas Church, Rupert Malachy McNeill, Pastor,	Date issued: July 22,1957	Date Orig. Entry: baptized March 3, 1935
Class	Date of Birth: Mar.5,1922; Birth Place: Rupert, Idaho	Full Name of Mother: Inez Catherine Dall'olio	Name of Father: Olindo Paoli	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Minidoka County Schools, Ida. Doyle Lowder, Clerk	Date issued: May 11,1967	Date Orig. Entry: 1938-39
Class	Date of Birth: Mar.5,1922; Birth Place: Rupert, Idaho	Full Name of Mother: Ines Dallolio Paoli	Name of Father: Olindo Paoli	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

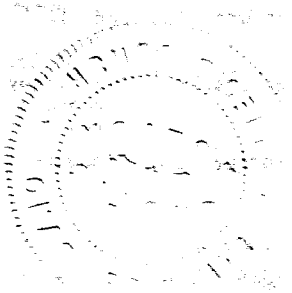
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 6, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

NOV 29 1967



284-219-003-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-847

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty Shurtleff		2. Date Of Birth (month) (day) (year): May 19, 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Joseph Heber Shurtleff		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Aner Taylor		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty S. Dean	11. Present Address of Registrant: 112 No. Barbara Mateo Cal
NOTARY (Seal)	Subscribed and sworn to before me on Sept 23rd 1947	12. Signature of Notary: Mildred E. Nelson	13. Notary Commission expires: MILDRED E. NELSON NOTARY PUBLIC - CALIFORNIA SAN MATEO COUNTY Commission Expires Sept. 28, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of baptism and confirmation	By whom issued and signed: LDS Church, Ogden 7th Ward, Ernest E. Hampton, Priest	Date issued: Jul.10,1930	Date Orig. Entry: baptized July 6,1930
	Date of Birth: May 19,1922	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Aner Taylor	Name of Father: Joseph H. Shurtliff
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate 50-129353	By whom issued and signed: Vital Statistics, State of California	Date issued: Jan.14,1952	Date Orig. Entry: child born July 15,1950
	Date of Birth: Age 28	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of application for membership #28933	By whom issued and signed: Society of Daughters of Utah Pioneers, Palo Alto, Calif.	Date issued: Nov.18,1957	Date Orig. Entry: Dec.11,1954
	Date of Birth: May 19,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Aner Taylor Shurtleff	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Oct. 6, 1967

FORM BH 56067

Searched 9/19/67 1 copy pd. Rec. #20893

Betty Shurtleff Dean

OCT 6 1967

249-108-003-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-871

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mike George Shipley
2. Date of Birth (month) (day) (year): April 8 1922
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Bancroft, Idaho

FATHER

6. Full Name of Father: Carleon Ernest Shipley
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Martha Elnora Ward
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mike G. Shipley
11. Present Address of Registrant: Bancroft, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 10-5 1967
12. Signature of Notary: Fern J. Lant
13. Notary Commission expires: May 30 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #382237	----	child born Nov.12,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age:21	Bancroft, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy #222212	Beneficial Life Ins. Co.	Jan.28,1942	Dec.17,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.8,1922	Bancroft, Idaho	Martha E. Shipley	Carleon E. Shipley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of affidavit for marriage license	Bannock,County, Idaho	Oct.2,1967	June 11,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 20	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

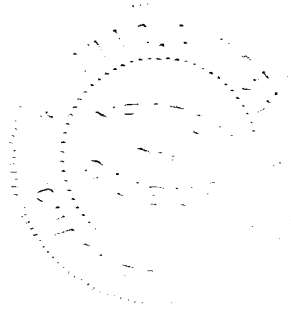
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	October 11,1967

FORM BH 56067

9-22-67

OCT 1 1 1967



619-120-018-169

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De 67-974
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bruce Farance			2. Date Of Birth (month) 3 (day) 20 (year) 22	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Weippe	
FATHER	6. Full Name of Father: James P. Farance			7. State or Country of Father's Birth: West Virginia	
MOTHER	8. Full Maiden Name of Mother: Caddie Susan Jordan			9. State or Country of Mother's Birth: West Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bruce Farance	11. Present Address of Registrant: Orofino, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 26, 1967		12. Signature of Notary: Mary E. Anderson	13. Notary Commission expires: May 1, 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #380140	Date Issued: ———	Date Orig. Entry: child born Sep.18,1943	
	Date of Birth: Age 21	Birth Place: Weippe, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2. Class	Type of Document: photocopy of application for social security #517-16-5247	By whom issued and signed: Social Security Adm.	Date Issued: ———	Date Orig. Entry: Sept.2,1939	
	Date of Birth: Mar.20,1922	Birth Place: Weippe, Idaho	Full Name of Mother: Caddie Susan Jordan	Name of Father: James P. Farance	
SUPPORTING RECORD 3. Class	Type of Document: Statement regarding school records	By whom issued and signed: Clearwater County, Idaho Dist. #30	Date Issued: Aug.18,1967	Date Orig. Entry: Sept.26,1938	
	Date of Birth: Age 16	Birth Place: ———	Full Name of Mother: Caddie Farance	Name of Father: J. P. Farance	

QUALIFYING INFORMATION

Affidavit by neighbor at time of birth, Lute Dennis, gives date of birth as March 20, 1922 in Weippe, Clearwater County, Idaho to James P. Farance and Caddie Susan Jordan. Affidavit was signed August 16, 1967.

REGISTRAR'S CERTIFICATION (seal)

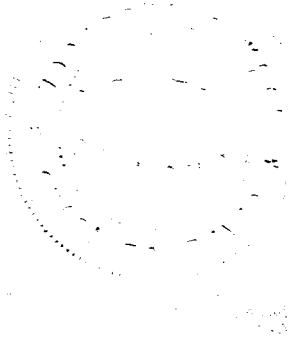
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Nov. 15, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 1 6 1967



415-12-018-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1043

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Russell Daniels		2. Date Of Birth (month) (day) (year): August 21 1922
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho, Clearwater
			b. City or Town of Birth: Cavendish
FATHER	6. Full Name of Father: Jesse David Daniels		7. State or Country of Father's Birth: Idaho, Nez Perce County
MOTHER	8. Full Maiden Name of Mother: Juanita Ruby Blackburn		9. State or Country of Mother's Birth: Idaho, Nez Perce County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles R Daniels	11. Present Address of Registrant: 2115-15th Ave Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 1st 1967	12. Signature of Notary: Dwight A. Gray	13. Notary Commission expires: Sept 8 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records	By whom issued and signed: School Dist. #19 Jt. Clearwater County, Idaho	Date Issued: Oct.30,1967	Date Orig. Entry: Sep.22,1934
	Date of Birth: Age 12	Birth Place: -----	Full Name of Mother: -----	Name of Father: Jesse Daniels
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge	By whom issued and signed: United States Army, L.Dude, Capt. AGC	Date Issued: separated Aug.31,1951	Date Orig. Entry: Sep.12,1950
	Date of Birth: Aug.21,1922	Birth Place: Cavendish,Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Juanita Blackburn Daniels	Date Issued: Nov.30,1967	Date Orig. Entry: -----
	Date of Birth: Aug.21,1922	Birth Place: Cavendish, Idaho	Full Name of Mother: Juanita Ruby Blackburn	Name of Father: Jesse David Daniels
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 8, 1967

FORM BH 56067

(D) 11-21-

DEC 1 1 1967

419-129-041-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-049

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Reigo Laverne Marcum
2. Date of Birth (month) (day) (year): May 29, 1922
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Valview(Tetonia) Teton, Ida
b. City or Town of Birth: see 5

FATHER

6. Full Name of Father: Chester Arthur Marcum
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Nettie Ruth Nethercott
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: R Laverne Marcum
11. Present Address of Registrant: Route #4, Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 5 19 67
12. Signature of Notary: Rhea W. Murdock
13. Notary Commission expires: June 21 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #50-7285	------	child born June 24, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 28	Tetonia, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of honorable discharge	U.S. Army, A.J. Del Signore 1st Lt. A C	Oct.10,1945	inducted Oct.24,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29,1922	Tetonia, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of church record	B. J. Fullmer, Ward Clerk	Oct.12,1941	Oct.12,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29,1922	Tetonia, Idaho	Ruth Nethercott	Chester A. Marcum

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml hh Glenda Larson	Jan. 16, 1968

FORM BH 56067

10-20-67

JUN 26 1968

942-126-040-691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-158
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Lone
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg, Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph M. Rubino

5. Date of Birth of Child (Month, day, year) Sept 26-27

6. Sex M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 6 8. No. months of Pregnancy 6 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vito Rubino
11. Color or Race W 12. Age at time of THIS birth 41 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carmela Frank
17. Color or Race W 18. Age at time of THIS birth 33 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4. A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature F. R. Mason M.D. Midwife Address Kellogg, Ida Date 10/28-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 14, 1968 by W. W. Benson, State, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 20 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses specified in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-203-003-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-174

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Allene Holbrook			2. Date of Birth (month) June (day) 3 (year) 1922	
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth: Chesterfield a. County (then): Bannock	b. City or Town of Birth: Chesterfield	
FATHER	6. Full Name of Father: Lafayette Holbrook			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Annaleas Halverson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Allene H. Sorenson	11. Present Address of Registrant: Bancroft Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 30 1968		12. Signature of Notary: Fern Jo Hunt	13. Notary Commission expires: May 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #51-9887	Date Issued: -----	Date Orig. Entry: child born Aug. 17, 1951
	Date of Birth: Age: 29	Birth Place: Chesterfield, Ida.	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of school records		By whom issued and signed: High school record, Bancroft, Idaho	Date Issued: -----	Date Orig. Entry: graduated 1940
	Date of Birth: June 3, 1922	Birth Place: Chesterfield	Full Name of Mother: Annaleas Holbrook	Name of Father: Lafayette Holbrook	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor		By whom issued and signed: Grace Mickelsen Age 67	Date Issued: Feb. 12, 1968	Date Orig. Entry: ----
	Date of Birth: June 3, 1922	Birth Place: Chesterfield, Ida.	Full Name of Mother: Annaleas Halverson Holbrook	Name of Father: Lafayette Holbrook	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: hh Glenda Larson	Date Filed: Feb. 15, 1968

FORM BH 56067

Cert. #25538

12-26-67

FEB 16 1968

843-214-003-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-322

REGISTRANT

1. Registrant's Full Name at Birth: Lois Ruth ~~Tompkins~~ Hutchinson
2. Date of Birth (month) (day) (year): Sept. 14 – 1922
3. Color or Race: Wh.
4. Sex: Female
5. Place of Birth a. County: Grace, Idaho. Bannock
b. City or Town of Birth: Grace, Idaho
6. Full Name of Father: Charles Hutchinson
7. State or Country of Father's Birth: Rockland, Idaho
8. Full Maiden Name of Mother: Beatrice Marie Gordon
9. State or Country of Mother's Birth: Soldier Kansas

AFFIDAVIT OF MOTHER

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois Ruth Tompkins
11. Present Address of Registrant: Lot 24A C43 = Evangeline Sacramento Calif

NOTARY (seal)

Subscribed and sworn to before me on: March 11, 1968
12. Signature of Notary: Joyce M. Alltucker
13. Notary Commission expires: Sept. 17 1970

JOYCE M. ALLTUCKER
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Beatrice M. Hutchinson	Mar.8,1968	----
	Date of Birth / Birth Place: Sep.14,1922 / Grace, Idaho	**Full Name of Mother:** Beatrice M. Hutchinson	**Name of Father:** Charles Hutchinson	
SUPPORTING RECORD 2.	Certificate of baptism and confirmation	LDS Church, San Joaquin Dist. Eugene Gough, Dist. President	Nov.7,1952	baptized Nov.1,1952
	Date of Birth / Birth Place: Sep.14,1922 / Grace, Idaho	**Full Name of Mother:** Beatrice Gordon	**Name of Father:** Charles Hutchinson	
SUPPORTING RECORD 3.	certified copy of own child's birth certificate	State of California Bureau of Vital Statistics	Mar.20,1968	child born July 14,1938
	Date of Birth / Birth Place: Age: 15 / Idaho	**Full Name of Mother:** ----	**Name of Father:** ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	March 25,1968

FORM BH 56067 ICC pd - Rec # 29317 RUSH (T) 3-14-68 gml

MAR 25 1988

413-209-021-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-328

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Matkin			2. Date of Birth (month) April (day) 9 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Preston, Franklin	b. City or Town of Birth: Preston, Franklin, Idaho
FATHER	6. Full Name of Father: George Quayle Matkin			7. State or Country of Father's Birth: Hyde Park, Cache, Utah
MOTHER	8. Full Maiden Name of Mother: Julia Constance Allen			9. State or Country of Mother's Birth: Afton, Lincoln, Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Blanche Matkin Hoggan	11. Present Address of Registrant: 2205 Craig Ave. Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3-15 1968		12. Signature of Notary: Mary A. Schafer	13. Notary Commission expires: 4-1 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #324373	Date Issued: ----	Date Orig. Entry: child born Oct.8,1941
	Date of Birth: Age: 19	Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Jan.29,1968	Date Orig. Entry: July 2,1922
	Date of Birth: Apr.9,1922	Birth Place: Preston, Franklin County, Idaho	Full Name of Mother: Julia C. Allen	Name of Father: George Q. Matkin	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age:79		By whom issued and signed: Rosanna Allen	Date Issued: Jan.27,1968	Date Orig. Entry: ----
	Date of Birth: Apr.9,1922	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Julia Constance Allen Matkin	Name of Father: George Quayle Matkin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 27,1968

FORM BH 56067

MAR 27 1968

993-126-029-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-499

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RAYMOND CARL RILEY			2. Date of Birth (month) JUNE (day) 26 (year) 1922
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: LATAH	b. City or Town of Birth: KENDRICK
FATHER	6. Full Name of Father: JOHN RILEY			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: NETTIE CARGILL			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond C Riley		11. Present Address of Registrant: 6700 BELCREST APT 1030 HYATTSVILLE, MARLAND 20782
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1968	12. Signature of Notary: Thelma V. Bafford		13. Notary Commission expires: 7-1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by paternal aunt	By whom issued and signed: Daisy B. Johnson Age:72		Date Issued: Apr.4,1968	Date Orig. Entry: ---
	Date of Birth: Jun.26,1922	Birth Place: Kendrick, Idaho	Full Name of Mother: Nettie (Cargill) Riley	Name of Father: John Riley	
SUPPORTING RECORD 2.	Type of Document: Certificate of Eligibility #47284 Wash.	By whom issued and signed: A.E.Haakonson, Eligibility clk. Seattle, Wash., Veterans Adm.		Date Issued: Feb.20,1950	Date Orig. Entry: Feb.20,1950
	Date of Birth: Jun.26,1922	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, J.Willard Wagner, Lt. Col AGD, Ft.Lewis, Wash.		Date Issued: Apr.9,1946	Date Orig. Entry: inducted Dec.13,1944
	Date of Birth: June 26,1922	Birth Place: Kendrick, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 14, 1968

FORM BH 56067 1 copy paid rec 28188 2/29/68

MAY 15 1968

236-107-018-451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-568

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James David Stott Jr.
2. Date of Birth (month) (day) (year): July 7 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Clearwater
   b. City or Town of Birth: Elk River

FATHER

6. Full Name of Father: James David Stott Sr.
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Luannia Phyllis Meador
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James David Stott
11. Present Address of Registrant: 2310 Tennent Ct. Pinole, Calif

NOTARY SEAL — BEULAH MAE MILLS — Notary Public — Contra Costa County — State of California

Subscribed and sworn to before me on 7 1968

12. Signature of Notary: Beulah Mae Mills
13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 15, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
photocopy of honorable discharge	United States Navy, W.E.Martin Commander, USNR	discharged Dec.7,1945	enlisted Nov.18,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7,1922	Elk River, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Photocopy of application for social security #546-16-2039	Social Security Adm.	----	Dec.27,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7,1922	Elk River, Idaho	Phyllis Luena Meador	James David Stott

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by mother	Mrs. James David Stott	Oct.5,1942	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7,1922	Elk River, Idaho	Luannia Phyllis Meador	James David Stott

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	Glenda Larson	June 11, 1968

FORM BH 56067

JUN 1 1 1968

236-201-019-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-643

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reva Bae Stoddard			2. Date Of Birth (month) 7 (day) 1 (year) 1922
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Mackey, Ida. a. County: Custer	b. City or Town of Birth: Mackey
FATHER	6. Full Name of Father: Raymond Taylor Stoddard			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Pearl Bull			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reva Bae Clegg		11. Present Address of Registrant: 60 Keystone Court Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 15, 19 68	12. Signature of Notary: La Quita Aklenar		13. Notary Commission expires: February 15, 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Bible record		By whom issued and signed: Family Bible record	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: July 1,1922	Birth Place: Mackey, Idaho	Full Name of Mother: Pearl Bull Stoddard	Name of Father: Ray T. Stoddard	
SUPPORTING RECORD 2.	Type of Document: School record of age		By whom issued and signed: Bear Lake High School, Dist.33 Marie Tolley, Registrar	Date issued: ----	Date Orig. Entry: Sept.1936
	Date of Birth: July 1,1922	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record		By whom issued and signed: Caribou County Hospital, Soda Springs, Idaho	Date issued: ----	Date Orig. Entry: Dec.9,1962
	Date of Birth: July 1,1922	Birth Place: Mackey, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

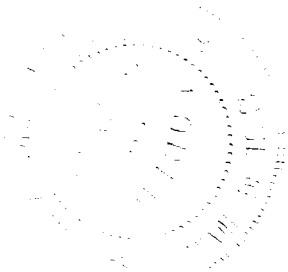
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 10, 1968

K FORM BH 56067 1 copy paid rec. 25174 (C) 5-21-68 gml

JUL 1 1 1968



844-126-024-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-690

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Voit Hudspeth Jr.
2. Date of Birth (month) (day) (year): 9 - 26 - 1922
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Gooding Co.
b. City or Town of Birth: Wendell, Idaho

FATHER

6. Full Name of Father: Voit Hudspeth Sr.
7. State or Country of Father's Birth: Arkansas-Carroll, Co.

MOTHER

8. Full Maiden Name of Mother: Lenna L. Phillips
9. State or Country of Mother's Birth: Arkansas-Carroll Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Voit Hudspeth Jr.
11. Present Address of Registrant: Jerome Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 6-28 1968
12. Signature of Notary: W Glen Jackson
13. Notary Commission expires: 9-10-1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #14479 (1951)	----	child born Nov.18,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 29	Wendell, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Voit Hudspeth, Sr.	Jun.28,1968	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.26,1922	Wendell, Idaho	Lenna L. Phillips Hudspeth	Voit Hudspeth, Sr.

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U.S. Army, W.F.Catlin,Major AC, Ft. Dix New Jersey	May 24,1947	enlisted Dec.4,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.26,1922	Wendell, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 26, 1968

FORM BH 56067

1 C.C. pd - Rec.# 36089

6-26-68. Searched

May use child's birth # 51-14479

JUL 26 1968

253-226-022-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-745

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Macie Verda Bell			2. Date Of Birth (month) (day) (year): June 26, 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Chester
FATHER	6. Full Name of Father: Almer Henry Bell			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Flora May Higbee			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Macie Bell Brown		11. Present Address of Registrant: 3186 Washington S. L. C. Ut.
NOTARY (Seal)	Subscribed and sworn to before me on: 19 July 1968	12. Signature of Notary: W W Benson		13. Notary Commission expires: Aug 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #354469	Date Issued: -----	Date Orig. Entry: child born July 3,1942
	Date of Birth: Age: 20	Birth Place: Chester, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father Age:66		By whom issued and signed: Almer H. Bell	Date Issued: Jul.19,1968	Date Orig. Entry: ----
	Date of Birth: Jun.26,1922	Birth Place: Chester, Idaho	Full Name of Mother: Flora May Higbee	Name of Father: Almer Henry Bell	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Fremont County, Idaho	Date Issued: Jul.29,1968	Date Orig. Entry: 1934
	Date of Birth: Jun.26,1922	Birth Place: ---	Full Name of Mother: ---	Name of Father: Almer Bell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 2, 1968

FORM BH 56067 [redacted] in office 7-19-68 NO SEARCH MADE 1 Rp. Pd. rec. # 37424 gml

AUG 5 1968

V - 693-201-014-246

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-782

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luella Florence Wilson			2. Date of Birth (month) Dec (day) 1 (year) 1922	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Caldwell, Canyon	b. City or Town of Birth	
FATHER	6. Full Name of Father: Jesse David Wilson			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Agness Mary Buffington			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luella Florence M Birds		11. Present Address of Registrant: Aug 7, 1968	
NOTARY (Seal)	Subscribed and sworn to before me on: August 7 1968	12. Signature of Notary: Edith M. Cornell		13. Notary Commission expires: June 15 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: County ofCAnyon		Date Issued: Aug.8,1968	Date Orig. Entry: School year 1933
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: ----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certified copy Own childs birth certificate	By whom issued and signed: City of Brawley, California		Date Issued: Oct.11,1944	Date Orig. Entry: child born Mar.28,1942
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ----		Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age 64	By whom issued and signed: Agnes Wilson		Date Issued: Sept.10,1968	Date Orig. Entry: ---
	Date of Birth: Dec.1,1922	Birth Place: Caldwell, Idaho	Full Name of Mother: Agness Mary Buffington		Name of Father: Jesse David Wilson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Sept.10,1968

FORM BH 56067

SEP 10 1968

693-201-014-246

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-783

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loretta Florice Wilson	2. Date Of Birth (month) Dec (day) 1 (year) 1922
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Caldwell Idaho Canyon	b. City or Town of Birth: Caldwell ~~Iowa~~ Idaho
FATHER	6. Full Name of Father: Jesse David Wilson	7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Agnes Mary Bullfrington	9. State or Country of Mother's Birth: Caldwell Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loretta F. Evans
		11. Present Address of Registrant: 2005 So. Stevens Seattle Wash 98144
NOTARY (Seal)	Subscribed and sworn to before me on: 23rd of August 1968	12. Signature of Notary: Helen J. Ebert
		13. Notary Commission expires: September 22 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Dec.1,1922; Birth Place: -----	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Agnes Mary Wilson	Date issued: Aug 26, 1968	Date Orig. Entry: ----
	Date of Birth: Dec.1,1922; Birth Place: Caldwell, Idaho	Full Name of Mother: Agnes Mary Wilson	Name of Father: Jesse David Wilson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file - Idaho # 401523	Date issued: -----	Date Orig. Entry: child born Jan 11, 1945
	Date of Birth: Age 22; Birth Place: Caldwell, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept 9, 1968

FORM BH 50067 parents In office - 8-26-68 - 1 C.C. pd. Rec # 39738. 7-25-67

SEP 10 1968
NOV 26 1971

493 - 201 - 029 - 293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-791

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Isabelle Millard		2. Date of Birth (month) (day) (year): November 1, 1922
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Juliaetta, Idaho — Latah
			b. City or Town of Birth: Juliaetta, Idaho.
FATHER	6. Full Name of Father: James Herbert Millard		7. State or Country of Father's Birth: Coleridge, Nebraska.
MOTHER	8. Full Maiden Name of Mother: Georgia Anna Kite.		9. State or Country of Mother's Birth: Johnson, Wash.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn I. Nipkens	11. Present Address of Registrant: Box 93 - Kooskia, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 19, 1968	12. Signature of Notary: Garnet D. Nicks	13. Notary Commission expires: Feb. 15 - 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #50-3127	Date Issued: ----	Date Orig. Entry: child born Mar.8,1950
	Date of Birth: Age: 27	Birth Place: Juliaetta, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt who was present at time of birth		By whom issued and signed: Dora D. Fleshman Age:77	Date Issued: Apr.3,1968	Date Orig. Entry: ----
	Date of Birth: Nov.1,1922	Birth Place: Juliaetta, Idaho	Full Name of Mother: Georgia Ann Millard	Name of Father: James Herbert Millard	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: James V.Muscat, Supt. Schools Kendrick, Idaho Dist. #283	Date Issued: Aug.12,1968	Date Orig. Entry: Sept.4,1933
	Date of Birth: Age: 10	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	Sept.11,1968

FORM BH 56067

(11) 8-168 gml

SEP 1 1 1968

494-10-7028-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-807

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Dimico			2. Date of Birth (month) 3 (day) 7 (year) 22
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Kootenia	b. City or Town of Birth: Springston
FATHER	6. Full Name of Father: Sebastian Dimico			7. State or Country of Father's Birth: ITALY
MOTHER	8. Full Maiden Name of Mother: Mary Ann DeMarie			9. State or Country of Mother's Birth: ITALY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eugene Dimico	11. Present Address of Registrant: N. 4901 Crestline Spokane Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 7 1968		12. Signature of Notary: Betty M. Husted	13. Notary Commission expires: Aug 2 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military discharge		By whom issued and signed: H.M.Sebastian,Major, AGD, U.S. Army	Date Issued: 19 Feb.46	Date Orig. Entry: inducted 24 Oct. 1945
	Date of Birth: Mar.7,1922	Birth Place: Springston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Baptismal certificate (Roman Catholic)		By whom issued and signed: Joseph F.Schmidt,Chancellor, St.George Church,Post Falls	Date Issued: Jul.25,1968	Date Orig. Entry: baptized Sept.10,1925
	Date of Birth: Mar.7,1922	Birth Place: Springston, Idaho	Full Name of Mother: Mary Ann De Marie Dimico	Name of Father: Sebastian Demico	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record		By whom issued and signed: Deaconess Hospital, Spokane, Washington	Date Issued: ---	Date Orig. Entry: child born Apr.20,1954
	Date of Birth: Mar.7,1922	Birth Place: Springston, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

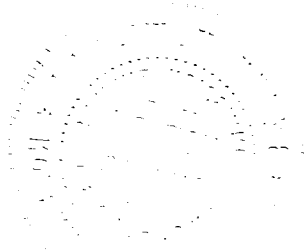
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Sept.11,1968

FORM BH 56067

~~No search made~~. One copy paid Rec. # 7827. (D) 3-14-66

SEP 1 2 1968



595213-001-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-907

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vincen, June Beryl		2. Date of Birth: (month) June (day) 13 (year) 1922	
	3. Color or Race: W	4. Sex: Female	5. Place of Birth: Idaho	a. County: Ada
				b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Vincen, Charles Henry		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Richardson, Sadie Sarah		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs June Beryl Brown	11. Present Address of Registrant: RT I Box 3298 Florence	
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1968	12. Signature of Notary: Cynthia J. Oliver	13. Notary Commission expires: My Commission Expires Sept. 12, 1969 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding doctor's records	By whom issued and signed: F.A. Bower, M.D., Florence, Oregon	Date Issued: Aug.12,1968	Date Orig. Entry: Oct.15,1958
	Date of Birth: Jun.13,1922	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #528170	By whom issued and signed: Provident Life Ins. Co., Bismarck, North Dakota	Date Issued: Mar.5,1960	Date Orig. Entry: Feb.12,1960
	Date of Birth: Jun.13,1922	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:60	By whom issued and signed: Nellie Eileen Vincen Kent	Date Issued: Sep.27,1968	Date Orig. Entry: -----
	Date of Birth: Jun.13,1922	Birth Place: Boise, Ada County, Idaho	Full Name of Mother: Sarah Sadie Vincen	Name of Father: Charles Henry Vincen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Oct. 21, 1968

FORM BH 56067

(c) 9-19-

OCT 21 1968

852-211-010-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-924

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amy Ordell Hebertson			2. Date of Birth (month) February (day) 11 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Charles Hebertson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Cora Ann Phillips			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy Sargent		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: October 16, 1968	12. Signature of Notary: Ralph M. Archibald		13. Notary Commission expires: 5/10/69 19

(((APPLICANT— DO NOT WRITE BELOW THIS LINE)))

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #60-7762	Date Issued: ---	Date Orig. Entry: child born June 15, 1960	
	Date of Birth: Age: 38	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Temple Recommend	By whom issued and signed: LDS Idaho Falls Temple	Date Issued: Aug.8,1961	Date Orig. Entry: Aug.8,1961	
	Date of Birth: Feb.11,1922	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Cora Ann Phillips	Name of Father: Charles Hebertson	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Firth Ward, John J. Lyon, Bishop	Date Issued: Jan.7,1934	Date Orig. Entry: baptized June 3,1933	
	Date of Birth: Feb.11,1922	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Cora A. Phillips	Name of Father: Charles Hebertson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Oct. 23, 1968

FORM BH 56067

(5) 10 8-68 gml

OCT 25 1968

553-104-010-572

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-935

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Franklin Nelson		2. Date Of Birth (month) July (day) 4 (year) 1922
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: ~~Idaho Falls~~, Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: William Goforth Nelson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Caroline Egbert		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Franklin Nelson	11. Present Address of Registrant: 374 E. 17th St.
NOTARY (Seal)	Subscribed and sworn to before me on: October 14, 1968	12. Signature of Notary: LaWayne Chapman	13. Notary Commission expires: January 2, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Church Certificate of birth		By whom issued and signed: LDS Church, Bingham Stake, Ida, Falls 1st Ward, pag. 1194 line 436	Date issued: Oct. 9, 1968	Date Orig. Entry: Nov. 5, 1922
	Date of Birth: July 4, 1922	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Mary Egbert	Name of Father: William Nelson	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage license affidavit		By whom issued and signed: Bonneville County, Idaho	Date issued: ---	Date Orig. Entry: Mar. 26, 1941
	Date of Birth: Age: 18 as of Jul. 4, 1940	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge record		By whom issued and signed: U.S. Navy, Camp Elliott, San Diego, F.W. Scanlon, Commodore	Date issued: Oct. 20, 1945	Date Orig. Entry: Jan. 23, 1945
	Date of Birth: July 4, 1922	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 29, 1968

FORM BH 56067

1 CP Pd Rec #228

9-18-68

OCT 30 1968

915-227-015-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-116

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chloe Larue Ransom		2. Date of Birth (month) (day) (year): January 27 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grace Idaho Caribou
			b. City or Town of Birth: Grace Idaho
FATHER	6. Full Name of Father: Hyrum Ames Ransom		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lottie Covert		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chloe Larue Fowler	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on JUN 5 1967 19__	12. Signature of Notary: Alvin R. Schubert	13. Notary Commission expires: 6-12-70 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Williams Ward, Wesley W. Hubbard, Bishop		Date Issued: May 4, 1930	Date Orig. Entry: baptized May 3,1930
	Date of Birth: Jan.27,1922	Birth Place: Grace, Bannock County, Idaho	Full Name of Mother: Lottie Covert		Name of Father: Hyrum A. Ransom
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-10846		Date Issued: -----	Date Orig. Entry: child born Sept.18,1948
	Date of Birth: Age 26	Birth Place: Grace, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Bankers Life and Casualty Co. Insurance Policy 620217214	By whom issued and signed: Bankers Life and Casualty Co. Chicago, Illinois		Date Issued: Dup.pol. 3-25-63	Date Orig. Entry: June 7, 1962
	Date of Birth: Jan.27,1922	Birth Place: ----	Full Name of Mother: ----		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Feb. 19, 1969

FORM BH 56067 1 cp pd rec. #14470

ROSH 6-6-67 gml

Joints

FEB 20 1969

415-226-009-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-169

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Esta Effie Davis
2. Date of Birth (month) (day) (year): May 26, 1922
3. Color or Race: White
4. Sex: Fe
5. Place of Birth a. County: Bonner
b. City or Town of Birth: Algoma (mailing add. Sagle)

FATHER

6. Full Name of Father: Morton Dillard Davis
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Effie Ward
9. State or Country of Mother's Birth: Oklahoma

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Esta E. Davey
11. Present Address of Registrant: 4111 Lavina Street, Vancouver, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 27 1969
12. Signature of Notary: Ruby Swratt
13. Notary Commission expires: 6-30 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Mike Lamanna, Asst. Supt. Algoma School Dist. #36	Feb. 14, 1969	Sept. 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 1922	----	-----	Dillard Davis

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt (bd. 2-20-1912)	Christina Bellinger	Feb. 14, 1969	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 26, 1922	Algoma (Sagle), Bonner Co., Idaho	Effie Ward	Morton Dillard Davis

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of own child's birth certificate	Dept. of Health, Vital Statistics, State of Washington	Feb. 20, 1969	child born May 7, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Algoma, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	March 5, 1969

FORM BH 56067

MAR 6 1969

133-203-003-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-284

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Ruth Allsop			2. Date of Birth (month) April (day) 3 (year) 1922	
	3. Color or Race: W.	4. Sex: F	5. Place of Birth: a. County Grace Idaho Bannock	b. City or Town of Birth: Idaho -	
FATHER	6. Full Name of Father: William Henry Allsop			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Lydia Ruth Bonnell			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma K. Dickson		11. Present Address of Registrant: Polson Mont - Box 969	
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 12 1969	12. Signature of Notary: Loren N Hamman - Polson Mont		13. Notary Commission expires: 6/10 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #4392	By whom issued and signed: State of Montana, Clerk & Recorder's Office, Lake Co.		Date Issued: Mar.12,1969	Date Orig. Entry: child born Aug.12,1941
	Date of Birth: Age: 19	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: School Records	By whom issued and signed: Polson, Montana, Phyllis W. Morigeau, Deputy Co.Supt.		Date Issued: Apr.14,1969	Date Orig. Entry: 1936-37
	Date of Birth: Apr.3,1922	Birth Place: -----	Full Name of Mother: Lydia R. Allsop	Name of Father: William Henry Allsop	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Ruth L. Allsop Whittekiend		Date Issued: Apr.9,1969	Date Orig. Entry: ----
	Date of Birth: Apr.3,1922	Birth Place: Grace, Idaho	Full Name of Mother: Ruth L. Bonnell Allsop	Name of Father: William Henry Allsop	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml hh Glenda Larson	April 17, 1969

FORM BH 56067

2-14-69

APR 18 1969

993211 004-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-454

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jean Rich		2. Date Of Birth (month) 8 (day) 11 (year) 22
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Paris / Bear Lake; b. City or Town of Birth: Paris, Idaho
FATHER	6. Full Name of Father: Clarence Matthews Rich		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Theresa Johnson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jean Rich Hart	11. Present Address of Registrant: Bountiful, Utah 90 N. 3rd East
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1969	12. Signature of Notary: Deane W. Chapman	13. Notary Commission expires: Nov 24 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #220926	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Jan.6,1942	Date Orig. Entry: Dec.10,1941
	Date of Birth: Aug.11,1922 / Birth Place: Paris, Idaho	Full Name of Mother: Theresa J. Rich	Name of Father: Clarence M. Rich	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Theresa Johnson Rich	Date Issued: May 14,1969	Date Orig. Entry: -----
	Date of Birth: Aug.11,1922 / Birth Place: Paris, Idaho	Full Name of Mother: Theresa J. Rich	Name of Father: Clarence M. Rich	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate 51-182543	By whom issued and signed: Division of Vital Statistics State of Utah	Date Issued: Jun.13,1969	Date Orig. Entry: child born Apr.6,1951
	Date of Birth: Age: 28 / Birth Place: Paris, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

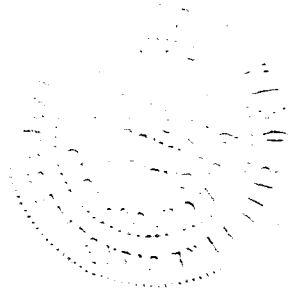
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	June 27, 1969

FORM BH 56067

JUL 1 1969



459-208-030-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-661

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Mae Meister		2. Date of Birth (month) (day) (year): Mar. 8, 1922
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: Gilmore, Idaho
FATHER	6. Full Name of Father: Herman Meister		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Clara Lewis		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Mae Corr	11. Present Address of Registrant: 1501 W Hitman
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 29 1969	12. Signature of Notary: Margaret Pond	13. Notary Commission expires: Jan 14, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school census records		By whom issued and signed: School Dist.#1, Silver Bow Co. Montana, Margaret Leary, clerk	Date issued: Aug.29,1969	Date Orig. Entry: 1928
	Date of Birth: Mar.8,1922	Birth Place: ----	Full Name of Mother: Clara J. Meister	Name of Father: Herman Meister	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license #A 26651		By whom issued and signed: Silver Bow County, Montana	Date issued: Aug.29,1969	Date Orig. Entry: May 2,1941
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Clara Meister	Name of Father: Herman Meister	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #1642		By whom issued and signed: Silver Bow County, Montana County Clerk & Recorder's office	Date issued: Sept.30,1969	Date Orig. Entry: child born Nov.6,1941
	Date of Birth: Age: 19	Birth Place: Gilmore, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Oct. 3, 1969

FORM BH 56067 2 [illegible] # 17980 & 21953 8-4-[illegible]

Cairl

OCT - 3 1969

384-216-025-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leta Ruth Lyda		2. Date Of Birth (month) 10 (day) 16 (year) 22
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Joseph Ida (Ida) b. City or Town of Birth: Joseph Idaho
FATHER	6. Full Name of Father: James Marion Lyda		7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Louisa Katherine Harless		9. State or Country of Mother's Birth: Arkanas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leta Ruth Lyda Church	11. Present Address of Registrant: 517 Phoenix Way Vancouver Wn
NOTARY (Seal)	Subscribed and sworn to before me on: January 6 1970	12. Signature of Notary: Margie Waterman	13. Notary Commission expires: April 25 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism Roman Catholich Church	By whom issued and signed: St.Joseph's Church, Vancouver WA David Jaeger, Pastor	Date issued: Jan.6,1970	Date Orig. Entry: baptized Dec.21,1958
	Date of Birth: Oct.16,1922 / Birth Place: Joseph, Idaho	Full Name of Mother: Louisa Harless	Name of Father: James Lyda	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Joseph Community Hospital, Vancouver,WA,Julia Bullock,ART	Date issued: Jan.6,1970	Date Orig. Entry: Aug.8,1950
	Date of Birth: Oct.16,1922 / Birth Place: Joseph, Idaho	Full Name of Mother: Louisa Harless	Name of Father: James Marion Lyda	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Nola L. Jones (11 years older)	Date issued: Jan.2,1970	Date Orig. Entry: ----
	Date of Birth: Oct.16,1922 / Birth Place: Joseph, Idaho	Full Name of Mother: Louisa Katherine Harless	Name of Father: James Marion Lyda	
QUALIFYING INFORMATION				

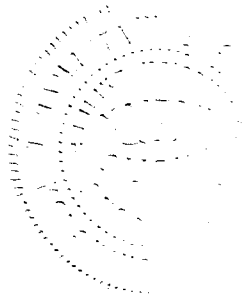
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 9, 1970

FORM BH 56067

JAN 9 1970



31K-102-010-69

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-041

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elden Ellis Campbell
2. Date of Birth (month) April (day) 2 (year) 1922
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: James Campbell
7. State or Country of Father's Birth: Annis, Jefferson County, Idaho

MOTHER

8. Full Maiden Name of Mother: Lida E. Frandsen
9. State or Country of Mother's Birth: Iona, Bonneville County, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elden Ellis Campbell
11. Present Address of Registrant: 2744 GREGLING DR SAN DIEGO, CAL, 92123

NOTARY (Seal) MARY ANN JOHNSON NOTARY PUBLIC Principal Office, San Diego Co. Calif.

Subscribed and sworn to before me on November 18, 1969

12. Signature of Notary: Mary Ann Johnson
13. Notary Commission expires: MARY ANN JOHNSON My Commission Expires Nov. 15 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church, C. N. Scoresby, Clerk	Jan.3,1932	baptized Jan.3,1932
	Date of Birth: Apr.2,1922 — Birth Place: Iona, Bonneville County, Idaho	Full Name of Mother: Lydia Frandsen	Name of Father: James Campbelle	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lida E. Campbell	Date Issued: July 11,1969	Date Orig. Entry: ---
	Date of Birth: Apr.2,1922 — Birth Place: Iona, Bonneville County, Idaho	Full Name of Mother: Lida E. Frandsen Campbell	Name of Father: James Campbell	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: U.S. Navy, R.K.Gaines, Capt. U.S.N. Commanding	Date Issued: Dec.18,1947	Date Orig. Entry: Dec.22,1941
	Date of Birth: Apr.2,1922 — Birth Place: Iona, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barson	Glenda Larson	Jan. 16, 1970

FORM BH 56067

12-69

JAN 23 1970

795-112-003-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-313

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN WARREN PIERPONT			2. Date Of Birth (month) August (day) 12 (year) 1922
	3. Color or Race: W	4. Sex: M	5. Place of Birth: Pocatello a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: JAMES WARREN PIERPONT			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: JEAN HELEN MARTIN			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Warren Pierpont		11. Present Address of Registrant: 2125 NW 17th, Oklahoma City OK
NOTARY (Seal)	Subscribed and sworn to before me on: 31st March 1970	12. Signature of Notary: Cheryl D. Lasher CHERYL D. LASHER		13. Notary Commission expires: 6 June 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge		By whom issued and signed: U.S. Army, L.P.Smith, Major Air Corps	Date issued: Oct.25,1945	Date Orig. Entry: enlisted Jan.7,1942
	Date of Birth: Aug.12,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #49-28909		By whom issued and signed: State of Oklahoma	Date issued: Jan.24,1969	Date Orig. Entry: child born Aug.31,1949
	Date of Birth: Age: 27	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Personal History Statement		By whom issued and signed: for Security Clearance for Gov't job at Tinker AFB	Date issued: ---	Date Orig. Entry: Mar.15,1951
	Date of Birth: Aug.12,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Jean Helen East	Name of Father: James Warren Pierpont	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

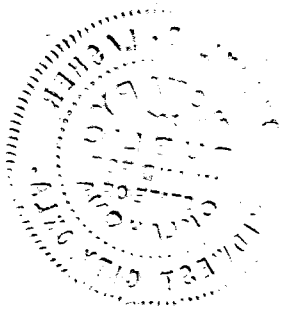
State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	April 15,1970

FORM BH 56067

1 cert pd rec #27055 1-9-70

Original

APR 15 1970



719 - 216-015-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-369

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FLORENCE MAE PARKHOUSE
2. Date Of Birth: (month) MAY (day) 16 (year) 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Grace Caribou
b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: James V Parkhoose
7. State or Country of Father's Birth: Essex England.

MOTHER

8. Full Maiden Name of Mother: Harriet H Trappett
9. State or Country of Mother's Birth: Caribou Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence Mae Parkhouse
11. Present Address of Registrant: 96 NORTH DRIVE COLUMBIA GARDENS BUTTE MONTANA

NOTARY (Seal)

Subscribed and sworn to before me on: March 5 1970
12. Signature of Notary: Margaret Brandl
13. Notary Commission expires: June 6 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records-Grace High School	By whom issued and signed: Grace Joint School Dist.#148, John B.Eliason, Principal	Date Issued: Feb.23,1970	Date Orig. Entry: 1936
	Date of Birth: May 16,1922 / Birth Place: ---	Full Name of Mother: Harriet Parkhouse	Name of Father: James Parkhouse	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #518-32-3859	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Oct.21,1947
	Date of Birth: May 16,1922 / Birth Place: Grace, Idaho	Full Name of Mother: Hanna Harriet Trappett	Name of Father: James V. Parkhouse	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Vera B. Fowler Age:71	Date Issued: Apr.16,1970	Date Orig. Entry: ----
	Date of Birth: May 16,1922 / Birth Place: parents home 3 mi S.W. Grace, Idaho	Full Name of Mother: Harriet H. Parkhouse	Name of Father: James V. Parkhouse	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: May 4, 1970

FORM BH 56067 1 copy made

MAY 4 1970

753-117-007-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-423

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Dale John Peterson		2. Date of Birth (month) (day) (year): May 17, 1922
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Carey - Blaine
			b. City or Town of Birth: Carey - Idaho
FATHER	6. Full Name of Father: John Allen Peterson		7. State or Country of Father's Birth: Montana, USA
MOTHER	8. Full Maiden Name of Mother: Amy Elizabeth Davis		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dale John Peterson	11. Present Address of Registrant: 19681 Perry Ave Rialto, California 92376
NOTARY	Subscribed and sworn to before me on: MAY 29 1970	12. Signature of Notary: [illegible]	13. Notary Commission expires: APRIL 29 1971

Vivian Melcher NOTARY PUBLIC San Joaquin County Com. Expires 4-29-71

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #381364	Date Issued: ---	Date Orig. Entry: child born Oct. 21, 1943
	Date of Birth: Age: 21 / Birth Place: Carey, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Amy Elizabeth Davis Peterson	Date Issued: May 29, 1970	Date Orig. Entry: ----
	Date of Birth: May 17, 1922 / Birth Place: Carey, Idaho Blaine County	Full Name of Mother: Amy Elizabeth Davis Peterson	Name of Father: John Allen Peterson	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as a Deacon	By whom issued and signed: LDS Church, Jerome Ward, Henry E. Giles, High Priest	Date Issued: Apr. 7, 1935	Date Orig. Entry: Apr. 7, 1935
	Date of Birth: May 17, 1922 / Birth Place: Carey, Blaine County, Idaho	Full Name of Mother: Amy E. Davis	Name of Father: John Allen Peterson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 4, 1970

FORM BH 56067

2 - Issued 5-26-71 CP 35727

JUN 4 1970

239-220-001-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-533

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Pearl Stites			2. Date of Birth (month) June (day) 20 (year) 1922	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Ada	b. City or Town of Birth: Barber mail Boise	
FATHER	6. Full Name of Father: Harry Lewis Stites			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Gertha Ora Daniel			9. State or Country of Mother's Birth: Miss.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl A. Baker		11. Present Address of Registrant: 1462 12th St. Oroville, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 19 69	12. Signature of Notary: M. H. Gerson		13. Notary Commission Expires: M. H. GERSON My Commission Expires Feb. 6, 1970 19	

OFFICIAL SEAL M. H. GERSON NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN BUTTE COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birthcertificate	By whom issued and signed: on file - Idaho # 386084	Date Issued: -----	Date Orig. Entry: child born Dec. 27, 1942
	Date of Birth: Age 20	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: - ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 72	By whom issued and signed: Gertha Stites	Date Issued: May 6, 1970	Date Orig. Entry: -----
	Date of Birth: Jun. 20, 1922	Birth Place: Boise, Idaho	Full Name of Mother: Gertha Ora Daniel	Name of Father: Harry Lewis Stites
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-16-0229	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: May 6, 1938
	Date of Birth: June 20, 1922	Birth Place: Barber, Idaho	Full Name of Mother: Gertha Ora Daniel	Name of Father: Harry Lewis Stites
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: July 15, 1970

FORM BH 56067

4-30-69

Baker

JUL 15 1970

Childs certificate # 386084

256-213-027-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-548

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED ROSE KNOWLES			2. Date of Birth (month) NOV. (day) 13 (year) 1922	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO JEROME	b. City or Town of Birth: JEROME	
FATHER	6. Full Name of Father: BERT CLARENCE KNOWLES			7. State or Country of Father's Birth: COLORADO	
MOTHER	8. Full Maiden Name of Mother: GLADYS PEARL VANNATTA			9. State or Country of Mother's Birth: U.S.A	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred K. Bugg		11. Present Address of Registrant: 142 SO. 300 E SPRINGVILLE, UTAH	
NOTARY (Seal)	Subscribed and sworn to before me on: July 13, 1970	12. Signature of Notary: Fred H. Gaylan		13. Notary Commission expires: June 2, 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

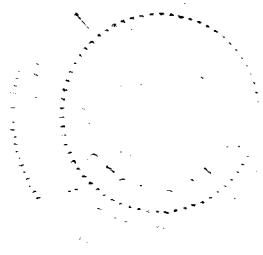
SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 600 984 817MS	By whom issued and signed: The Metropolitan Life Ins.Co.		Date Issued: Sep.1,1960	Date Orig. Entry: Aug.9,1960
	Date of Birth: Nov.13,1922	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Hollis W. Blake Elder, Cedar Stake, Utah		Date Issued: Jan.24,1953	Date Orig. Entry: baptized Jan.24,1953
	Date of Birth: Nov.13,1922	Birth Place: Jerome, Idaho	Full Name of Mother: Gladas Pearl Vannatta	Name of Father: Bert Clarence Knowles	
SUPPORTING RECORD 3.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: St. Anthony Mercy Hospital Pocatello, ID		Date Issued: ----	Date Orig. Entry: child born Jan.17,1945
	Date of Birth: Nov.13,1922	Birth Place: Jerome, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subatantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Barson	Evidence reviewed by: Glenda Larson	Date Filed: July 20,1970

FORM BH 56067

J-9-67

JUL 2 1 1970



559-206-003-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-563

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VENICE ELIZABETH NEILSEN			2. Date of Birth (month) (day) (year): AUGUST 6 1922
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: HAWKINS BASIN BANNOCK	b. City or Town of Birth: HAWKINS BASIN IDAHO
FATHER	6. Full Name of Father: MERVIN LAURITZ NEILSEN			7. State or Country of Father's Birth: WESTON IDAHO
MOTHER	8. Full Maiden Name of Mother: VELDA ELIZABETH BROWER			9. State or Country of Mother's Birth: ORA IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Venice E Gibney		11. Present Address of Registrant: 700 4th Ave So. Great Falls Montana
NOTARY (Seal)	Subscribed and sworn to before me on: July 20th 1970	12. Signature of Notary: Bonita G. Laymick		13. Notary Commission expires: October 17 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Hawkins Ward, George C. Hodowal, Bishop		Date Issued: ----	Date Orig. Entry: blessed Oct. 1, 1922
	Date of Birth: Aug. 6, 1922	Birth Place: Hawkins, Idaho	Full Name of Mother: Velda E. Brower	Name of Father: Mervin L. Neilsen	
SUPPORTING RECORD 2.	Type of Document: Cradle Roll	By whom issued and signed: American Legion & Auxiliary Unit #21 Portneuf Post		Date Issued: June 1931	Date Orig. Entry: June 1931
	Date of Birth: Aug. 6, 1922	Birth Place: ----	Full Name of Mother: Velda Brower	Name of Father: Mervin L. Neilsen	
SUPPORTING RECORD 3.	Type of Document: Report of Honorable Separation from the Armed Forces of U.S.	By whom issued and signed: U.S. Army, Harold J. Hauberg Capt. MSC Chief Mil. Pers. Branch		Date Issued: May 31, 1953	Date Orig. Entry: May 3, 1949
	Date of Birth: Aug. 6, 1922	Birth Place: Hawkins Basin, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 27, 1970

FORM BH 56067

2-29-68

Gibney

JUL 28 1970
JUN 03 2010

293-220-023-499

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-646

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE ALANE SICILIANO			2. Date Of Birth: (month) Jan. (day) 20 (year) 1922
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Frank Siciliano			7. State or Country of Father's Birth: ITALY
MOTHER	8. Full Maiden Name of Mother: Carrie Alane Driscoll			9. State or Country of Mother's Birth: Colorado.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Alane Siciliano		11. Present Address of Registrant: 248 E. Garden Ave Salt Lake City, Utah
NOTARY (Seal) WKP	Subscribed and sworn to before me on: September 3rd 1970	12. Signature of Notary: William Joseph Mies		13. Notary Commission expires: November 6th 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of birth	By whom issued and signed: Salt Lake Stake, 14th Ward Bapt.&Conf. 1932 p.750, ln.166	Date Issued: Aug.21,1970	Date Orig. Entry: Nov.6,1932
	Date of Birth: Jan.20,1922 / Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Carrie Alane Driscoll	Name of Father: Frank Siciliano	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for license to marry	By whom issued and signed: Salt Lake County, Utah	Date Issued: Aug.12,1970	Date Orig. Entry: June 22,1940
	Date of Birth: Jan.20,1922 / Birth Place: Pocatello, Idaho	Full Name of Mother: Carrie Driscoll	Name of Father: Frank Siciliano	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Holy Cross Hospital, Salt Lake City, Utah	Date Issued: ----	Date Orig. Entry: child born Apr.19,1941
	Date of Birth: 1922 / Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

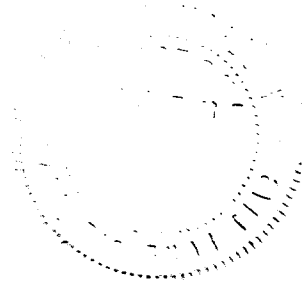
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 11, 1970

FORM BH 56067

Hospital Rec. # 39431

K 6-70

SEP 11 1970



263-106-09-125

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-814

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Solosabal			2. Date of Birth (month) May (day) 6 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer	b. City or Town of Birth: Mackey
FATHER	6. Full Name of Father: Valentine Solosabal			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Marie Aberasturi			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Paul Solosabal	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 12-7 1970		12. Signature of Notary	13. Notary Commission expires 4-7 1973

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism		By whom issued and signed: St. Joseph Church, Pocatello, Idaho	Date Issued: Aug. 9, 1951	Date Orig. Entry: baptized Nov. 21, 1924
	Date of Birth: May 6, 1922	Birth Place: Mackey, Idaho	Full Name of Mother: Marie Aberasturi	Name of Father: Valentine Solosobal	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Army, Andrew J. Brislen, Major, MC	Date Issued: discharged Jan. 31, 1946	Date Orig. Entry: inducted Aug. 20, 1942
	Date of Birth: May 6, 1922	Birth Place: Mackey, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #7FCM 446034-66M		By whom issued and signed: Mutual of Omaha	Date Issued: July 6, 1966	Date Orig. Entry: July 6, 1966
	Date of Birth: May 6, 1922	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: December 8, 1970

FORM BH 56067

DEC 8 1970

752 - 222 - 010 - 719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De70-820

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Elizabeth Gesas			2. Date Of Birth (month) 1 (day) 22 (year) 1922
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho Falls, Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Joseph Gesas			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Emma Carlotta (Charlotte) Garrett			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine G. Nelson		11. Present Address of Registrant: 2173 Calkins, I.F.
NOTARY (Seal)	Subscribed and sworn to before me on: November 12 1970	12. Signature of Notary: John L Packard		13. Notary Commission expires: July 20 1974

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Emma Charlotte Gesas	Date Issued: Nov 12,1970	Date Orig. Entry:
	Date of Birth: Jan. 22, 1922 / Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Emma C. Garrett	Name of Father: Joseph Gesas	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho V.S. #54-12837	Date Issued:	Date Orig. Entry: child born Oct 7, 1954
	Date of Birth: Age 32 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Copy of Transcriptfrom College	By whom issued and signed: Reed College Portland, Oregon	Date Issued: 4-20-64	Date Orig. Entry: 1939
	Date of Birth: Jan. 22, 1922 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: Joseph Gesas	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Dec. 16, 1970

FORM BH 56067 1 copy Paid Rec # 03922 11-5-70

DEC 16 1970

245-209-004 - S 23

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Kunz		2. Date Of Birth (month) (day) (year): September 9 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Seth Noah Kunz		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emma Eschler		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 2-9 1971	12. Signature of Notary: [signature]	13. Notary Commission expires: 9-16 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record Book		By whom issued and signed: Family Record	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Sept.9,1922	Birth Place: Montpelier, Ida.	Full Name of Mother: Emma Eschler	Name of Father: Seth Noah Kunz	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: # 414426 on file - State of Idaho	Date Issued: ----	Date Orig. Entry: child born Dec. 1, 1945
	Date of Birth: Age 23	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father Age 85		By whom issued and signed: Seth Kunz	Date Issued: Feb.9,1971	Date Orig. Entry: -----
	Date of Birth: Sept.9,1922	Birth Place: Montpelier, Idaho	Full Name of Mother: Emma Eschler Kunz	Name of Father: Seth Kunz	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Feb.23,1971

FORM BH 56067

FEB 23 1971

55-111-001-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-239

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilson Sylvanus Neal		2. Date of Birth (month) (day) (year): October 11 1922
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Ada; b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Herbert Lester Neal		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Edith Mary Neal (Wilson)		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Wilson Sylvanus Neal	11. Present Address of Registrant: Craigmont Idaho Box 151
NOTARY (Seal)	Subscribed and sworn to before me on: March 22 1971	12. Signature of Notary: Ezra H. Moore	13. Notary Commission expires: Oct 1 1972

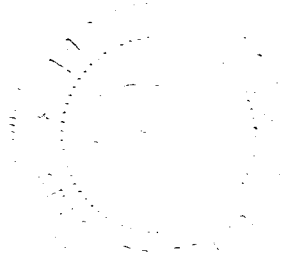
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Oct.11,1922	Birth Place: Meridian, Idaho	Full Name of Mother: Edith Mary Neal (Wilson)	Name of Father: Herbert Lester Neal	
SUPPORTING RECORD 2.	Type of Document: Honorabel Discharge		By whom issued and signed: army of U.S.	Date Issued: Jan.9,1947	Date Orig. Entry: Date of Inductio July 30,1945
	Date of Birth: Oct.11,1922	Birth Place: Meridian, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Marriage Certificate-License		By whom issued and signed: State of Idaho, # 63-10611	Date Issued: ----	Date Orig. Entry: Married November 23,1963
	Date of Birth: Age 41	Birth Place: Meridian, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc fc Florence Curtright	Date Filed: March 22, 1971

FORM BH 56067

MAR 22 1971



DECEASED

414-229-003-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-259

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Maughan		2. Date Of Birth (month) May (day) 24 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lava Hot Springs Bannock; b. City or Town of Birth: Lava Hot Springs
FATHER	6. Full Name of Father: Joseph Howard Maughan		7. State or Country of Father's Birth: Weston, Idaho
MOTHER	8. Full Maiden Name of Mother: Hattie Erma Bagley		9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary M. Sargent	11. Present Address of Registrant: 1011 S 37th Ave Yakima, Wa.
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 19 71	12. Signature of Notary: Hugh M. Barr	13. Notary Commission expires: June 6 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Membership		By whom issued and signed: LDS Church	Date issued: ---	Date Orig. Entry: blessed July 2,1922
	Date of Birth: May 29,1922	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: Hattie Erma Bagley	Name of Father: Joseph Howard Maughan	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate 49-110101		By whom issued and signed: State of Utah	Date issued: Mar.1,1968	Date Orig. Entry: child born Mar.23,1949
	Date of Birth: Age: 26	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: ---	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: photocopy of teacher's personnel record Cert.130479-R		By whom issued and signed: Toppenish Washington	Date issued: ---	Date Orig. Entry: Nov.12,1964
	Date of Birth: May 29,1922	Birth Place: - --	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

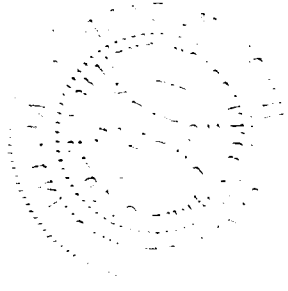
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 24, 1971

FORM BH 56067 1cp Pd Rec # 08923 2-25-71

MAR 25 1971



238-223-010-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-305

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leila Mary Schwarze		2. Date Of Birth (month) (day) (year): April 23 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Falls, Idaho, Bonneville; b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: George Frederick Schwarze		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Lillian Wilhelmina Kienker		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leila S. Bendixen	11. Present Address of Registrant: Rt. #2 Shelley Idaho 83274
NOTARY (Seal)	Subscribed and sworn to before me on: 3/8 1971	12. Signature of Notary: W. E. Kepler	13. Notary Commission expires: Oct 23 1971

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #51-2780	Date issued: ----	Date Orig. Entry: child born Mar.24,1951
	Date of Birth: Age: 28	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 18-210-305		By whom issued and signed: New York Life Ins. Co.	Date issued: July 27,1942	Date Orig. Entry: July 27,1942
	Date of Birth: Apr.23,1922	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lillian Schwarze	Name of Father: George F. Schwarze	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record		By whom issued and signed: Ammon High School, Idaho	Date issued: ---	Date Orig. Entry: Aug.26,1935
	Date of Birth: Apr.23,1922	Birth Place: ---	Full Name of Mother: ---	Name of Father: Mr. Geo. Schwarze	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	April 12, 1971

FORM BH 56067 2 cps pd rec #4102 1-15-67

APR 12 1971

553210-029-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-306

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathryn Mae Nelson		2. Date Of Birth (month) (day) (year): December 10, 1922
	3. Color or Race: causasian	4. Sex: F	5. Place of Birth a. County: LATAH; b. City or Town of Birth: MOSCOW
FATHER	6. Full Name of Father: Andrew John ~~Hunter~~ NELSON		7. State or Country of Father's Birth: SWEDEN
MOTHER	8. Full Maiden Name of Mother: Lydia Christina Pearson		9. State or Country of Mother's Birth: WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 4133 34th St S.E. Portland 97202
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 19 71	12. Signature of Notary: [signature]	13. Notary Commission expires: Commission Expires August 19, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: Rev. A. Andre', Lutheran, Pastor	Date Issued: --	Date Orig. Entry: Feb.25,1923
	Date of Birth: Dec.10,1922	Birth Place: Moscow, Idaho	Full Name of Mother: Lydia	Name of Father: Andrew J. Nelson
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 057-038-340	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: ---	Date Orig. Entry: Feb 5,1964
	Date of Birth: Dec.10,1922	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by half-sister	By whom issued and signed: Jennie E. Anderson Age:79	Date Issued: Apr.8,1971	Date Orig. Entry: ---
	Date of Birth: Dec.10,1922	Birth Place: Moscow, Idaho	Full Name of Mother: Lydia Christina Nelson	Name of Father: Andrew John Nelson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: April 12, 1971

FORM BH 56067

APR 12 1971

255-230-026-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-386

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BARBARA JOY BENNETT		2. Date Of Birth (month) OCTOBER (day) 30 (year) 1922
	3. Color or Race: CAUCASIAN	4. Sex: FEMALE	5. Place of Birth a. County: RIGBY; b. City or Town of Birth: RIGBY
FATHER	6. Full Name of Father: GORTON NELSON BENNETT		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: DONNA BERGER		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Barbara J. McBurney	11. Present Address of Registrant: 765 TABER AVE. YUBA CITY CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on 5/5 1971	12. Signature of Notary: A B Reiley	13. Notary Commission expires aug 9 1971

NOTARY PUBLIC IN AND FOR THE STATE OF CALIFORNIA
PRINCIPAL OFFICE IN YUBA COUNTY
My Commission Expires Aug. 9, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Donna Berger Bennett	Date Issued: May 7,1971	Date Orig. Entry: ---	
	Date of Birth: Oct.30,1922	Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Donna Berger Bennett	Name of Father: Gorton Nelson Bennett	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Yuba City General Hospital Yuba City, California	Date Issued: ---	Date Orig. Entry: child born Aug.20,1942	
	Date of Birth: Oct.30,1922	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of affidavit for marriage license #1824	By whom issued and signed: State of California, Yuba County	Date Issued: ----	Date Orig. Entry: Aug.15,1941	
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: Donna Berger	Name of Father: Gorton Nelson Bennett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 12, 1971

FORM BH 56067

MAY 1 3 1971

235-117-001-765

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-474

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernard Arnold Stewart		2. Date Of Birth (month) 6 (day) 17 (year) 22	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Ada County	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Rufus Henry Stewart		7. State or Country of Father's Birth: Oklahoma, U.S.A	
MOTHER	8. Full Maiden Name of Mother: Rebecca Cathyrn Goettling		9. State or Country of Mother's Birth: South Dakota U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernard Arnold Stewart	11. Present Address of Registrant: 4374 41st N.E. Salem Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1971	12. Signature of Notary: [illegible]	13. Notary Commission expires: April 12 1972 (97303)	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage records		By whom issued and signed: Multnomah County, Oregon, Vol. 101 page 378	Date Issued: ----	Date Orig. Entry: Aug. 5, 1948
	Date of Birth: June 17,1922	Birth Place: Ada County, Idaho	Full Name of Mother: Rebecca Kathryn Gettling	Name of Father: Rufus Henry Stewart	
SUPPORTING RECORD 2.	Type of Document: Transcript of school records		By whom issued and signed: Tigard Union High School	Date Issued: ----	Date Orig. Entry: Sept. 7, 1937
	Date of Birth: June 17,1922	Birth Place: Boise, Idaho	Full Name of Mother: Mrs. R. H. Stewart	Name of Father: Mr. R. H. Stewart	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge		By whom issued and signed: U.S. Army, J.Willard Wagner, Lt. Col. AGD, Ft. Lewis WA	Date issued: discharged Feb. 21, 1946	Date Orig. Entry: inducted Nov. 5, 1942
	Date of Birth: June 17,1922	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION: Affidavit by mother signed June 4, 1971 gives Bernard Arnold Stewart born in Boise, Idaho, June 17, 1922 go Rufus Henry Stewart and Rebecca Catherine Goettling Stewart.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	June 18, 1971

FORM BH 56067

5-26-11

JUN 22 1971

296-11-029-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-525

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Cliffton BROWNING			2. Date Of Birth (month) (day) (year): February 19, 1922
	3. Color or Race: white	4. Sex: Male	5. Place of Birth: Potlatch a. County: Latah	b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: James Edward BROWNING			7. State or Country of Father's Birth: Carthage, Missouri
MOTHER	8. Full Maiden Name of Mother: Anna May Waite			9. State or Country of Mother's Birth: Joplin, Missouri
AFFIDAVIT AND NOTARY	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Clifton Browning		11. Present Address of Registrant: 1301 North D Street, Arkansas City, Kans 67005
	Subscribed and sworn to before me on: June 21 1971	12. Signature of Notary: [illegible]		13. Notary Commission expires: April 1, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army Air Force	Date Issued: Feb. 20, 1946	Date Orig. Entry: Nov. 7, 1942
	Date of Birth: Feb. 19, 1922 Birth Place: Potlatch, Idaho	Full Name of Mother: -----	Name of Father: - ----	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: General Electric Co.	Date Issued: Mar 14, 1963	Date Orig. Entry: ---
	Date of Birth: Feb. 19, 1922 Birth Place: Idaho	Full Name of Mother: -----	Name of Father: - ----	
SUPPORTING RECORD 3.	Type of Document: (10 yrs. older) Affidavit by brother	By whom issued and signed: James Ralph Browning	Date Issued: Jun 9, 1971	Date Orig. Entry: ------
	Date of Birth: Feb. 19, 1922 Birth Place: Potlatch, Idaho	Full Name of Mother: Anna May Waite	Name of Father: James Edward Browning	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	July 7, 1971

FORM BH 56067

JUL 8 1971

413 - 212 - 022 - 719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-558

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Grace Mace			2. Date of Birth (month) (day) (year): July 12 1922	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton City	
FATHER	6. Full Name of Father: Fredrick Chapman Mace			7. State or Country of Father's Birth: ~~Idaho~~ Utah	
MOTHER	8. Full Maiden Name of Mother: Laura Eliza Gardner			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby G. Mace (Ramon)		11. Present Address of Registrant: Teton City Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 22 June 1971	12. Signature of Notary: W. J. Johnston		13. Notary Commission expires: 19 March 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of blessing	By whom issued and signed: LDS Church, Teton Ward, Walter Riggs, Clerk		Date Issued: ---	Date Orig. Entry: blessed Aug.5,1922
	Date of Birth: July12,1922	Birth Place: Teton, Fremont County, Idaho	Full Name of Mother: Laura E. Gardner	Name of Father: Fredrick C. Mace	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible		Date Issued: Jul.15,1971	Date Orig. Entry: obviously old
	Date of Birth: Jul.12,1922	Birth Place: ---	Full Name of Mother: Laura Gardner	Name of Father: Fred Mace	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license affidavit #240864	By whom issued and signed: Fremont County, Idaho		Date Issued: July 1,1971	Date Orig. Entry: Aug.9,1939
	Date of Birth: Jul.12,1922	Birth Place: Teton City, Idaho Fremont County	Full Name of Mother: Laura Mace	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	July 19, 1971

FORM BH 56067

1 Cp Par Rec #13787

JUL 1 9 1971

753-206-003-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Hazel pettingill			2. Date Of Birth (month) (day) (year): November 6 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Bancroft	
FATHER	6. Full Name of Father: George Elihu pettingill			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Maude Leona Lords			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Hazel Pettingill Mildred Hazel Campbell		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 16 19 65	12. Signature of Notary: Dorothy Shipton		13. Notary Commission expires: 9-22 19 66	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Maude Leona Lords Pettingill		Date Issued: June 26, 1964	Date Orig. Entry: -----
	Date of Birth: Nov.6,1922	Birth Place: Bancroft, Idaho	Full Name of Mother: Maude Leona Lords Pettingill	Name of Father: George Elihu Pettingill	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #49-7013		Date Issued: ----	Date Orig. Entry: child born June 4,1949
	Date of Birth: Age 26	Birth Place: Bancroft, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Bingham Stake, Osgood Ward, members #9493, entry 620		Date Issued: July 13,1971	Date Orig. Entry: Jan.7,1923
	Date of Birth: Nov.6,1922	Birth Place: Bancroft, Idaho	Full Name of Mother: Maude Leona Lords	Name of Father: George Elihu Pettingill	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Barron	gml Glenda Larson	July 21, 1971

FORM BH 56067 2-10-60 one copy paid #20154 C 6-7-66 gml

JUL 2 1 1971

243 - 205-026 -775

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-587

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donna Elizabeth Butt
2. Date Of Birth (month) July (day) 5 (year) 1922
3. Color or Race: white
4. Sex: Female
5. Place of Birth: Roberts Idaho
a. County: Jefferson
b. City or Town of Birth: Roberts Idaho

FATHER

6. Full Name of Father: Israel Uriah Butt
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Dunkerly Spence
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donna Elizabeth Butt Howell
11. Present Address of Registrant: 315 N. 12 Pocatello Idaho 83201

NOTARY (Seal)

Subscribed and sworn to before me on 7-2- 1971
12. Signature of Notary: Don L Manning
13. Notary Commission expires: Dec 24 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of application for license to marry #315	Cache County, Utah	July 28,1971	July 13, 1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 5,1922 / Roberts, Idaho	Elizabeth Spence	Israel Butt	
SUPPORTING RECORD 2.	Affidavit by brother	Lavelle Butt (bd.8/6/1900)	Aug.2,1971	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 5,1922 / Roberts, Idaho Jefferson County	Elizabeth Dunkerly Spence (Butt)	Israel Uriah Butt	
SUPPORTING RECORD 3.	Insurance Policy	Beneficial Life Ins. Co. of Utah	Dec.12,1936	Nov.25,1936
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 5,1922 / Roberts, Idaho	---	Israel Butt	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	August 6, 1971

FORM BH 56067 1 copy Pd Rec # 18254 1-20-11

AUG 9 1971

264-126-015-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-641

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Marvin Somsen			2. Date Of Birth (month) 2 (day) 26 (year) 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Wayan, Ida. Caribou	b. City or Town of Birth: ~~Williamsburg~~, Idaho	
FATHER	6. Full Name of Father: Garrett William Somsen			7. State or Country of Father's Birth: Wyoming	
MOTHER	8. Full Maiden Name of Mother: Mattie May Layland			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Robert M. Somsen	11. Present Address of Registrant: 251 E. Hooper Soda Springs, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: 8-6th 1971		12. Signature of Notary	13. Notary Commission expires: Jan 27th 1975	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for National Service Life Ins.		By whom issued and signed: Veterans Administration	Date Issued: Nov.30,1942	Date Orig. Entry: Nov.30,1942
	Date of Birth: Feb.26,1922	Birth Place: Wayan, Idaho	Full Name of Mother: Mattie Mae Somsen	Name of Father: Garrett William Somsen	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 62 0216231		By whom issued and signed: Banker's Life & Casualty Co.	Date Issued: June 7,1962	Date Orig. Entry: June 7,1962
	Date of Birth: Feb.26,1922	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge		By whom issued and signed: U.S. Army	Date Issued: discharged Oct.5,1945	Date Orig. Entry: inducted Nov.21,1942
	Date of Birth: Feb.26,1922	Birth Place: Wayan, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Aug. 31, 1971

FORM BH 56067

I.F.P.A. Rec # 18218

7-16-71

AUG 3 1 1971

193-217-026-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-649

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Gilchrist		2. Date Of Birth (month) (day) (year): June 17, 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Rigby (or Lewisville)
FATHER	6. Full Name of Father: Robert Francis Gilchrist		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Irene Elnora Selck		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Gilchrist (Stone)	11. Present Address of Registrant: 101 Ellsworth, Hartford Connecticut
NOTARY (Seal)	Subscribed and sworn to before me on: August 24 1971	12. Signature of Notary: Simone Vezina	13. Notary Commission expires: April 1 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS church Hartford, Conn.Stake Letcher Simmons Jr-Clerk	Date Issued: July 17,1922	Date Orig. Entry: Blessed July 17,1922
	Date of Birth: June 17,1922	Birth Place: Rigby, Idaho	Full Name of Mother: Irene Elnora Selck	Name of Father: Robert Gilchrist,Sr.
SUPPORTING RECORD 2.	Type of Document: Application Return of Marriage	By whom issued and signed: Robert L. Marcom,County Clk State of Oregon -Malheur County	Date Issued: Aug16.1971	Date Orig. Entry: June 6,1951
	Date of Birth: June 17,1922	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Photocopy of Own childs birth certificate	By whom issued and signed: State file No. State of Connecticut52-26785	Date Issued: Aug 18,1971	Date Orig. Entry: Child Born July 19,1952
	Date of Birth: Age 30 yrs	Birth Place: Rigby,Idaho	Full Name of Mother: -------	Name of Father: --------
QUALIFYING INFORMATION				

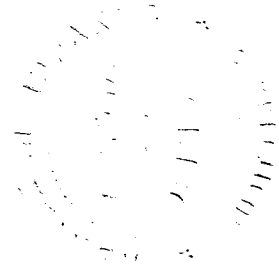
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	Sept. 7,1971

FORM BH 56067

SEP 7 1971



963-11-205-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-665

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SHERMAN EDGAR ROSZELL		2. Date Of Birth (month) (day) (year): AUGUST 17 1922
	3. Color or Race: CAU	4. Sex: M	5. Place of Birth a. County: JEROME IDAHO; b. City or Town of Birth: JEROME
FATHER	6. Full Name of Father: DAYLE PAUL ROSZELL		7. State or Country of Father's Birth: KANSAS
MOTHER	8. Full Maiden Name of Mother: MARY KAZIA PECKHAM		9. State or Country of Mother's Birth: MICHIGAN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sherman E Roszell	11. Present Address of Registrant: 50 E PLYMOUTH # 7 LONG BEACH CALIF
NOTARY (Seal)	Subscribed and sworn to before me on: August 25 1971	12. Signature of Notary: Helen Parlapiad	13. Notary Commission expires: March 1 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of registry of marriage #62-89190	By whom issued and signed: State of California	Date Issued: Feb.25,1963	Date Orig. Entry: Oct.4,1962
	Date of Birth: Age: 40 / Birth Place: Idaho	Full Name of Mother: Mary E. Peckham	Name of Father: Dayle Paul Roszell	
SUPPORTING RECORD 2.	Type of Document: photocopy of military record	By whom issued and signed: US Navy	Date Issued: discharged Nov.24,1958	Date Orig. Entry: reenlisted Jan.30,1953
	Date of Birth: Aug.17,1922 / Birth Place: Jerome, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Kazia (Roszell) Mifflin	Date Issued: June 19,1964	Date Orig. Entry: ----
	Date of Birth: Aug.17,1922 / Birth Place: Jerome, Idaho Jerome County	Full Name of Mother: Mary Kazia Peckham	Name of Father: Dayle Paul Roszell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L W Larson	Glenda Larson	Sept. 17, 1971

FORM BH 56067 NM

(R) 4-26-72

OCT 4 1971

VVS-023-022-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-674

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lila Murri			2. Date Of Birth (month) Feb (day) 23 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth: ~~Wilford~~ a. County: Fremont	b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: Charles Christian Murri			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Ann Stimpson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lila M Eddington		11. Present Address of Registrant: 2047 N 1350 East Logan, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: September 2nd 19 71	12. Signature of Notary: Vidonia J Dennis		13. Notary Commission expires: 10-16 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license	By whom issued and signed: Weber County, Utah		Date Issued: Aug.23,1971	Date Orig. Entry: Jan.30,1942
	Date of Birth: Age: 19	Birth Place: ---	Full Name of Mother: ----	Name of Father: - ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: St. Anthony, 2nd Ward, LDS Church, J.M.White, Bishop		Date Issued: ---	Date Orig. Entry: blessed May 7, 1922
	Date of Birth: Feb.23,1922	Birth Place: West Wilford, Idaho	Full Name of Mother: Eliza A. Stimpson	Name of Father: Charles C. Murri	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Severin Swensen, Bishop		Date Issued: July 6,1930	Date Orig. Entry: baptized July 6,1930
	Date of Birth: Feb.23,1922	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Eliza Stimpson	Name of Father: Charles C. Murri	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Johnson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 21, 1971

FORM BH 56067

SEP 24 1971

218-217-040-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 71-686**

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Faith Hutton Bayha
2. Date Of Birth (month) (day) (year): Sept. 17 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Shoshone
b. City or Town of Birth: Mullan

FATHER

6. Full Name of Father: John Arnold Bayha
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Doris Hutton
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Faith H. Matthews
11. Present Address of Registrant: 6720 Northbank Road Aberdeen, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 13 1971
12. Signature of Notary: Ann Mannion
13. Notary Commission expires: 6-22 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baby Book	Family Records	---	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.17,1922	Mullan, Idaho	Doris Bayha	John Arnold Bayha

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #N1 374 033	Aetna Life Ins. Co. of Hartford, Connecticut	Jan.2,1943	Nov. 2, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.17,1922	Mullan, Idaho	---	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father Age:73	John A. Bayha	Sep.10,1971	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.17,1922	Mullan, Idaho	Doris (Hutton) Bayha	John Arnold Bayha

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Sept. 29, 1971

FORM BH 56067

1 cert. of Pub. Rec. #18091 9-16-71

SEP 30 1971

142-119-021-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-697

OFFICIAL SEAL
LETA L. YANCY
NOTARY PUBLIC, CALIFORNIA
VENTURA COUNTY
My Commission Expires Apr. 26, 1971
316 Moorpark Ave., P. O. Box 756, Moorpark, Cal. 93021

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Eldon Austin		2. Date Of Birth (month) (day) (year): January 19 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Treasureton Idaho
FATHER	6. Full Name of Father: Charles Robert Austin		7. State or Country of Father's Birth: ~~Idaho~~ Utah
MOTHER	8. Full Maiden Name of Mother: Rosa May Sant		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eldon Austin	11. Present Address of Registrant: 336 Shasta, Moorpark, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: September 18 1971	12. Signature of Notary: Leta L. Yancy	13. Notary Commission expires: April 26 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #529-14-1232	By whom issued and signed: Social Security Adm.	Date issued: ----	Date Orig. Entry: June 7,1939
	Date of Birth: Jan.19,1922; Birth Place: Treasurton, Idaho Franklin County	Full Name of Mother: Rosa May Sant	Name of Father: Charles Robert Auston	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #55 18 2916	By whom issued and signed: State of Utah	Date issued: July 29,1971	Date Orig. Entry: child born Apr.15,1955
	Date of Birth: Age: 33; Birth Place: Treasurton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Ordination as a Deacon	By whom issued and signed: LDS Church, Cleveland Ward Hyrum R. Nelson, Ward Clerk	Date issued: ---	Date Orig. Entry: Ordained Feb.3,1935
	Date of Birth: Jan.19,1922; Birth Place: Treasureton, Idaho	Full Name of Mother: Rose May Sant	Name of Father: Charles R. Austin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	October 5,1971

FORM BH 56067

OCT 6 1971

693-201-016-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-049

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia WILKINSON		2. Date Of Birth (month) (day) (year): February 1, 1922
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: VIEW
FATHER	6. Full Name of Father: Benjamin L. Wilkinson		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: Effie Jane Knight		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Anderson	11. Present Address of Registrant: Conifer, Colo #2
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 30 1971	12. Signature of Notary: Francis L. German	13. Notary Commission expires: Aug. 18 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: July 30, 1970	Date Orig. Entry: Apr. 1, 1930
	Date of Birth: Age: 8 / Birth Place: Idaho	Full Name of Mother: Effie Wilkinson	Name of Father: Benjamin L. Wilkinson	
SUPPORTING RECORD 2.	Type of Document: photocopy of school census marshal's report	By whom issued and signed: Cassia County, Idaho Dist.#31 Burley, Idaho	Date issued: ----	Date Orig. Entry: Oct. 31, 1928
	Date of Birth: Age: 6 / Birth Place: ----	Full Name of Mother: ----	Name of Father: Ben Wilkinson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age:62	By whom issued and signed: Dee Clarence Wilkinson	Date issued: Oct. 5, 1970	Date Orig. Entry: ----
	Date of Birth: Feb. 1, 1922 / Birth Place: View, Idaho	Full Name of Mother: Effie Jane Knight	Name of Father: Benjamin L. Wilkinson	
QUALIFYING INFORMATION				

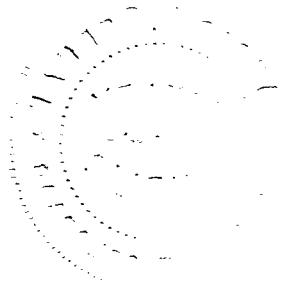
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	January 25, 1972

FORM BH 56067 [illegible] #23195

JAN 2 5 1972



968-223-010-957

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-059

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nannetta Doris Roysdon			2. Date of Birth (month) (day) (year): November 23 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: home [illegible], Bonneville	b. City or Town of Birth: Idaho Falls,
FATHER	6. Full Name of Father: Orville J. Roysdon			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Helen Marie Ingram			9. State or Country of Mother's Birth: Marengo, Iowa Marengo co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Nannetta D. Thompson (Nannetta Doris Roysdon)	11. Present Address of Registrant: P.O. Box 622 Ashton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: APR 20 1965 19		12. Signature of Notary: J.H. VanDeusen	13. Notary Commission expires: Aug. 1 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Helen Roysdon	Date Issued: Apr.22,1965	Date Orig. Entry: ----
	Date of Birth: Nov.23,1922	Birth Place: Bonneville County, Idaho Falls	Full Name of Mother: Helen Marie Ingram	Name of Father: Orville J. Roysdon	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #51-13034	Date Issued: ----	Date Orig. Entry: Child born Sept.30,1951
	Date of Birth: Age: 28	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page from family Bible		By whom issued and signed: family records in Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Nov.23,1922	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 27, 1972

FORM BH 56067

JAN 2 8 1972

396-225-026-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-080

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PAULINE LUCILLE CROPUS
2. Date Of Birth: (month) May (day) 25 (year) 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County Rigby Idaho Jefferson; b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: FERDINAND S.CROPUS
7. State or Country of Father's Birth: FRANCE

MOTHER

8. Full Maiden Name of Mother: HARRIET E. JENSEN
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pauline Roberts
11. Present Address of Registrant: 830 Birchwood Dr.

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 12th 1972

12. Signature of Notary: Frank A. Scottee
13. Notary Commission expires: 19___

OFFICIAL SEAL
FRANK A. CROSSETT
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Aug. 21, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of marriage record	Los Angeles County, California	Jan. 12, 1972	July 2, 1948
	Date of Birth / Birth Place: Age: 26 / Rigby, Idaho	Full Name of Mother: Harriet Jensen	Name of Father: Ferdinand Cropus	
SUPPORTING RECORD 2.	Recommend for Baptism	Rigby 1st Ward, Rigby Stake	May 31, 1930	May 31, 1930
	May 25, 1922 / Rigby	Harriet E. Jensen	Ferdinand Cropus	
SUPPORTING RECORD 3.	Affidavit by friend of family at time of birth	Elizabeth E. Cowel Age:77	Jan. 26, 1972	---
	May 25, 1922 / Rigby, Idaho	Harriet Eliza Jensen	Ferdinand Cropus	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	gml Glenda Larson	Feb. 4, 1972

FORM BH 56067

1-4-72

FEB 4 1972

235-228-034-965

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-098**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Isabelle Schenk			2. Date Of Birth (month) May (day) 28 (year) 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Paul, Idaho Minidoka	b. City or Town of Birth: Paul	
FATHER	6. Full Name of Father: Jacob Schenk			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Mary Roemer			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Irene Isabelle DeBoglis	11. Present Address of Registrant: Burley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 11 1972		12. Signature of Notary: Verla M Larson	13. Notary Commission expires: April 22 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #394007	Date Issued: ----	Date Orig. Entry: child born July 8, 1944
	Date of Birth: Age: 22	Birth Place: Paul, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Jacob Schenk	Date Issued: Feb.11,1972	Date Orig. Entry:
	Date of Birth: May 28,1922	Birth Place: Paul, Idaho	Full Name of Mother: Mary Schenk	Name of Father: Jacob Schenk	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance Policy		By whom issued and signed: The National Western Life Ins Co., Denver,CO	Date Issued: ---	Date Orig. Entry: Aug.21,1962
	Date of Birth: May 28,1922	Birth Place: Paul, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 15, 1972

FORM BH 56067

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FEB 15 1977

DUP OF 22-101591

596-110-003-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-129

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilber J. Broadhead			2. Date Of Birth (month) MAY (day) 16 (year) 1922	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Pocatello, Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Horace Broadhead			7. State or Country of Father's Birth: Aurora, Utah	
MOTHER	8. Full Maiden Name of Mother: Erma Josephine Hatch			9. State or Country of Mother's Birth: Panguitch, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilber Broadhead		11. Present Address of Registrant: Box 158 Rt 1 Tooele, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: February 4 1972	12. Signature of Notary: [illegible]		13. Notary Commission expires: 8-4-74 My Commission Expires January 2019 1975	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #380106		Date Issued: ----	Date Orig. Entry: child born Aug. 28, 1943
	Date of Birth: Age: 21	Birth Place: Pocatello, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Statement regarding employment records	By whom issued and signed: R.V. Evans, Ind. Rel. Rep., Kennecott Copper Corp., Magna, UT		Date Issued: Jan. 29, 1964	Date Orig. Entry: Jan. 5, 1945
	Date of Birth: May 10, 1922	Birth Place: Pocatello, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: Manti Temple, Sealed by Ray B. McKinnon, LDS Church		Date Issued: ---	Date Orig. Entry: sealed July 21, 1962
	Date of Birth: May 10, 1922	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Irma Josephine Hatch		Name of Father: Horace Broadhead
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	Feb. 24, 1972

FORM BH 56067

1-23-64

FEB 25 1972

132-709. 015-884

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-245

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Joseph Albiston			2. Date Of Birth (month) April (day) 9, (year) 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Meadowville, Idaho	
FATHER	6. Full Name of Father: George Kelsey Albiston			7. State or Country of Father's Birth: Lewiston, Utah	
MOTHER	8. Full Maiden Name of Mother: Jessie Jane Hyde			9. State or Country of Mother's Birth: Cresent, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvyn J Albiston		11. Present Address of Registrant: 517 So. 6th Ave W Duluth Minn	
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1972	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 72yrs	By whom issued and signed: Jessie Jane Albiston		Date Issued: April 5,1972	Date Orig. Entry: -------
	Date of Birth: April 9,1922	Birth Place: Meadowville,Idaho	Full Name of Mother: Jessie Jane Hyde	Name of Father: George Kelsey Albiston	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: S.R. Sterrett, Bishop LDS Church Bancroft,Idaho		Date Issued: May31,1931	Date Orig. Entry: Baptized May 31,1931
	Date of Birth: April 9,1922	Birth Place: Meadowville, Idaho	Full Name of ~~Mother~~ Father: George Kelsey Albiston	Name of ~~Father~~ Mother: Jessie Jane Hyde	
SUPPORTING RECORD 3.	Type of Document: Discharge United States Marine Corps	By whom issued and signed: E W Autry-Capt.USMCR		Date Issued: Nov.28,1945	Date Orig. Entry: Enlisted Dec.18,1941
	Date of Birth: April9,1922	Birth Place: Meadowville, Idaho	Full Name of Mother: ------	Name of Father: ---------	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Sue Lowe		Date Filed: April 12, 1972	

FORM BH 56067

APR 12 1972

218-210-006-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-322

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roberta Maurine Sayer		2. Date Of Birth (month) Apr. (day) 10 (year) 1922
	3. Color or Race	4. Sex	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Glenore
FATHER	6. Full Name of Father: Thomas Alma Sayer		7. State or Country of Father's Birth: Weber Co, Utah U.S.A.
MOTHER	8. Full Maiden Name of Mother: Luzella Scott Morgan (Sayer)		9. State or Country of Mother's Birth: Menan-Jefferson Co. Idaho U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roberta Maurine McEntire	11. Present Address of Registrant: 1290 Susanne Idaho Falls, Idaho 83401
NOTARY (Seal)	Subscribed and sworn to before me on 4/7/19 72	12. Signature of Notary: [signature]	13. Notary Commission expires 10/20/19 75

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: L.D.S.Church-Bingham Stake	Date Issued: Feb.18,1972	Date Orig. Entry: Recorded July 1, 1922
	Date of Birth: Apr.10,1922 / Birth Place: Glenore, Idaho	Full Name of Mother: Luxella Morgan	Name of Father: Thomas A. Sayer	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: (Bishop) L.D.S.Church-Lyle M. Anderson	Date Issued: Oct.18,1931	Date Orig. Entry: Baptized Oct.18,1931
	Date of Birth: Apr.10,1922 / Birth Place: Glenore-BinghamCO.	Full Name of Mother: Luzella Morgan	Name of Father: Thomas A. Sayer	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S.Dept. of Commerce	Date Issued: Feb.29,1972	Date Orig. Entry: Census taken Apr.1,1930
	Date of Birth: Age 7 / Birth Place: Idaho	Full Name of Mother: Luzella Sayer	Name of Father: Thomas Sayer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 8,1972

FORM BH 56067

MAY 8 1972

963215-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-409

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donna Grace Rote		2. Date Of Birth (month) 4 (day) 15 (year) 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: St. Anthony Ida
FATHER	6. Full Name of Father: Charles Columbus Rote		7. State or Country of Father's Birth: Penn.
MOTHER	8. Full Maiden Name of Mother: Ella Grace Garner		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna Grace Rote	11. Present Address of Registrant: West Yellowstone Mont
NOTARY (Seal)	Subscribed and sworn to before me on: June 5th 1972	12. Signature of Notary: Leonard R. Sholing	13. Notary Commission expires: NOTARY PUBLIC for the State of Mo Residing at West Yellowstone, Montana My Commission Expires February 19, 19

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified statement from voting registration records		By whom issued and signed: Gallatin County, Montana,	Date issued: May 26,1972	Date Orig. Entry: Aug.31,1956
	Date of Birth: Age: 34	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Notification of personnel action		By whom issued and signed: Post Office Department, West Yellowstone, MT Sarah Riley, Postmaster	Date issued: Aug.7,1965	Date Orig. Entry: May 26,1964
	Date of Birth: Apr.15,1922	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: St.James Church, Bozeman,MT. William Friend Day	Date issued: ---	Date Orig. Entry: baptized Mar.27,1926
	Date of Birth: Apr.15,1922	Birth Place: St.Anthony,Idaho	Full Name of Mother: Ella (Garner) Rote	Name of Father: Charles Rote	
QUALIFYING INFORMATION					

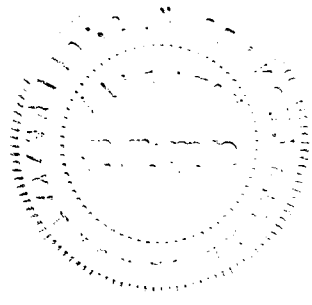
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 15, 1972

FORM BH 56067 1cp pdfrec. # 32466 3-7-72

JUN 16 1972



434-228-014-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-72-415

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah May Ulmer		2. Date Of Birth (month) (day) (year): June 28, 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Everal Louis Ulmer		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Etta Kindall		9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah May Carson	11. Present Address of Registrant: Klamath Falls Ore. 2160 Arthur apt 13
NOTARY (Seal)	Subscribed and sworn to before me on: 6-16 1972	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father Age 70 yrs	By whom issued and signed: Everal L. Ulmer	Date Issued: June 14, 1968	Date Orig. Entry: ----------
	Date of Birth: June 28, 1922 / Birth Place: Nampa, Idaho	Full Name of Mother: Etta Kindall	Name of Father: Everal Louis Ulmer	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File No 366237	Date Issued: ------	Date Orig. Entry: Child born Jan.4.1943
	Date of Birth: Age 20 yrs / Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Application for Marriage License Gem County, Idaho	By whom issued and signed: Lilliam M. Campbell, Recorder Gem County, Idaho	Date Issued: June 16, 1972	Date Orig. Entry: April 25, 1939
	Date of Birth: Age 16 yrs / Birth Place: ------	Full Name of Mother: Etta(Kindall) Ulmer	Name of Father: Everal Ulmer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	$1 Sue Lowe	June 16, 1972

FORM BH 56067

JUN 16 1972

514-107-014-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-438

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Daniel Vaudrey			2. Date of Birth (month) July (day) 7 (year) 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Nampa~~ (Hospital) Canyon	b. City or Town of Birth: Nampa	
FATHER	6. Full Name of Father: Stephen J. Vaudrey			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Sooter			9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Joseph Daniel Vaudrey	11. Present Address of Registrant: 4503 Saunders Ave. Nashville, Tennessee	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1972		12. Signature of Notary: Mary Vaudrey	13. Notary Commission expires: 1/27 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: United States Navy Discharge	By whom issued and signed: Harold Bye, Capt. USN		Date Issued: Discharged Jan. 20, 1946	Date Orig. Entry: Inducted Sept 24, 1942
	Date of Birth: July 7, 1922	Birth Place: Nampa, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: State of Washington Benton County-Rev. Leo W. Dyson		Date Issued:	Date Orig. Entry: Married May 26, 1949
	Date of Birth: July 7, 1922	Birth Place: -----	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother age 66	By whom issued and signed: Stephen William Vaudrey		Date Issued: June29, 1972	Date Orig. Entry: -----
	Date of Birth: July 7, 1922	Birth Place: Nampa, Idaho	Full Name of Mother: Mary Elizabeth Sooter	Name of Father: Stephen J. Vaudrey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sl Florence Curtright	Date Filed: June 29, 1972

K FORM BH 56067

JUN 2 9 1972

S-47222-042-029

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-463

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Marguerite Nugent			2. Date Of Birth (month) (day) (year): April 22, 1922	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Buhl Twin Falls	b. City or Town of Birth: Buhl	
FATHER	6. Full Name of Father: Otie Edward Nugent			7. State or Country of Father's Birth: Oklahoma	
MOTHER	8. Full Maiden Name of Mother: Fern Gertrude Skinner			9. State or Country of Mother's Birth: Oklahoma	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ellen Marguerite Nugent Cook	11. Present Address of Registrant: Rt. #4 Box 4396 Nampa	
NOTARY (Seal)	Subscribed and sworn to before me on: June 29 1972		12. Signature of Notary: [illegible]	13. Notary Commission expires: 7-15 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Fern G. Nugent	Date Issued: June 29,1972	Date Orig. Entry: ---
	Date of Birth: Apr.22,1922	Birth Place: Buhl, Idaho	Full Name of Mother: Fern Gertrude Skinner	Name of Father: Otie Edward Nugent	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Register Book 3, page 101		By whom issued and signed: Canyon County, Idaho #5067	Date Issued: Dec.8,1967	Date Orig. Entry: Jan.8,1941
	Date of Birth: Age: 18	Birth Place: Buhl, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Apr.22,1922	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 11, 1972

JUL 1 2 1972

23-22-C 10-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-476

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylvia Merle Stallings		2. Date Of Birth (month) March (day) 21 (year) 1922	
	3. Color or Race: White Amer.	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: Don Carlos Stallings, Jr.		7. State or Country of Father's Birth: Lewisville, Idaho	
MOTHER	8. Full Maiden Name of Mother: Ora Howard		9. State or Country of Mother's Birth: Hinckley, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sylvia Merle Stallings	11. Present Address of Registrant: 220 First St - Iona, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 9 1967	12. Signature of Notary: Don C. Archibald	13. Notary Commission expires: 11-1 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ora Howard Stallings	Date Issued: May 31,1967	Date Orig. Entry: -----
	Date of Birth: Mar.21,1922 / Birth Place: Lincoln, Idaho Bonneville County	Full Name of Mother: Ora Howard Stallings	Name of Father: Don Carlos Stallings, Jr.	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Lincoln Ward Kenneth M.Pearson,Clerk	Date Issued: -----	Date Orig. Entry: blessed May 7,1922
	Date of Birth: Mar.21,1922 / Birth Place: Lincoln, Idaho Bonneville County	Full Name of Mother: Ora Howard	Name of Father: Don C. Stallings	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #290412	Date Issued: ---	Date Orig. Entry: child born Feb.21,1940
	Date of Birth: Age: 17 / Birth Place: Lincoln, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 17, 1972

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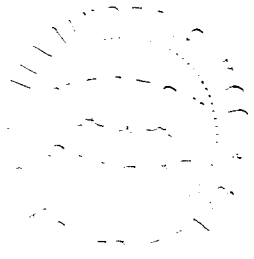

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692-212-036-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-528

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Fisher		2. Date Of Birth (month) May (day) 12 (year) 1922	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Poplar Idaho Jefferson	b. City or Town of Birth: Poplar
FATHER	6. Full Name of Father: Charles Hiles Fisher		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Esther Carpenter		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby F Bragger	11. Present Address of Registrant: Heyburn Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1972	12. Signature of Notary: James A Rice	13. Notary Commission expires: Oct. 24 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Charles H. and Esther Fisher	Date Issued: July 13,1972	Date Orig. Entry: ---
	Date of Birth: May 12,1922	Birth Place: Poplar, Idaho	Full Name of ~~Mother~~ father: Charles Hiles Fisher	Name of ~~Father~~ mother: Esther Carpenter Fisher	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #49-1880	Date Issued: ---	Date Orig. Entry: child born Jan.30,1949
	Date of Birth: Age: 26	Birth Place: Poplar, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, G.H.Hayes,Clerk Rigby, Idaho, Rigby 1st Ward	Date Issued: June 2,1930	Date Orig. Entry: baptized May 31,1930
	Date of Birth: May 12,1922	Birth Place: Poplar, Idaho Bonneville County	Full Name of Mother: Charles Hiles Fisher	Name of Father: Esther Carpenter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

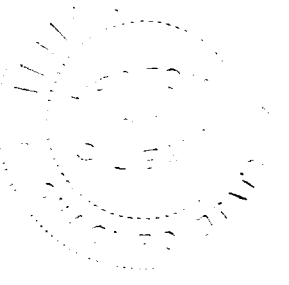
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 9, 1972

FORM BH 56067

4-12-72

Draegger

AUG 9 1972



235123-019-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-556

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Volney Stevens			2. Date Of Birth (month) 4 (day) 23 (year) 22
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho ~~Lemhi~~ Custer	b. City or Town of Birth: MAY
FATHER	6. Full Name of Father: John Smith Stevens			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: Martha Ann Mavity			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Volney Stevens		11. Present Address of Registrant: 35 Hillcrest, Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 8/21 1972	12. Signature of Notary: Beverly Raymond		13. Notary Commission expires: 3-1 1976

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Martha Ann Stevens		Date Issued: Aug.3,1972	Date Orig. Entry: ---
	Date of Birth: Apr.22,1922	Birth Place: May, Idaho	Full Name of Mother: Martha Ann Stevens	Name of Father: John Smith Stevens	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-12550		Date Issued: ---	Date Orig. Entry: child born Oct.29,1951
	Date of Birth: Age: 26	Birth Place: May, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage license and certificate #3728	By whom issued and signed: Missoula County, Montana		Date Issued: ---	Date Orig. Entry: May 24,1943
	Date of Birth: Age: 21	Birth Place: May, Idaho	Full Name of Mother: Martha Mavitz	Name of Father: Jack Stevens	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 23, 1972

FORM BH 56067

8-20-71

AUG 23 1972

Stevens Fred

Childs Cert # 51-12550

454-214-025-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-607

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Irene Meisner			2. Date Of Birth (month) (day) (year): December 14, 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Kamiah
FATHER	6. Full Name of Father: Otto John Meisner			7. State or Country of Father's Birth: Neenah, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Norma May Baldwin			9. State or Country of Mother's Birth: Endicott, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Irene Hulett		11. Present Address of Registrant: P.O. Box 333 Tualatin, Ore 97062
NOTARY (Seal)	Subscribed and sworn to before me on: September 25 1972	12. Signature of Notary: Yvonne L. Addington		13. Notary Commission expires: January 7 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Otto J. Meisner	Date Issued: Sep.18,1972	Date Orig. Entry: ---
	Date of Birth: Dec.14,1922	Birth Place: Kamiah, Idaho	Full Name of Mother: Norma May Baldwin	Name of Father: Otto John Meisner	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #51-17501		By whom issued and signed: State of Oregon	Date Issued: Sep.21,1972	Date Orig. Entry: child born June 21,1951
	Date of Birth: Age: 28	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of voter's registration card		By whom issued and signed: Washington County, Oregon J. E. Larson, Deputy	Date Issued: Sept.21,1972	Date Orig. Entry: May 22,1967
	Date of Birth: Dec.14,1922	Birth Place: Kamiah, Idaho	Full Name of Mother: Norma M. Baldwin	Name of Father: Otto J. Meisner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda M. Larson	Sept. 26, 1972

FORM BH 56067 1 cp pd. rec. #2736

"H" 9-22-72 gml

SEP 27 1972

799 - 210-021-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-621

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maurine Price
2. Date Of Birth (month) (day) (year): January 10, 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Weston

FATHER

6. Full Name of Father: Martin Sinfield Price
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Agnes Arilla Olsen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maurine Price Corbridge
11. Present Address of Registrant: 2873 Melillo Drive Walnut Creek, Ca

NOTARY

Subscribed and sworn to before me on: August 21 1972
12. Signature of Notary: Roger F. Magleby
13. Notary Commission expires: 11-21- 1975

OFFICIAL SEAL ROGER MAGLEBY NOTARY PUBLIC - CALIFORNIA COUNTY OF CONTRA COSTA My Commission Expires November 21, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of blessing	LDS Church, Weston Ward, Thos. E. Rose, Bishop	---	blessed Apr.2,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.10,1922	Weston, Idaho Franklin County	Aurella Olsen	Martin Price

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of Baptism and Confirmation	LDS Church, Weston Ward, Niels S. Bastian, Bishop	---	baptized July 5,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.10,1922	Weston, Idaho Franklin County	Arilla Olsen	Martin Price

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of membership form Contra Costa County Schools	State of California, State Employees' Retirement System	---	Jan.4,1965

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.10,1922	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	gml Glenda M. Larson	October 4,1972

FORM BH 56067

OCT 4 1972

356-12 4-026-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-665

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAX LEONARD
2. Date Of Birth (month) July (day) 24 (year) 1922
3. Color or Race: CAUCASIAN
4. Sex: MALE
5. Place of Birth a. County: JEFFERSON
b. City or Town of Birth: GRANT

FATHER

6. Full Name of Father: RALPH LEONARD
7. State or Country of Father's Birth: UNK

MOTHER

8. Full Maiden Name of Mother: ~~Mabel~~ ELZINA WILLIAMS
9. State or Country of Mother's Birth: UNK

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mae Leonard
11. Present Address of Registrant: 25344 Gould St Loma Linda Ca 92354

Subscribed and sworn to before me on October 18th 1972

12. Signature of Notary: Dolores M Ali
13. Notary Commission expires: 1 August 1976

OFFICIAL SEAL — DOLORES M. ALI — NOTARY PUBLIC — CALIFORNIA — PRINCIPAL OFFICE IN SAN BERNARDINO COUNTY — My Commission Expires October 1, 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Mabel E Leonard	Oct.2,1972	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 24,1922 / Grant area, Idaho Jefferson County	Mabel Elzina Williams	Ralph Leonard	
SUPPORTING RECORD 2.	Report of Separation Beorge AFB, CA	U.S. Air Force, Richard V. Benson, 1st LT Adj., USAF	separated Mar.7,1956	Oct.29,1951
	July 24,1922 / Grant, Idaho	---	---	
SUPPORTING RECORD 3.	notification of personnel action	Olsen O. Wheeler, Postmaster, Loma Linda, CA	Dec.14,1965	Jan.21,1945
	July 24,1922 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Glenda M. Larson	October 27,1972

FORM BH 56067

OCT 3 0 1972

069-219022-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA Eileen Sorenson			2. Date Of Birth (month) (day) (year): October 19 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Joseph Levoy Sorenson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma Blaser			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eileen Smith		11. Present Address of Registrant: 4721 Hillcrest Ave FAIR OAKS Calif 95628
NOTARY (Seal)	Subscribed and sworn to before me on: November 22 1972	12. Signature of Notary: Della J. Rioux		13. Notary commission expires: OFFICIAL SEAL DELLA F. RIOUX NOTARY PUBLIC - CALIFORNIA COUNTY OF PLACER My Commission Expires October 19, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Joseph LeVoy Sorenson	Date Issued: Nov.22,1972	Date Orig. Entry: ----
	Date of Birth: Oct.19,1922 / Birth Place: Saint Anthony, Idaho	Full Name of Mother: Emma Blaser Sorenson	Name of Father: Joseph LeVoy Sorenson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, St.Anthony 1st Ward, W. W.Spiers, Bishop	Date Issued: ---	Date Orig. Entry: blessed Dec.3,1922
	Date of Birth: Oct.19,1922 / Birth Place: St. Anthony, Idaho	Full Name of Mother: Emma Blazer	Name of Father: Jos. L. Sorenson	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage certificate	By whom issued and signed: State of California Sacramento, CA	Date Issued: May 19,1944	Date Orig. Entry: Mar.28,1941
	Date of Birth: Age: 18 / Birth Place: St.Anthony, Idaho	Full Name of Mother: Emma Blaser	Name of Father: J. L. Sorenson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: December 7,1972

FORM BH 56067

DEC 7 1972

JAN 15 1980

519-203-243-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-795

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Marie Larson			2. Date of Birth (month) June (day) 3, (year) 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Valley	b. City or Town of Birth: Cabarton	
FATHER	6. Full Name of Father: John Larson			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Minnie Margaret Van Vleet			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Janet M. Smith		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on Dec. 25 1972	12. Signature of Notary: [illegible]		13. Notary Commission expires Dec. 25 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Minnie M. Larson		Date Issued: January 17, 1953	Date Orig. Entry
	Date of Birth: June 3, 1922	Birth Place: Valley County Cabarton, Idaho	Full Name of Mother: Minnie Margaret Van Vleet	Name of Father: John Larson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #59-16363		Date Issued: ----	Date Orig. Entry: child born Dec.28,1959
	Date of Birth: Age: 37	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage License & Certificate	By whom issued and signed: On file Idaho #55-5963		Date Issued: Sep.2,1955	Date Orig. Entry: Sep.2,1955
	Date of Birth: Age: 33	Birth Place: Cobarton, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sm Glenda Larson	Dec. 29, 1972

FORM BH 56067

DEC 29 1972

597-202-020-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-137

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Ellen Nixon		2. Date Of Birth (month) (day) (year): July 2 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Rocky Bar, Elmore b. City or Town of Birth: Rocky Bar, Idaho
FATHER	6. Full Name of Father: William Alfred Nixon		7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Daisy May Baily		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Ellen Farmer	11. Present Address of Registrant: 1190 Sunset Strip Mountain Home, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 20, 1972	12. Signature of Notary: Darlene Dangrey	13. Notary Commission expires: March 25 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Elmore County, Idaho-School Census Marshal's Report	By whom issued and signed: W. H. Trail, Elmore County Auditor	Date Issued: ----	Date Orig. Entry: Sept. 29, 1928
	Date of Birth: Age 6 yrs	Birth Place: Rocky Bar, Idaho	Full Name of Mother: -----	Name of Father: William A. Nixon
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File # 51-6457	Date Issued: ---	Date Orig. Entry: Child born June 12, 1951
	Date of Birth: Age 28 yrs	Birth Place: Rocky Bar, Idaho	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:65	By whom issued and signed: Alma M. Bartlett	Date Issued: Feb. 5, 1973	Date Orig. Entry: ---
	Date of Birth: July 2, 1922	Birth Place: Rocky Bar, Idaho	Full Name of Mother: Daisy May Baily	Name of Father: William Alfred Nixon
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Glenda Larson	Feb. 28, 1973

FORM BH 56067

11-2-76

MAR 1 1973

799-228-003-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-217

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Leola Grimm
2. Date Of Birth (month) (day) (year): March 28, 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock now Caribou
b. City or Town of Birth: Kelly

FATHER

6. Full Name of Father: David William Grimm
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Ella Merrick
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Leola Grimm Nash
11. Present Address of Registrant: Bancroft Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 16 1973
12. Signature of Notary: Irene Christensen
13. Notary Commission expires: December 1 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Ella Merrick Grimm	Apr.24,1962	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.28,1922	Kelly, Idaho Bannock County	Ella Merrick Grimm	David William Grimm

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation (Duplicate)	LDS Church, Glenn F. Yost,Bp.	Jan.15,1962	baptized Feb.26,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.28,1922	Kelly, Idaho Caribou County	Ella Merrick	David William Grimm

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of affidavit for marriage license	Bannock County, Idaho	Apr.4,1962	Feb.25,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age:18 yrs. or Mar.28,1940	---	---	--

QUALIFYING INFORMATION

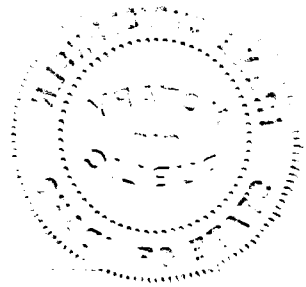
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	gml Glenda Larson	March 29, 1973

FORM BH 56067

MAR 2 9 1973



319-107-010-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-273

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Elbert Carter
2. Date Of Birth (month) (day) (year): May 7, 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Sydney Frank Carter
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elberta Foster
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Elbert Carter
11. Present Address of Registrant: R/3 Box 456 Grantsville Ca.

NOTARY (Seal)

Subscribed and sworn to before me on: March 15 1973
12. Signature of Notary: Robert [illegible]
13. Notary Commission expires: September 16 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Elberta Carter	Jan. 4, 1973	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 7, 1922 / Idaho Falls, Idaho Bonneville County	Elberta Foster	Sydney Frank Carter	
SUPPORTING RECORD 2.	photocopy of duplicate certificate of baptism & Confirmation	LDS Church, Grant B. Shaw, Bp. Martinez Ward	Dup. dated Aug. 25, 1962	baptized Oct. 25, 1936
	May 7, 1922 / Idaho Falls, Idaho Bonneville County	Elberta Foster	Sidney Frank Carter	
SUPPORTING RECORD 3.	photocopy of insurance policy #20 128 784	Metropolitan Life Ins. Co.	July 1, 1949	May 24, 1949
	May 7, 1922 / Idaho Falls, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

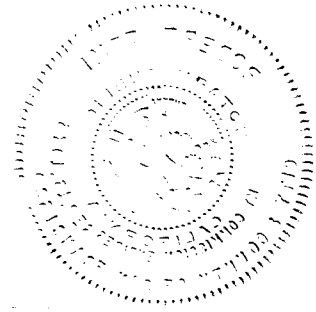
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	May 2, 1973

FORM BH 56067

2-7-73

MAY 3 1973

Carter



419-104-003-336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-380

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorsey Berry Martin		2. Date Of Birth (month) Feb (day) 4 (year) 1922
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Pocatello, Idaho; b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Paul LeRoy Martin		7. State or Country of Father's Birth: Denver, Colorado
MOTHER	8. Full Maiden Name of Mother: Ethel Inis Lloyd		9. State or Country of Mother's Birth: Pocatello Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorsey Berry Martin	11. Present Address of Registrant: 654 Warren - Pocatello, Idaho 83201
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 1973	12. Signature of Notary: Lindell L. Turner Jr.	13. Notary Commission expires: 7-2 1974

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Pocatello 5th Ward James A. Quinn, Bishop	Date Issued: ---	Date Orig. Entry: baptized Feb. 8, 1931
	Date of Birth: Feb. 4, 1922	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Ethel Inas Lloyd	Name of Father: Paul L. Martin
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Ordination as a Teacher	By whom issued and signed: LDS Church, Claud Ellsworth, High Priest 5th Ward, Poc. Stake	Date Issued: ----	Date Orig. Entry: ordained Jan. 2, 1938
	Date of Birth: Feb. 4, 1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Ethel Lloyd	Name of Father: Paul L. Martin
SUPPORTING RECORD 3.	Type of Document: photocopy of military record and honorable discharge	By whom issued and signed: U S. Army, Earl G. Linhart, Major ORD DEPT, Ft. Douglas, UT	Date issued: discharged Feb. 4, 1946	Date Orig. Entry: inducted Oct. 20, 1942
	Date of Birth: Feb. 4, 1922	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	June 18, 1973

FORM BH 56067

JUN 19 1973

297-218-018-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-429

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Jean Kight
2. Date Of Birth (month) (day) (year): Jan. 18 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Clearwater
b. City or Town of Birth: Teakean

FATHER

6. Full Name of Father: Clyde Nelson Kight
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Evelyn Louise Choate
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Jean Kight
11. Present Address of Registrant: 9702 Skylark Blvd. Garden Grove, Ca.

NOTARY (Seal)

Subscribed and sworn to before me on May 15 1973

12. Signature of Notary: Doris K. Boyle
13. Notary Commission expires: August 23 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Evelyn Kight Fasola	May 7,1973	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18,1922	Teakean, Idaho	Evelyn Louise Choate Kight	Clyde Nelson Kight

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance policy #GN 11,324,437	The Equitable Life Assurance Society of the U.S.	Feb.17,1941	Feb.11,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18,1922	Idaho	Evelyn Kight	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate	State of Washington, #313	Jun.25,1973	child born Oct.3,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Teakean, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	July 12, 1973

FORM BH 56067

JUL 13 1973

466-115-015-482

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-448

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WARREN G MOORE		2. Date Of Birth (month) NOV. (day) 15 (year) 1922
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: SODA SPRINGS CARIBOU; b. City or Town of Birth: SODA SPRINGS, IDAHO
FATHER	6. Full Name of Father: ALBERT FRANK MOORE		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: LAURA MABLE DYKE		9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren G Moore	11. Present Address of Registrant: Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 5 June 1973	12. Signature of Notary: Kenneth M. Fowler, Della Britenbeker Dep.	13. Notary Commission expires: Clerk of District Court 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #375021	Date issued: ----	Date Orig. Entry: child born Apr.13,1943
	Date of Birth: Age: 20	Birth Place: Soda Springs	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge	By whom issued and signed: U.S. Army	Date issued: separated Oct.29,1945	Date Orig. Entry: inducted Feb.15,1943
	Date of Birth: Nov.15,1922	Birth Place: Soda Springs,Ida.	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Walter James Moore (bd.7/23/09)	Date issued: July 7,1973	Date Orig. Entry: ---
	Date of Birth: Nov.15,1922	Birth Place: Soda Springs,Idaho	Full Name of Mother: Laura Dyke Moore Hopkins	Name of Father: Albert Frank Moore
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	July 23,1973

FORM BH 56067

1 copy rec #27275 2-23-68

JUL 2 4 1973

31K210-006-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-494

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NANCY EDITH LADD			2. Date Of Birth (month) 3 (day) 10 (year) 22	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: SHELLEY [BINGHAM	b. City or Town of Birth: SHELLEY	
FATHER	6. Full Name of Father: RALPH HALGARTH LADD			7. State or Country of Father's Birth: IOWA, USA	
MOTHER	8. Full Maiden Name of Mother: LEONE ESTELLE HOLCOMB			9. State or Country of Mother's Birth: IOWA, USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Nancy Edith Ladd	11. Present Address of Registrant: 691 El Caminoare	
NOTARY (Seal)	Subscribed and sworn to before me on: March 9, 1962		12. Signature of Notary: Harold Larson	13. Notary Commission expires: December 13, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father		By whom issued and signed: Ralph H. Ladd	Date Issued: Mar. 9, 1962	Date Orig. Entry: -----
	Date of Birth: Mar. 10, 1922	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Leone Estelle Holcomb Ladd	Name of Father: Ralph H. Ladd	
SUPPORTING RECORD 2.	Type of Document: Carbon copy of Report of Appointment Certification #14090		By whom issued and signed: Calif. State Personnel Board, Div. Real Estate, Sac.	Date Issued: approved May 29, 1957	Date Orig. Entry: effective May 14, 1957
	Date of Birth: Mar. 10, 1922	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #42-98794		By whom issued and signed: State of California Vital Statistics	Date Issued: Jan. 2, 1973	Date Orig. Entry: child born Sept. 4, 1942
	Date of Birth: Age: 20	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	sm Glenda Larson	August 15, 1973

K FORM BH 56067 Corrected 1655R 2-16-62 3-17-60

AUG 16 1973

MAR 31 2004
APR 20 2004

753-228-222-582

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. DE 73-614
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SOPHRONA PETERSON
2. Date Of Birth (month) JUNE (day) 28 (year) 1922
3. Color or Race: white
4. Sex: female
5. Place of Birth: IDAHO — a. County: FREMONT
* b. City or Town of Birth: TWIN GROVES

FATHER

6. Full Name of Father: Lars J. Peterson
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Mildred Nyborg
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sophrona P Hanson
11. Present Address of Registrant: 2280 Locust St. Ada

NOTARY (Seal)

Subscribed and sworn to before me on: October 5th 1973
12. Signature of Notary: V. L. Koster
13. Notary Commission expires: October 20, 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document: CHURCH RECORD
By whom issued and signed: L.D.S. CHURCH
Date issued: 1-16-56
Date Orig. Entry: blessed ~~Aug. 6, 1922~~
Date of Birth: June 28 1922
Birth Place: Twin Groves, Idaho
Full Name of Mother: Mildred Nyborg
Name of Father: Lars J. Peterson

SUPPORTING RECORD 2.

Class B

Type of Document: CHURCH RECORD
By whom issued and signed: L.D.S. CHURCH Salt Lake City, Utah
Date issued: 1-16-56
Date Orig. Entry: baptized ~~June 16, 1931~~
Date of Birth: June 28 1922
Birth Place: Twin Groves Idaho
Full Name of Mother: Mildred Nyborg
Name of Father: Lars J. Peterson

SUPPORTING RECORD 3.

Class

Type of Document: photocopy of application for social security #519-22-0794
By whom issued and signed: Social Security Adm.
Date issued: ---
Date Orig. Entry: Sep.28,1942
Date of Birth: June 28,1922
Birth Place: St. Anthony, Idaho Fremont County
Full Name of Mother: Mildred Johanna Nyborg
Name of Father: Lars Jacob Peterson

QUALIFYING INFORMATION

*Twin Groves is listed as Mail St. Anthony.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: bw Glenda Larson
Date Filed: October 17,1973

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH 40067

OCT 3 0 1973

157-214-003-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OFFICIAL SEAL ROBERT L. WELSH NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN IMPERIAL COUNTY My Commission Expires Feb. 17, 1974

State File No. DE 73-647

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carmen Anguiano Magaña
2. Date of Birth (month) October (day) 14 (year) 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Pocatello
b. City or Town of Birth: Pocatello, Idaho, U. S. A.

FATHER

6. Full Name of Father: Sabino Anguiano
7. State or Country of Father's Birth: Pénjamo, Guanajuato, Mexico

MOTHER

8. Full Maiden Name of Mother: Refugio Magaña
9. State or Country of Mother's Birth: Pénjamo, Guanajuato, Mexico

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carmen Anguiano M.
11. Present Address of Registrant: Calle Buenos Aires #250 Mexicali, B. Cfa., Mex.

NOTARY (Seal)

Subscribed and sworn to before me on SEPT. 11TH 1973
12. Signature of Notary: Janet L. Welsh.
13. Notary Commission expires FEB. 17TH 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. Anthony's Church, Pocatello Idaho Rv. C. H. King	Apr.16,1973	baptized Nov.15,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.14,1922	Pocatello,Idaho	Refucio Magna	Seviano Anguio

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Calipatria Unified School Dist.,Wm.J.Blair,Princ.,Niland Elem.	June 4,1973	Dec.20,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.14,1922	----	----	Jesus Angiano

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of marriage record	Estado De Baja California, Registro Civil, IV #30, #421	---	Oct.30,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Pocatello, Idaho	Refugio Magana	Sabino Anguiano

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 7, 1973

FORM BH 56067

NOV 8 1973

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-749

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucene Maxfield Thompson			2. Date Of Birth (month) October (day) 18 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Clyde Melvin Thompson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ellen Irene Maxfield			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucene T. Robertson		11. Present Address of Registrant: 5987 S. 2200 W. Roy, Utah
NOTARY (Seal)	Subscribed and sworn to before me on 12/4 1973	12. Signature of Notary: J.B. Payne		13. Notary Commission expires 2/1 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #425253		Date Issued: ---	Date Orig. Entry: child born Aug.27,1946
	Date of Birth: Age: 23	Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for license to marry #377	By whom issued and signed: Cache County, Utah		Date Issued: Nov.9,1973	Date Orig. Entry: Sep.10,1940
	Date of Birth: Oct.18,1922	Birth Place: Grace, Idaho	Full Name of Mother: Ellen Maxfield	Name of Father: Clyde Melvin Thompson	
SUPPORTING RECORD 3.	Type of Document: Photocopy of application for insurance policy 18-115-242	By whom issued and signed: The New York Life Ins. Co.		Date Issued: ---	Date Orig. Entry: Feb.12,1942
	Date of Birth: Oct.18,1922	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 18 1973

FORM BH 56067

2 copies issued #17218

F-10-62

DEC 19 1973

763-113-018-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-026

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joe Curtis Pollock
2. Date Of Birth (month) (day) (year): February 13, 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Clearwater — b. City or Town of Birth: Orofino

FATHER

6. Full Name of Father: Everett George Pollock
7. State or Country of Father's Birth: Oklahoma

MOTHER

8. Full Maiden Name of Mother: Nancy Catherine Strang
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joe C. Pollock
11. Present Address of Registrant: Orofino Idaho - Box 152

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 16 1974
12. Signature of Notary: James A. Sewell
13. Notary Commission expires: Feb 14 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #48-4221	---	child born Apr.30,1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Orofino, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records - Dist. #22	Clearwater County Recorder's Office, Idaho - Census repoart	Dec.1,1970	Nov.25,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.13,1922	---	N. C. Pollock	Geo. Pollock

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	George E. Pollock	Oct.14,1942	---

Date of Birth	Birth Place	Full Name of ~~Mother~~ father	Name of ~~Father~~ Mother
Feb.13,1922	Orofino, Idaho ~~Clearwater County~~	George Everett Pollock	Nancy Catherine Strang ~~Pollock~~

QUALIFYING INFORMATION

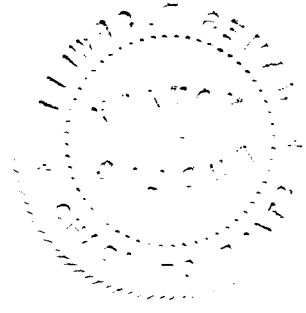
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: Glenda Larson
Date Filed: JAN 22 1974

FORM BH 56067

JAN 22 1974



133-21S-03E-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-172

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Twila Mae Allen		2. Date Of Birth (month) 6 (day) 15 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County BANNOCK b. City or Town of Birth: HAWKINS BASIN IDAHO COUNTY
FATHER	6. Full Name of Father: FRANCIS MARION ALLEN		7. State or Country of Father's Birth: LEWISTON UTAH (CACHE COUNTY)
MOTHER	8. Full Maiden Name of Mother: MARY ISABELLE (PUTNAM) ALLEN		9. State or Country of Mother's Birth: AUBURN (UINTA Co), WYOMING
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Twila Mae (Allen) Theobald	11. Present Address of Registrant: 303 Washington Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 19 74	12. Signature of Notary: Charlie Fraume	13. Notary Commission expires: May 18 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Certificate of birth from church records	By whom issued and signed: Portneuf Stake, Hawkins Ward, members #19299, entry 218	Date Issued: Sep. 2, 1922	Date Orig. Entry: March 22, 1974
	Date of Birth: June 15, 1922 / Birth Place: Hawkins Basin, Bannock Co., Idaho	Full Name of Mother: Mary Isabelle Putnam	Name of Father: Francis Marion Allen	
SUPPORTING RECORD 2.	Type of Document: Notarized statement by attending physician	By whom issued and signed: H. J. Hartvigsen, M.D.	Date Issued:	Date Orig. Entry:
	Date of Birth: June 15, 1922 / Birth Place: Hawkins Basin, ID Bannock County	Full Name of Mother: Mary Isabelle Putnam Allen	Name of Father: Francis Marion Allen	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record	By whom issued and signed: Bannock Memorial Hospital	Date Issued: ---	Date Orig. Entry: Aug. 27, 1965
	Date of Birth: June 15, 1922 / Birth Place: Hawkins Basin, ID	Full Name of Mother: Mary Putnam	Name of Father: Francis Allen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: April 9, 1974

FORM BH 56067 1 copy pd Rec 10400 3-27-69

APR 1 0 1974

168-215 040-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-193

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THELMA MARIE JOHNSON			2. Date Of Birth (month) MARCH (day) 15 (year) 1922
	3. Color or Race: WHITE	4. Sex: F.	5. Place of Birth a. County: SHOSHONE	b. City or Town of Birth: SHOSHONE, IDAHO
FATHER	6. Full Name of Father: CHARLES ISAAC JOHNSON			7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: EMMA MAUDE COOLEY			9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma M. Johnson Newton		11. Present Address of Registrant: 502 N C RESTVIEW MOSES LAKE, WASH.
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1972	12. Signature of Notary: Mary Oman		13. Notary Commission expires: August 12 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: Vale Union High School, Ore. Gerald F. Cammann, Supt.		Date Issued: ---	Date Orig. Entry: 1939
	Date of Birth: Mar. 15, 1922	Birth Place: Shoshone	Full Name of Mother: Emma Johnson		Name of Father: Charles Johnson
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: Sacred Heard Hospital, Spokane, Wa., Sr. Francine, R.N., Supv.		Date Issued: ---	Date Orig. Entry: child born Nov. 17, 1943
	Date of Birth: Mar. 15, 1922	Birth Place: Shoshone, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Payette County Recorder's Office, Idaho		Date Issued: Apr. 3, 1974	Date Orig. Entry: May 29, 1939
	Date of Birth: Age: 17 yrs. 2 mos.	Birth Place: ---	Full Name of Mother: Mrs. Emma M. Johnson		Name of Father: Charles I. Johnson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: APR 17 1974

FORM BH 56067

APR 1 8 1974

613218 040-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-196

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LOIS GENE WALBURN, ~~HALVORSEN~~
2. Date Of Birth (month) (day) (year): June 18th. 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Mullan, Idaho, Shoshone
b. City or Town of Birth: Town of Mullan

FATHER

6. Full Name of Father: William Wallace Walburn
7. State or Country of Father's Birth: Ketchum Idaho

MOTHER

8. Full Maiden Name of Mother: Marie Louise Behring -(
9. State or Country of Mother's Birth: Illinois, La Salle

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois I. Halvorsen
11. Present Address of Registrant: 4551 New Haven Way Castro Valley, CA.

NOTARY (Seal)

Subscribed and sworn to before me on: April 20th. 1972

12. Signature of Notary: Fauna LaCrone
13. Notary Commission expires: 19

OFFICIAL SEAL
FAUNA LA CRONE
NOTARY PUBLIC - CALIFORNIA
COUNTY OF ALAMEDA
My Commission Expires June 18, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage record		By whom issued and signed: Alameda County Recorder's Office, California	Date Issued: Mar. 11, 1974	Date Orig. Entry: July 19, 1941
	Date of Birth: Age: 19	Birth Place: Mullen, Idaho	Full Name of Mother: Marie Louise Behring	Name of Father: William Wallace Walburn	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate 42-141206		By whom issued and signed: State of California	Date Issued: ---	Date Orig. Entry: Child born Dec. 22, 1942
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: copy of report of appointment (Education Dept.-Pub. School Ad		By whom issued and signed: State Of California, Personnel Board	Date Issued: Nov. 10, 1964	Date Orig. Entry: Oct. 1, 1964
	Date of Birth: June 18, 1922	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Exact copy of Census record shows Lois Walburn age seven on April 1, 1930 in Alameda California. Birthplace Idaho, Parents Wallace and Marie Walburn. Copy made June3, 1974 U.S. Bureau of Census.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	APR 17 1974

FORM BH 56067

Update #21695

11-20-69

JAN 23 1975

168-230 003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-221

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cleo LaRue Johnsen
2. Date of Birth (month) (day) (year): Aug 30 1922
3. Color or Race: Wh.
4. Sex: Fe
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Peter Johnsen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Maren Knudsena Andreasen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cleo LaRue Freeman
11. Present Address of Registrant: 12266 Gneiss Ave Downey Ca.

NOTARY (Seal)

Subscribed and sworn to before me on April 15 1974

12. Signature of Notary: Janet L. Pettibone, N.P.
13. Notary Commission expires: August 25 1974

OFFICIAL SEAL
Janet L. Pettibone
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Aug. 25, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister	Mohleta J. Fisher Age:68	Apr.10,1974	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.30,1922 / Grace, Idaho Bannock County	Maren Knudsena Andreasen Johnsen	Peter Johnsen	
SUPPORTING RECORD 2.	photocopy of Certificate of Baptism and Confirmation	LDS Church, Emil E. Petersen, Bishop, Grace Ward	orig.dated Oct.6,1930	baptized October 4,1930
	Aug.30,1922 / Grace, Idaho Bannock County	Sena Andreasen	Peter Johnson	
SUPPORTING RECORD 3.	photocopy of Certificate of Blessing	LDS Church, N.W. Lowe, Bishop Grace Ward	---	blessed Oct.1,1922
	Aug.30,1922 / Grace, Bannock County, Idaho	Sena Andreasen	Peter Johnson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	April 25,1974

FORM BH 56067

APR 2 6 1974

313411-029-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-246

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Milo Alden Calvert
2. Date Of Birth (month) June (day) 11 (year) 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Latah
b. City or Town of Birth: Juliaetta

FATHER

6. Full Name of Father: Asa Merritt Calvert
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Gladys Lenore Hoskins
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Milo alden Calvert
11. Present Address of Registrant: P.O.Box 556 Washtucna, Washington 99371

NOTARY (Seal)

Subscribed and sworn to before me on April 19, 1974
12. Signature of Notary: Dorothy L. Hardesty
13. Notary Commission expires: July 1, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Asa M. Calvert	Apr.19,1974	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 11,1922 / Juliaetta, Idaho Latah County	Gladys Lenore Hoskins Calvert	Asa M. Calvert	
SUPPORTING RECORD 2.	notarized photocopy of page from Bible	Family Records in Bible	Apr.19,1974	obviously old
	June 11,1922 / Juliaetta, Idaho	Gladys Lenora Hoskins	Asa Merritt Calvert	
SUPPORTING RECORD 3.	photocopy of own child's birth certificate #65-4656	child born in Montana	--	child born May 11,1965
	Age: 42 / Juliaetta, Idaho	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

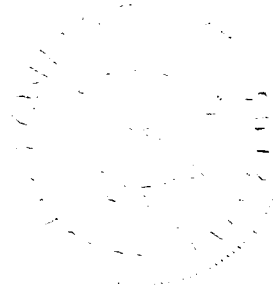
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: MAY 16 1974

FORM BH 56067

MAY 2 3 1974

OCT 0 9 2008



367-21-2015-457

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-306
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Geraldine Cox
2. Date Of Birth (month) (day) (year): 12 – 17 – 22
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Caribou
b. City or Town of Birth: Grace Idaho

FATHER

6. Full Name of Father: Earl Ralph Cox
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Vira Meacham
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Mrs. Geraldine Bartlow
11. Present Address of Registrant: Kelso Washington

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19___
12. Signature of Notary: [illegible]
13. Notary Commission expires: January 28 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho File # 402770	-------	Child born Feb. 26, 1944

Class*

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21 yrs	Grace, Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother age 73	Vira Smith	Jun. 4, 1974	------

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 17, 1922	Grace, Idaho	Vira Meacham	Earl Ralph Cox

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement of Blessing	L. D. S. Church	Jun. 7, 1974	Blessed Dec. 1922

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 17, 1922	Grace, Idaho	Vira Meacham	Ralph Earl Cox

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright sl	June 11, 1974

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 11 1974

238-214-029-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-349

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nina Mae Schoeffler		2. Date Of Birth (month) (day) (year): May 14 - 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cameron Latah; b. City or Town of Birth: Cameron, Idaho
FATHER	6. Full Name of Father: David A. Schoeffler		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Myrtle A. Hoffman		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina Mae Roberts	11. Present Address of Registrant: Kamiah, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 1971	12. Signature of Notary: George Hunt	13. Notary Commission expires: 7/31 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #19729-2PRP	By whom issued and signed: Pacific Empire Mutual Life Ins. Co. of Lewiston, Idaho	Date issued: ---	Date Orig. Entry: Aug.22,1961
	Date of Birth: May 14,1922 / Birth Place: Cameron,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Phyllis Bovey,Clerk,JT. SCHOOL DIST. #304, Kamiah, ID	Date issued: ---	Date Orig. Entry: Sept. 1935
	Date of Birth: Age: 13 / Birth Place: ---	Full Name of Mother: ----	Name of Father: Dave A. Schoeffler	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Myrtle Schoeffler Helt	Date issued: June 26,1974	Date Orig. Entry: ----
	Date of Birth: May 14,1922 / Birth Place: Cameron, Idaho	Full Name of Mother: Myrtle Schoeffler	Name of Father: David Schoeffler	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gm1 Glenda Larson	JUL - 2 1974

FORM BH 56067 1 cp Paid Rec # 12470 4-30-71

JUL 3 1974

963-207-010-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-350

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Murile Rockwood		2. Date Of Birth (month) 7 (day) 7 (year) 22
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Bone
FATHER	6. Full Name of Father: Bryant Nixon Rockwood		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Vera Blanche Hain		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: 1058 Vine Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 22nd 19 74	12. Signature of Notary: Lily M Sheen	13. Notary Commission expires: June 28 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #435379	Date issued: ---	Date Orig. Entry: child born Apr.20,1947
	Date of Birth: Age: 24	Birth Place: Bone, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of baptism and confirmation	By whom issued and signed: LDS Church, Bryant N. Rockwood, Bishop	Date issued: Dec.20,1930	Date Orig. Entry: baptized Sep.21,1930
	Date of Birth: July 7,1922	Birth Place: Bone, Idaho Bonneville County	Full Name of Mother: Vera Blanch Hain	Name of Father: Bryant N. Rockwood
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Vera Blanche Hain Rockwood	Date issued: June 18,1974	Date Orig. Entry: ---
	Date of Birth: July 7,1922	Birth Place: Bone, Idaho	Full Name of Mother: Vera Blanche Hain	Name of Father: Bryant Nixon Rockwood
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	JUL - 2 1974

FORM BH 56067 1 CP Adres # 3086 4-10-74 gml

JUL 3 1974

367-22-0073-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-363

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SOCORRO LOPEZ			2. Date Of Birth (month) JUNE (day) 22 (year) 1922	
	3. Color or Race: CAUCASED	4. Sex: F.	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: BANNOCK	
FATHER	6. Full Name of Father: NICOLAS LOPEZ			7. State or Country of Father's Birth: AGUAS CALIENTES MEXICO	
MOTHER	8. Full Maiden Name of Mother: PETRA RODRIGUEZ			9. State or Country of Mother's Birth: AGUAS CALIENTES MEXICO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Socorro L. Velasco		11. Present Address of Registrant: 1072No. ROWAN AVE. L.A. CAL. 90063	
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE THE 10th. 1974	12. Signature of Notary: /s/ Bonnie De Ponte, L.A.Co., CA (signature & seal attached)		13. Notary Commission expires: April 18 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of identification card for Mexican Border Use	By whom issued and signed: U.S.A. Dept.of State, American Foreign Service		Date Issued: ----	Date Orig. Entry: Oct.2,1951
	Date of Birth: June 22,1922	Birth Place: Bannock, Idaho USA	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 70	By whom issued and signed: Petra Lopez		Date Issued: Jul.11,1974	Date Orig. Entry: -----
	Date of Birth: Jun.22,1922	Birth Place: Bannock, Idaho	Full Name of Mother: Petra Lopez	Name of Father: Nicolas Lopez	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Mother		Date Issued: Sept.6,1928	Date Orig. Entry: ------
	Date of Birth: Jun.22,1922	Birth Place: ------	Full Name of Mother: Petra Lopez	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Florence Curtright	Date Filed: July 18, 1974

FORM BH 56067

TO 447 CA (4-73)
(Individual)

TITLE INSURANCE AND TRUST
A TICOR COMPANY

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On June 10, 1974 before me, the undersigned, a Notary Public in and for said State, personally appeared Socorro Lopez Velasco,

_____,

_____,

_____, known to me

to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Bonnie DePonte

_____
Name (Typed or Printed)

STAPLE HERE

OFFICIAL SEAL
BONNIE DE PONTE
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires April 18, 1975

(This area for official notarial seal)

JUL 1 9 1974

392-117-003-242

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-383

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NEWTON EARL LISH
2. Date Of Birth: Sept 17 1922
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: BANNOCK; b. City or Town of Birth: ONYX

FATHER

6. Full Name of Father: Edwin EARL Lish
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: Gladys Gwen Bush
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Newton Earl Lish
11. Present Address of Registrant: 13844 So. Elmwood Norwalk Calif.

NOTARY

Subscribed and sworn to before me on: July 22, 1974

12. Signature of Notary: Betty Rose Leonard
13. Notary Commission expires: September 1 1977

OFFICIAL SEAL
BETTY ROSE LEONARD
NOTARY PUBLIC CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Sept. 7, 1977
13926 So. San Antonio Dr., Norwalk, CA. 90650

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Gladys Lish	Jan.7,1941	-----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept.17,1922 Onyx, Idaho	Gladys Gwen Bush	Edwin Earl Lish	
SUPPORTING RECORD 2.	Honorable Discharge	Army of the United States	Jan.2,1946	Apr.29,1943
	Sept.17,1922 Onyx, Idaho	-----	-------	
SUPPORTING RECORD 3.	Certificate of Baptism	L.D.S.Church	Dec.29,1934	Baptized Dec.14,1930
	Sept.17,1922 Onyx, Idaho	Gladys G. Bush	Edwin E. Lish	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	July 24,1974

FORM BH 56067

JUL 2 5 1974

YY3-12710-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-406

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Archie Vernon Dutton			2. Date Of Birth (month) (day) (year): December 27, 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Hyrum Thomas Dutton			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ella Nellie Richardson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Archie Dutton		11. Present Address of Registrant: 1476 Elmore, Idaho Falls, ID
NOTARY (Seal)	Subscribed and sworn to before me on: August 5 1974	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: September 15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage certificate & marriage license		By whom issued and signed: Bonneville County, Idaho	Date Issued: ---	Date Orig. Entry: May 22,1950
	Date of Birth: Age: 27	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable separation papers		By whom issued and signed: U.S. Army, Bud R. Burrell 2D LT INF ACTG ASST ADJ GEN	Date Issued: separated Oct.6,1951	Date Orig. Entry: inducted Nov.30,1948
	Date of Birth: Dec.27,1922	Birth Place: Idaho Falls,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle living nearby at time of birth		By whom issued and signed: Eli Dutton Age: 81	Date Issued: Aug.7,1974	Date Orig. Entry: ---
	Date of Birth: Dec.27,1922	Birth Place: Idaho Falls,Idaho Bonneville County	Full Name of Mother: Ella Nellie Richardson	Name of Father: Hyrum Thomas Dutton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

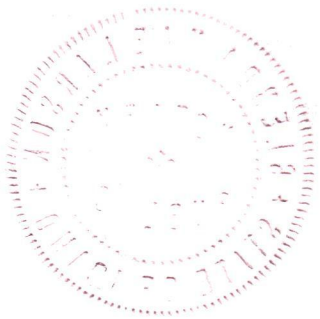
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Aug. 9, 1974

FORM BH 56067

Cutters

~~AUG 5 1974~~

AUG 23 1974



243-218-028-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-428

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Majene Genevieve Bucher
2. Date Of Birth (month) July (day) 18 (year) 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Ford, Idaho

FATHER

6. Full Name of Father: Cinthony John Bucher
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Grace Marie Allman
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Majene Shadduck
11. Present Address of Registrant: Rencheeta, Idaho 83855

NOTARY (Seal)

Subscribed and sworn to before me on April 18 1973
12. Signature of Notary: Donald W. Hath
13. Notary Commission expires: 04-04 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by relative	George E. Allman Age:69	Sep.24,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 18,1922	Ford, Idaho	Grace Marie Allman Bucher	Anthony John Bucher

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record Kootenai County, Idaho	U.S. Department of Commerce Bureau of the Census	Apr.10,1974	Apr.1,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	Idaho	Marie Bucher	Anthony J. Bucher

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by midwife	Patience Quinn	Mar.28,1974	attended birth

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 18,1922	Ford, Idaho Kootenai County	Grace Marie Allman (Bucher)	Anthoney John Bucher

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Klick
Evidence reviewed by: gml Glenda Larson
Date Filed: AUG 28 1974

FORM BH 56067 3 copies pd 6353 + 16779 S-28-73 gml

Schadduck (Ernie Bucher)

AUG 29 1974

615217021-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-540

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: DORIS YVONNE FJELDSTED			2. Date Of Birth (month) APRIL (day) 17 (year) 1922
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: ~~PRESTON~~ FRANKLIN	b. City or Town of Birth: PRESTON
FATHER	6. Full Name of Father: WARREN HYRUM FJELDSTED aka (FELSTED)			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: LE ORA MELISSA SMITH			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: D Yvonne Browning		11. Present Address of Registrant: 9653 E. Belcher St., DOWNEY
NOTARY (Seal) Attached	Subscribed and sworn to before me on: September 27, 1974	12. Signature of Notary: Judith A. Lowell		13. Notary Commission expires CALIF. May 16, 1977

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Preston 4th Ward, Oneida Stake, J.W. Condie, Bishop	Date Issued: ---	Date Orig. Entry: blessed July 2, 1922	
	Date of Birth: Apr. 17, 1922	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Leora Smith	Name of Father: Warren H. Fjeldsted	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Ogden, Utah David J. Wilson, Bishop	Date Issued: Nov. 5, 1930	Date Orig. Entry: baptized Nov. 5, 1930	
	Date of Birth: Apr. 17, 1922	Birth Place: Preston, Idaho	Full Name of Mother: Leora Smith	Name of Father: Warren H. Fjeldsted	
SUPPORTING RECORD 3.	Type of Document: The Equitable Life Assurance Society of the U.S.	By whom issued and signed: application for insurance policy (photocopy)	Date Issued: --	Date Orig. Entry: Nov. 13, 1940	
	Date of Birth: Apr. 17, 1922	Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: OCT 17 1974

FORM BH 56067

SEP 0 2 2010

TO 447 CA (4-73)
(Individual)

TITLE INSURANCE AND TRUST
A TICOR COMPANY

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On September 27, 1974 before me, the undersigned, a Notary Public in and for said State, personally appeared D. Yvonne Browning,

_____,

_____,

_____, known to me

to be the person ____ whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Judith A. Komac

Judith A. Komac
Name (Typed or Printed)

OFFICIAL SEAL
JUDITH A. KOMAC
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
MY COMMISSION EXPIRES MAY 16, 1977

(This area for official notarial seal)

STAPLE HERE

OCT 1 8 1974

279-114-003-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-552

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gwen F. Sprague
2. Date Of Birth (month) (day) (year): JAN. 14 1922
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Idaho Bannock; b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: William F. Sprague
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Laura Mae Gribble
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gwen F. Sprague
11. Present Address of Registrant: Rt # 2 Box 336 Vale, Oregon 97918

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 9 1974
12. Signature of Notary: Norta Kase
13. Notary Commission expires: Mar 19 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Duplicate Certificate of Baptism and Confirmation	LDS Church, Vale Ward, Glenn W. Shelton, Clerk	June 23, 1974	baptized June 7, 1930
	Date of Birth / Birth Place: Jan. 14, 1922 / Grace, Bannock County, Idaho	**Full Name of Mother:** Laura Gribble	**Name of Father:** William F. Sprague	
SUPPORTING RECORD 2.	Honorable Military Discharge	U.S. Army, H. T. Byles, Lt. Col., FA, Ft. Douglas, UT	discharged Nov. 20, 1944	inducted Nov. 25, 1942
	Date of Birth / Birth Place: Age: 20 yr. 10 mos. / Grace, Idaho	**Full Name of Mother:** ---	**Name of Father:** ---	
SUPPORTING RECORD 3.	Statement regarding school records	Malheur County Oregon, Leroy J. Paulsen, Co. Supt.	Sep. 14, 1973	Oct. 1939
	Date of Birth / Birth Place: Jan. 14, 1922 / ----	**Full Name of Mother:** ---	**Name of Father:** Frank Sprague	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	OCT 31 1974

FORM BH 56067

NOV 1 1974

813222-041-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-642

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ila Hatch			2. Date Of Birth (month) (day) (year): August 22, 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor
FATHER	6. Full Name of Father: Lamoin Hatch			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ida Johnson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ila H. Hatch		11. Present Address of Registrant: Nov. 27 - 1974
NOTARY (Seal)	Subscribed and sworn to before me on: November 27 1974	12. Signature of Notary: David F Burt		13. Notary Commission expires: July 29 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:65		By whom issued and signed: Ada Hatch Anderson	Date Issued: Oct.28,1974	Date Orig. Entry: ---
	Date of Birth: Aug.22,1922	Birth Place: Victor, Idaho Teton County	Full Name of Mother: Ida Johnson Hatch	Name of Father: Lamoin Hatch	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #49-5456	Date Issued: ---	Date Orig. Entry: child born May 15,1949
	Date of Birth: Age: 26	Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage License and certificate		By whom issued and signed: On file Idaho #48-11715	Date Issued: Sep.2,1948	Date Orig. Entry: Aug.27,1948
	Date of Birth: Age: 26	Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: DEC 23 1974

FORM BH 56067

DEC 24 1974

766-113-041-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE;75-018

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Robert Powell		2. Date Of Birth (month) August (day) 13 (year) 1922	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor
FATHER	6. Full Name of Father: James Everett Powell		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Susanah Frances Kearsley		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Robert Powell	11. Present Address of Registrant: Rt 1, Box 336 Warren Oregon 97053	
NOTARY (Seal)	Subscribed and sworn to before me on 12-24- 1974	12. Signature of Notary: Betty L. Merzenger	13. Notary Commission expires: MY COMMISSION EXPIRES 8-7-77 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism & Confirmation	By whom issued and signed: St.Helens Ward-Church of Jesus Christ LDS	Date Issued: Sept.27, 1974	Date Orig. Entry: March 1,1931
	Date of Birth: 13 Aug 1922 / Birth Place: Victor,Teton	Full Name of Mother: Susanah Frances Kearsley	Name of Father: James Everett Powell	
SUPPORTING RECORD 2.	Type of Document: Photo copy of Military Discharge Papers	By whom issued and signed: United States Navy	Date Issued: 11 Jan.1946	Date Orig. Entry: 28 Dec.1942
	Date of Birth: 13 Aug 1922 / Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Return of Marriage	By whom issued and signed: Fannie Rhine, Deputy State of Oregon, County of Columbia	Date Issued: 20 Sept. 1974	Date Orig. Entry: Aug.31,1946
	Date of Birth: Aug.13,1922 / Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 8 1975

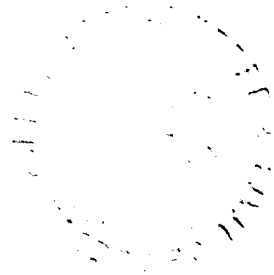
FORM BH 56067

Typed Receipt # 15486

9/15/74

Powell

JAN 9 1975



219-101-020-971

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-127

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Jose Barinaga			2. Date Of Birth (month) (day) (year): December 1 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: Valentin Barinaga			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Eulalia Ugalde			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jose Barinaga		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 2-24 1975	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20-78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Catholic Church		Date Issued: April 20,1923	Date Orig. Entry: Baptized Apr.20,1923
	Date of Birth: Dec.1,1922	Birth Place: Mountain Home	Full Name of Mother: Eulalia Barinaga		Name of Father: Valentin Barinaga
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 77	By whom issued and signed: Eulalia Barinaga		Date Issued: Feb.11,1975	Date Orig. Entry: ------
	Date of Birth: Dec.1,1922	Birth Place: Mountain Home,Ida.	Full Name of Mother: Eulalia Barinaga		Name of Father: Valentin Barinaga
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States		Date Issued: Nov.7,1945	Date Orig. Entry: Inducted Jan24,1944
	Date of Birth: Dec.1,1922	Birth Place: Mountain Home,Ida.	Full Name of Mother: --------		Name of Father: ------
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Feb.24,1975

FORM BH 56067

FEB 24 1975

LC

492-53-2222-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-218

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Misseldine, HARK LAY			2. Date Of Birth (month) (day) (year): FEBRUARY 3 1922	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Teton FREMONT	b. City or Town of Birth: Teton	
FATHER	6. Full Name of Father: Misseldine, FRANK			7. State or Country of Father's Birth: ENGLAND	
MOTHER	8. Full Maiden Name of Mother: LAY, GRACE Fitzhugh			9. State or Country of Mother's Birth: ENGLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hark Lay Misseldine		11. Present Address of Registrant: Box 337, Ashton Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 15th day of March 1975	12. Signature of Notary: Opal M. Anderson		13. Notary Commission expires: 1-20 19 77	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church		Date Issued: Apr.2,1922	Date Orig. Entry: Blessed April 2, 1922.
	Date of Birth: Feb.3,1922	Birth Place: Teton City, Idaho	Full Name of Mother: Grace F. Lay	Name of Father: Frank Misseldine	
SUPPORTING RECORD 2.	Type of Document: Statement by Attending Phy.	By whom issued and signed: W. Sutherland - Rexburg,Ida.		Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Feb.3,1922	Birth Place: Teton, Idaho	Full Name of Mother: Grace Laye	Name of Father: Frank Misseldine	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 66	By whom issued and signed: William G. Misseldine		Date Issued: Mar.4,1975	Date Orig. Entry: ------
	Date of Birth: Feb.3,1922	Birth Place: Teton, Idaho	Full Name of Mother: Grace Fitzhugh Lay	Name of Father: Frank Misseldine	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	March 31,1975

FORM BH 56067

APR 2 1975

DECEASED

c/65212-023-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-289

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen May Montgomery			2. Date Of Birth (month) (day) (year): APRIL 12, 1922
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Gem	b. City or Town of Birth: Sweet, Idaho
FATHER	6. Full Name of Father: Deward Earl Montgomery			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Zora Leona Houser			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Shackelford		11. Present Address of Registrant: RT 3 Box 609 Corvallis, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 5-5 1975	12. Signature of Notary: Don Samuel		13. Notary Commission expires: 8-30 1976

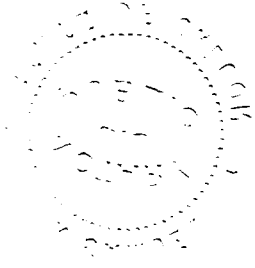
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Zora Leona Thrush	Date Issued: 4 April 75	Date Orig. Entry: ---
	Date of Birth: Apr.12,1922 / Birth Place: Sweet, Idaho	Full Name of Mother: Zora Leona Houser Montgomery	Name of Father: Deward Earl Montgomery	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Mary Secor Hospital, Emmett, Idaho	Date Issued: --	Date Orig. Entry: child born Mar. 30,1941
	Date of Birth: Apr.12,1922 / Birth Place: Sweet, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Hospital Record	By whom issued and signed: Albany General Hospital Albany, Oregon	Date Issued: ---	Date Orig. Entry: Apr. 13,1965
	Date of Birth: Apr. 12, 1922 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hick	Evidence reviewed by: Margaret Davis	Date Filed: MAY 8 1975

FORM BH 56067

MAY 8 1975



219-210-031-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JEAN BARRY		2. Date Of Birth (month) (day) (year): 6 - 10 - 1922
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: b. City or Town of Birth: WINCHESTER
FATHER	6. Full Name of Father: EDWARD BARRY		7. State or Country of Father's Birth: CANADA
MOTHER	8. Full Maiden Name of Mother: PEARL ~~BAR~~ DERBY		9. State or Country of Mother's Birth: COLORADO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jean Barry Hughes	11. Present Address of Registrant: 809-14th St. BELLINGHAM, WASH.
NOTARY (Seal)	Subscribed and sworn to before me on: 26th Nov 1973	12. Signature of Notary: Hugh Cong	13. Notary Commission expires: Sept 24 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record		By whom issued and signed: St.Luke"s General Hospital Bellingham, Washington	Date issued: ---	Date Orig. Entry: Sep.8,1964
	Date of Birth: 6-10-22	Birth Place: Idaho	Full Name of Mother: Pearl Darby	Name of Father: Edward Barry	
SUPPORTING RECORD 2.	Type of Document: Marriage License Application		By whom issued and signed: State of Washington	Date issued: ---	Date Orig. Entry: 3 July 1944
	Date of Birth: 22 years.	Birth Place: Winchester, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Transcript of School Records		By whom issued and signed: Frederick D. Chesterley, Superintendent, S.Dist.	Date issued: 26 Nov. 73	Date Orig. Entry: 1934
	Date of Birth: June 10,22	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

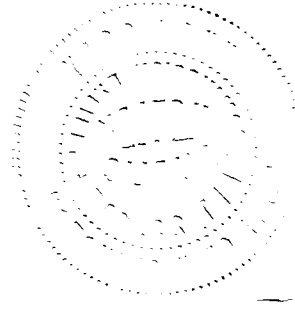
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAY 16 1975

FORM BH 56067

MAY 1 9 1975



685-216-040-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-310

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Avriel Jean Wheatley
2. Date of Birth (month) (day) (year): July 16th 1922
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Shoshone
   b. City or Town of Birth: Wallace

FATHER

6. Full Name of Father: George Holt Wheatley
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Laura O. Wheatley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Avriel Jean Henkeman
11. Present Address of Registrant: P O Box 474, Mullan, Idaho 83846

NOTARY (Seal)

Subscribed and sworn to before me on: May 9th 19 75

12. Signature of Notary: Victoria White
13. Notary Commission expires: Oct. 14th 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother Age 81	Laura Spaulding Wheatley	15 May 75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 16,1922 Wallace, ID.	Laura Spaulding Wheatley	George H. Wheatley	
SUPPORTING RECORD 2.	Transcript of Church Records	Rev. Rolf A. Leed, St.Andrew's Episcopal Church	May 12,1975	Baptised Nov.28,1924
	July 16,1922 ---	---	---	
SUPPORTING RECORD 3.	Affidavit for Marriage License	State of Idaho, County of Shoshone	9 May 1975	11 July 1941
	18 years. --	---	---	

QUALIFYING INFORMATION

Own child's birth certificate on file in State of Idaho, S.F.#443395, Child born Sept. 10, 1947, gives mother's age as 25 years, and birth place as Wallace, Idaho.

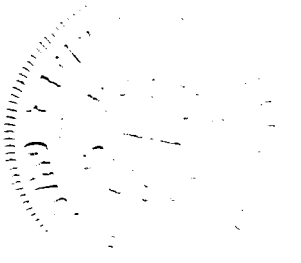
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Smith	Margaret Davis	MAY 19 1975

FORM BH 56067

MAY 2 0 1975



262-226-022-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=451

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Pauline Sobieski			2. Date Of Birth (month) 7 (day) 26 (year) 1922
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Marysville
FATHER	6. Full Name of Father: Frank Sobieski			7. State or Country of Father's Birth: Berlin township, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Pearl Staker			9. State or Country of Mother's Birth: Lawrence, Emery Co, Utaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth P. Hudson		11. Present Address of Registrant: 815 John Adams Parkway Idaho Falls Ida
NOTARY (Seal)	Subscribed and sworn to before me on July 24 1975	12. Signature of Notary		13. Notary Commission expires 9-24- 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Pearl Sobieski	Date Issued: 24 July 75	Date Orig. Entry: ---
	Date of Birth: 7/26/22	Birth Place: Marysville, ID.	Full Name of Mother: Pearl Staker	Name of Father: Frank Sobieski	
SUPPORTING RECORD 2.	Type of Document: Life Assurance Policy		By whom issued and signed: Equitable Life Assurance Society of the U.S.	Date Issued: May 6,1958	Date Orig. Entry: May 6,1958
	Date of Birth: Age 36 nearest birthday	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: State of Wisconsin	Date Issued: 6 June 45	Date Orig. Entry: 6 June 45
	Date of Birth: July 26,1922	Birth Place: Freemont County Idaho.	Full Name of Mother: Pearl Staker	Name of Father: Frank Sobieski	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUL 30 1975

FORM BH 56067

7-29-75

Hudson

AUG 6 1975

235226-039-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-540

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Elaine Stephenson		2. Date Of Birth (month) 6 (day) 26 (year) 1922
	3. Color or Race: wh	4. Sex: Fem.	5. Place of Birth: a. County American Falls (Power?) Idaho; b. City or Town of Birth
FATHER	6. Full Name of Father: Oakley Morris Stephenson		7. State or Country of Father's Birth: Thurman, Iowa
MOTHER	8. Full Maiden Name of Mother: Lillian Mae Caha		9. State or Country of Mother's Birth: Provo, So. Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Elaine Young	11. Present Address of Registrant: 1236 So. Seneca, Denver, Co.
NOTARY (Seal)	Subscribed and sworn to before me on: My Com. Expires 7-21 1979	12. Signature of Notary: Maryland Hennich	13. Notary Commission expires: Subscribed to before me this 8-4 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Lillian Mae Stephenson	Date issued: 6/12/73	Date Orig. Entry: ---
	Date of Birth: June 26, 1922	Birth Place: American Falls	Full Name of Mother: Lillian Mae Caha	Name of Father: Oakley Morris Stephenson
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of California	Date issued: 3./2/46	Date Orig. Entry: child born Feb.23, 1946
	Date of Birth: 23 years.	Birth Place: Idaho.	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Cradle Roll Certificate	By whom issued and signed: Bethany Baptist Sunday School, American Falls, ID.	Date issued: 9/29/22	Date Orig. Entry: 9/29/22
	Date of Birth: June 26, 1922	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: SEP 9 1975	

FORM BH 56067 1 cp Pd Rec. # 15743 4-27-73

SEP 9 1975

364-129-017-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-573

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Rulen Lougee			2. Date Of Birth (month) Oct. (day) 29 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Clark	b. City or Town of Birth: DuBois
FATHER	6. Full Name of Father: John Lougee			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Estelle Clegg			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John R. Lougee		11. Present Address of Registrant: 700 W. Altavista Lot 66 Ottumwa, IA
NOTARY (Seal)	Subscribed and sworn to before me on: September 20 1975	12. Signature of Notary: Gary L. Reeves		13. Notary Commission expires: September 30 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth		By whom issued and signed: Historical Department of L.D.S. Church	Date Issued: 5 Nov.74	Date Orig. Entry: 7 May 31
	Date of Birth: 29 Oct.1922	Birth Place: Dubois	Full Name of Mother: Sara Estelle Clegg	Name of Father: John Lougee	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Marriage Return		By whom issued and signed: Iowa State Dept. of Health	Date Issued: 7/7/75	Date Orig. Entry: Dec.16,1952
	Date of Birth: age next birthday 31	Birth Place: DuBois	Full Name of Mother: Sarah Clegg	Name of Father: John Lougee	
SUPPORTING RECORD 3.	Type of Document: Discharge Papers.		By whom issued and signed: U.S.Navy, Corpus Christi, TX	Date Issued: discharged 25/9/47	Date Orig. Entry: Inducted 9/25/41
	Date of Birth: 10/29/22	Birth Place: Dubois, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	SEP 25 1975

FORM BH 56067

SEP 2 5 1975

849-120-001-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-581

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Andrew Quick
2. Date Of Birth (month) 10 (day) 20 (year) 22
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Boise Idaho, Ada
b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: Richard Silas Quick
7. State or Country of Father's Birth: Bolivar, Missouri

MOTHER

8. Full Maiden Name of Mother: Ethel Marie Bay
9. State or Country of Mother's Birth: Boise Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Andrew Quick
11. Present Address of Registrant: 130693 Hawthorne, Nevada 89415

NOTARY (Seal)

Subscribed and sworn to before me on Sept 22 1975

12. Signature of Notary: Margaret L. Thomas
13. Notary Commission expires: MARGARET L. THOMAS Notary Public — State of Nevada Mineral County My Commission Expires: Nov. 7, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Ethel Quick Newell	15 Sep.75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 20, 1922	Boise, ID.	Ethel Marie Bay	Richard Silas Quick

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Papers	US Army, Separation Center Ft. Douglas, Utah	Discharged 10 Mar. 46	Induction 23 Dec. 42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
20 Oct. 22	Boise, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Rec ord	Leroy Paulsen, Supt. Schools Malheur County	Sep. 12, 1975	1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9 years	---	--	R.S. Quick

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Welch
Evidence reviewed by: Margaret Davis
Date Filed: SEP 25 1975

FORM BH 56067

4-18

Quick

SEP 2 6 1976

413 409 023 636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-638

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HARRY MATTHEWS		2. Date Of Birth (month) 12 (day) 9 (year) 22
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: Emmett, Idaho; b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: HARRY MATTHEWS		7. State or Country of Father's Birth: Dublin, Ireland
MOTHER	8. Full Maiden Name of Mother: MARY O'TOOLE		9. State or Country of Mother's Birth: Dublin, Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry Matthews	11. Present Address of Registrant: 1312 W NORTH SHORE
NOTARY (Seal)	Subscribed and sworn to before me on: SEP 24 1975 19	12. Signature of Notary: R Evans	13. Notary Commission expires: SEP 24 1975 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of 1957 Ring Encyclopedia & Record book.		By whom issued and signed: Trudie Loubet, Editorial Office Ring Magazine	Date issued: 9/16/75	Date Orig. Entry: 1957
	Date of Birth: Dec.9,1922	Birth Place: Emmett, Idaho.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Page from Family Bible		By whom issued and signed: Family Record	Date issued: 10/22/75	Date Orig. Entry: Mar. 1930
	Date of Birth: Dec.9,1922	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle Age 71		By whom issued and signed: John Gorney	Date issued: 28 Oct.75	Date Orig. Entry: ---
	Date of Birth: Dec. 9,1922	Birth Place: Emmett	Full Name of Mother: Mary O'Toole	Name of Father: Harry Matthews	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	OCT 3 1975

FORM BH 56067

OCT 3 1 1975
FEB 1 9 1976

265-28-042-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-644

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clara Donetta Swenson
2. Date Of Birth (month) (day) (year): 5 8 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls, Idaho 83301

FATHER

6. Full Name of Father: John Arthur Swenson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Pearl Puckett
9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clara Wubbenhorst
11. Present Address of Registrant: 822 Aiken Ave Buhl Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 31 1975
12. Signature of Notary: Evelyn D. Matthews
13. Notary Commission expires: Jan 1 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Blessing
By whom issued and signed: Twin Falls First Ward, Twin Falls Stake
Date Issued: 11/4/75
Date Orig. Entry: Blessed 2 July 22
Date of Birth: 8 May 1922
Birth Place: Twin Falls
Full Name of Mother: Amia Pearl Puckett
Name of Father: J. Arthur Swenson

SUPPORTING RECORD 2.

Type of Document: Certificate of Baptism and confirmation
By whom issued and signed: Twin Falls Ward, Twin Falls Stake
Date Issued: 11/4/75
Date Orig. Entry: Baptised 5/31/30
Date of Birth: May 8, 1922
Birth Place: Twin Falls
Full Name of Mother: Pearl Puckett
Name of Father: John Arthur Swenson

SUPPORTING RECORD 3.

Type of Document: Own child's birth certificate
By whom issued and signed: State of Idaho #443448
Date Issued: 11/4/75
Date Orig. Entry: Child born Sept. 3, 1947
Date of Birth: 25 yrs.
Birth Place: Twin Falls
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: Margaret Davis
Date Filed: NOV 4 1975

FORM BH 56067

10-14-20

NOV 4 1975

255-230-004-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-056

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virl Bentsen			2. Date Of Birth (month) (day) (year): March 30 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Chris Bentsen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Sophronia J. Dayton			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virl Bentsen McMurray		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 1976	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4-20 1978

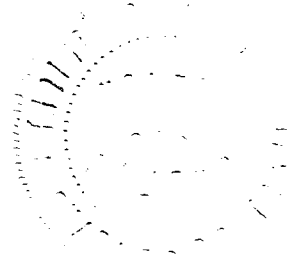
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S. Church	Date Issued: Sept.14,1930	Date Orig. Entry: Baptized Sept.14,1930
	Date of Birth: Mar.30,1922	Birth Place: Montpelier, Ida.	Full Name of Mother: Sophronia J. Dayton	Name of Father: Chris Bentsen
SUPPORTING RECORD 2.	Type of Document: Own child's certificate	By whom issued and signed: on file - Idaho - # 312139	Date Issued: ---	Date Orig. Entry: child born Mar.30,1941
	Date of Birth: Age 19	Birth Place: Montpelier,Ida.	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family Age 88	By whom issued and signed: Louise Hight Moss	Date Issued: 27 Jan.76	Date Orig. Entry: ---
	Date of Birth: Mar.30,22	Birth Place: Montpelier, Idaho.	Full Name of Mother: Sophronia J. Dayton	Name of Father: Chris Bentsen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Margaret Davis	Date Filed: JAN 28 1976

FORM BH 56067

JAN 2 8 1976



845-218-026-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-085

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VERENA HAZEL HUNSAKER
2. Date Of Birth: (month) NOV. (day) 18 (year) 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County JEFFERSON; b. City or Town of Birth RIGBY

FATHER

6. Full Name of Father: LARS HUNSAKER
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: ETHEL AGNES BUTLER
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verena H Wheeler
11. Present Address of Registrant: 840 West Lander Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on February 2 1976
12. Signature of Notary: Lorraine Winters
13. Notary Commission expires: 4-29 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	John O Call, Bishop Rigby 2nd Ward	8/7/27	Blessed 8/7/27
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 18, 1922 Rigby	Ethel Butler	Lars Hunsaker	
SUPPORTING RECORD 2.	Certificate of Baptism	John O. Call, Bishop Rigby 2nd Ward	8/2/31	Baptised Aug. 1, 1931
	11/18/22 Rigby	Ethel Butler	Lars. Hunsaker	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #326733	2/5/76	child born Nov. 14, 1941
	18 years. Rigby.	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Hick
Evidence reviewed by: md Margaret Davis
Date Filed: FEB - 5 1976

FORM BH 56067

11-11

Whelan

FEB 5 1976

DECEASED

764-217-004-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-097

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Poulsen		2. Date Of Birth (month) (day) (year): February 17 1922
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Liberty Ida Bear Lake; b. City or Town of Birth: Idaho-Bear Lake-Liberty
FATHER	6. Full Name of Father: Kenneth Poulsen		7. State or Country of Father's Birth: Idaho Bear Lake
MOTHER	8. Full Maiden Name of Mother: Edith Idell Passey		9. State or Country of Mother's Birth: Idaho Bear Lake
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine P. Williamson	11. Present Address of Registrant: 3744 Blue Grouse Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 30 1976	12. Signature of Notary: David G. Zumbal	13. Notary Commission expires: June 28 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Edith Idell Poulsen	Date issued: 12/31/75	Date Orig. Entry: ---
	Date of Birth: Feb.17,1922	Birth Place: Liberty	Full Name of Mother: Edith Idell Poulsen	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: Wm. R. Morgan, Bishop	Date issued: 4/2/22	Date Orig. Entry: Blessed 4/2/22
	Date of Birth: 2/17/22	Birth Place: Liberty	Full Name of Mother: Edith I. Passey	Name of Father: Kenneth Poulsen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Torrey L. Austin, Bishop Liberty Ward	Date issued: 3/9/30	Date Orig. Entry: Baptised 1 March 30
	Date of Birth: 17 Feb.22	Birth Place: Liberty	Full Name of Mother: Edith I. Passey	Name of Father: Kenneth Poulsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	FEB 11 1976

K FORM BH 56067 1 Cp. Pd. Rec #03103 1-5-76

FEB 1 1 1976

Williamson

154-24-1031-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-115

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Maurice Anderson		2. Date of Birth (month) (day) (year): June 24 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Winchester, Idaho
FATHER	6. Full Name of Father: John Godfreed Anderson		7. State or Country of Father's Birth: Swedish	
MOTHER	8. Full Maiden Name of Mother: (Phoebe) Phebe agnes Tucker Anderson		9. State or Country of Mother's Birth: Grenchtown, Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Maurice Anderson	11. Present Address of Registrant: 162½ 24 St Lewiston Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: FEB 17 1976 19__	12. Signature of Notary: [illegible] Lewiston Idaho	13. Notary Commission expires: 11 15 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Rev. E. Glock	Date Issued: 12 Dec.25	Date Orig. Entry: baptised 12 Dec.1925	
	Date of Birth: June 24,1922	Birth Place: Winchester	Full Name of Mother: Phiebe Tucker	Name of Father: John Anderson	
SUPPORTING RECORD 2.	Type of Document: Discharge records	By whom issued and signed: U.S. Army, Separation Center Ft.Lewis, Washington	Date Issued: discharged 16 Aug.46	Date Orig. Entry: Inducted 24 Jul.44	
	Date of Birth: 24 June 22	Birth Place: Winchester	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: State of Idaho	Date Issued: 2/20/76	Date Orig. Entry: 20 Oct.1966	
	Date of Birth: 44 years.	Birth Place: Winchester	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Ahse	Margaret Davis	FEB 20 1976

FORM BH 56067

1 yr old Rec #06348

6-11-76

Anderson

FEB 2 7 1976

799-22-026-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-133

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Olive Griffiths
2. Date Of Birth (month) June (day) 22 (year) 1922
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Lewisville Home Jefferson
b. City or Town of Birth: Lewisville

FATHER

6. Full Name of Father: Kimball Earl Griffiths
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Florence Mae Tiner
9. State or Country of Mother's Birth: Mississippi

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Olive Taylor
11. Present Address of Registrant: Homer, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on February 28th 1976

12. Signature of Notary: Ina J. Hale
13. Notary Commission expires: 12-20 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Florence M. Griffiths	Date Issued: 2/26/76	Date Orig. Entry: ---	
	Date of Birth: 22 June 22	Birth Place: Lewisville	Full Name of Mother: Florence Mae Tiner	Name of Father: Kimball Earl Griffiths	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #447163	Date Issued: 1/1948	Date Orig. Entry: child born 11/29/47	
	Date of Birth: 25 years.	Birth Place: Lewisville	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Geneology Record	By whom issued and signed: LDSChurch	Date Issued: 23 Oct. 53	Date Orig. Entry: Baptised 3 Aug/1930	
	Date of Birth: 22 June 1922	Birth Place: Lewisville	Full Name of Mother: Florence Mae Tiner	Name of Father: Kimball Earl Griffiths	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

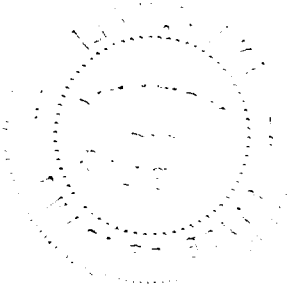
State Registrar: Janet M. Ulick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 3 1976

FORM BH 56067

14 PA Rec #05138

2-23-76

MAR 3 1976



219-112 1010-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Osval Bailey			2. Date Of Birth (month) Sept. (day) 12 (year) 1922
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ammon, Idaho
FATHER	6. Full Name of Father: Jesse Henry Bailey			7. State or Country of Father's Birth: Mill Creek, Utah
MOTHER	8. Full Maiden Name of Mother: Mercy Maranda Campbell			9. State or Country of Mother's Birth: Bloomington, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Osval Bailey		11. Present Address of Registrant: 1194 Sakara Idaho Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 1976	12. Signature of Notary: Dan H Hodson		13. Notary Commission expires: April 24 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Arron Ward, Lyle M. Anderson Bishop	Date Issued: 10/5/30	Date Orig. Entry: baptised 10/5/30	
	Date of Birth: 9/12/22	Birth Place: Ammon	Full Name of Mother: Mercy Campbell	Name of Father: Jesse H. Bailey	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: State of Idaho #47-	Date Issued: 21 Aug 47	Date Orig. Entry: 21 Aug. 47	
	Date of Birth: 24 years.	Birth Place: Idaho Falls*	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Discharge Certificate	By whom issued and signed: U.S.Army, Fort Douglas, UT.	Date Issued: discharged 11 Dec.45	Date Orig. Entry: inducted 19 Nov. 42	
	Date of Birth: 12 Sep.22	Birth Place: Idaho Falls*	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Ammon got its mail through Idaho Falls.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Ulick	Evidence reviewed by: Margaret Davis	Date Filed: APR 23 1976		

FORM BH 56067

14. Pd. Rec # 10895

4-16-76

APR 2 6 1976

Bailey

955-217 1015-744

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-271

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Naomi Ruth Revoir
2. Date Of Birth (month) (day) (year): Sept. 17 1922
3. Color or Race: American | 4. Sex: F | 5. Place of Birth a. County: Turner, Bannock | b. City or Town of Birth: Turner, Idaho

FATHER

6. Full Name of Father: David Eli Revoir
7. State or Country of Father's Birth: West Jordan, Utah

MOTHER

8. Full Maiden Name of Mother: Martha May Gummersall
9. State or Country of Mother's Birth: Franklin, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Naomi R. Robbins
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: April 28 1976
12. Signature of Notary: Arlene Tuttle
13. Notary Commission expires: February 9 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: National Public Service Ins.	Date Issued: 27 May 59	Date Orig. Entry: 27 May 59
	Date of Birth: 37	Birth Place: ---	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Membership Information Record	By whom issued and signed: LDS Church	Date Issued: 3 Mar 73	Date Orig. Entry: blessed 5 Nov. 22
	Date of Birth: 17 Sep. 22	Birth Place: Turner	Full Name of Mother: Martha May Gummersall	Name of Father: David E. Revoir
SUPPORTING RECORD 3.	Type of Document: Application for Marriage License	By whom issued and signed: State of Utah	Date Issued: 4 Apr. 76	Date Orig. Entry: 2 Nov. 43
	Date of Birth: Sept 17, 1922	Birth Place: Turner	Full Name of Mother: Martha Mae Gummersall	Name of Father: David E. Revoir
QUALIFYING INFORMATION				

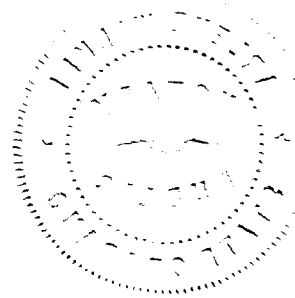
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAY - 4 1976

FORM BH 56067

MAY 5 1976



DECEASED

519-213-010-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-292

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VIRGINIA MAY CARTER
2. Date Of Birth (month) (day) (year): 12 - 13 - 22
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: IDAHO Falls Bonneville
b. City or Town of Birth: IDAHO FALLS

FATHER

6. Full Name of Father: James Andrew Carter Jr
7. State or Country of Father's Birth: UTAH U.S.A

MOTHER

8. Full Maiden Name of Mother: Maud Gardner Carter
9. State or Country of Mother's Birth: UTAH U.S.A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant:
11. Present Address of Registrant: 429 Linden Kerberg

NOTARY (Seal)

Subscribed and sworn to before me on: 17 May 1976

12. Signature of Notary: Peggy C. Rich

13. Notary Commission expires: 6-9 1979

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 80yrs.	By whom issued and signed: Gertrude Jensen	Date Issued: 17 May 76	Date Orig. Entry: ---
	Date of Birth: Dec.13,1922 / Birth Place: Ammon *	Full Name of Mother: Maud Gardner	Name of Father: James Andrew Carter	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: L.D.S. Hospital, Idaho Fall	Date Issued: 1/5/46	Date Orig. Entry: child born 1/5/46
	Date of Birth: Dec.13,1922 / Birth Place: Idaho Falls	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Metropolitan Life Insurance	Date Issued: 12/30/66	Date Orig. Entry: 12/30/66
	Date of Birth: 12/13/22 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Ammon gets mail through Idaho Falls

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrich	Margaret Davis	MAY 19 1976

FORM BH 56067

MAY 2 1 1976

DELAYED

Dup of 1922-D78-175

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-76-299

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Richard Verne Bonnell
2. Date Of Birth: (month) October (day) 25 (year) 1922
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Bannock — Grace

FATHER

6. Full Name of Father: Harry Russell Bonnell
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Ada Sant
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: R V Bonnell
11. Present Address of Registrant: Rt. 1 - Box 459

NOTARY (Seal)

Subscribed and sworn to before me on: May 19th 1976
12. Signature of Notary: Lily McKeen
13. Notary Commission expires: 6/28 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Ada Browning	24 Mar. 76	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.25,1922	Grace	Ada Sant	Harry Russell Bonnell

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #54-7102	4/15/76	child born 6/7/54

Date of Birth	Birth Place	Full Name of Mother	Name of Father
31 years.	Grace	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
U.S. Passport	U.S.Secretary of State	4/8/70	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.25,1922	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hillick	md Margaret Davis	JUN 2 1976

FORM BH 56067

4-15-76

JUN 8 1976

213-27.009-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE: 76-349

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathleen Marie Sacht			2. Date Of Birth (month) (day) (year): March 27 22
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Clark Fork Bonner	b. City or Town of Birth: Clark Fork
FATHER	6. Full Name of Father: William Charles Sacht			7. State or Country of Father's Birth: Gross, Nebraska
MOTHER	8. Full Maiden Name of Mother: Arly Maude Burger			9. State or Country of Mother's Birth: Rockvale, Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathleen M. Damon		11. Present Address of Registrant: Hurdsfield, N. Dak.
NOTARY (Seal)	Subscribed and sworn to before me on: 6-16- 1976	12. Signature of Notary: Orange Wilson		13. Notary Commission expires: Wallace County 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of enrollment in Cradle Roll Department	By whom issued and signed: Methodist Episcopal Church	Date Issued: 6/16/76	Date Orig. Entry: 1/25/24
	Date of Birth: 3/27/22	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Community Hospital, Sandpoint	Date Issued: 7/23/42	Date Orig. Entry: child born 7/23/42
	Date of Birth: 3/27/22	Birth Place: Clarks Fork	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: #82 Bonner County School Dist.	Date Issued: 6/7/76	Date Orig. Entry: 9/20/30
	Date of Birth: 3/27/22	Birth Place: ---	Full Name of Mother: ---	Name of Father: William Sacht

QUALIFYING INFORMATION

Statement dated June 12, 1976 given by Retired Postmaster of Clark Fork gives Birthdate as 3/27/22 and parent's names as Arly Sacht and William Sacht.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUN 24 1976

FORM BH 56067

JUN 2 4 1976

613-114-010-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-390

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pete Anton Walstrom
2. Date Of Birth (month) (day) (year): April 14 1922
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Victor Walstrom
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Pearl M Moody
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pete A. Walstrom
11. Present Address of Registrant: R#3, Box 39 Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 30, 1976

12. Signature of Notary: Eugene N Buck
13. Notary Commission expires: July 23 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	State of Idaho	Oct.9,1950	Sept.21, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 28	Idaho Falls, Id.	----------	--------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Records	Idaho Falls School Systems	-----	September, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.14,1922	Idaho Falls, Id.	--------	Victor Walstrom

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Lillian Gustafson more than 10 at time of birth.	Lillian Gustafson	July14,1976	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.14,1922	Idaho Falls,Idaho	Pearl Moody (Walstrom)	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	July 21,1976

FORM BH 56067

6-22-76

JUL 2 2 1976

391-103-018-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-461

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MURRAY EUGENE CRAM
2. Date Of Birth: (month) 4 (day) 3 (year) 1922
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: CLEARWATER
b. City or Town of Birth: OROFINO

FATHER

6. Full Name of Father: IRA L. CRAM
7. State or Country of Father's Birth: STEVENS POINT WISCONSIN 3/19/1899

MOTHER

8. Full Maiden Name of Mother: JESSIE MYRTLE BONNER
9. State or Country of Mother's Birth: OROFINO IDAHO 12/3/1902

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Murray Eugene Cram
11. Present Address of Registrant: Rt 2 Orofino Idaho 83544

NOTARY (Seal)

Subscribed and sworn to before me on: May 4 1976

12. Signature of Notary: Edwin L Olsen
13. Notary Commission expires: 8-1 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Certificate	U.S. Army Ft.Bliss, Texas	discharge 8 Oct 45	Induction 5 Feb 42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
3 Apr. 22	Orofino	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho	5/13/76	child born 9/15/61

Date of Birth	Birth Place	Full Name of Mother	Name of Father
39 years.	Orofino	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
social application for security card	Social Security Administration US Treasury Department	--	Aug. 23, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.3, 1940	Orofino, Id.	Jessie Myrtle Bonner	Ira Cram

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

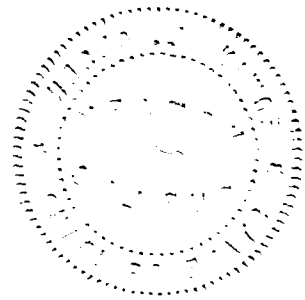
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Linda Cook	Sept. 8, 1976

FORM BH 56067

1-28-16

SEP 9 1976



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-574

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glen born Wettstein			2. Date Of Birth (month) 9 (day) 1 (year) 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Daniels Oneida Idaho	b. City or Town of Birth: Daniels	
FATHER	6. Full Name of Father: Daniel Wettstein			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Lina Ruegsegger			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Glen L Wettstein	11. Present Address of Registrant: 150 East 2 South Bountiful Utah 84010	
NOTARY (Seal)	Subscribed and sworn to before me on: October 28 1976		12. Signature of Notary: Richard R. Stahle	13. Notary Commission expires: January 15 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister age 68		By whom issued and signed: Hazel N. Wettstein Eschler	Date Issued: Oct.28,1976	Date Orig. Entry: --
	Date of Birth: Sep.1,922	Birth Place: Daniels, Idaho	Full Name of Mother: Lina Ruegsegger Wettstein	Name of Father: Daniel Wettstein	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism		By whom issued and signed: LDS Church	Date Issued: Nov.17,1930	Date Orig. Entry: Sep.7,1930
	Date of Birth: Sep.1,1922	Birth Place: Daniels, Idaho	Full Name of Mother: Lina Ruegsegger	Name of Father: Daniel Wettstein	
SUPPORTING RECORD 3.	Type of Document: certificate of ordination to the priesthood		By whom issued and signed: LDS Church	Date Issued: Nov.24,1940	Date Orig. Entry: Nov.24, 1940
	Date of Birth: Sep.1,1922	Birth Place: Daniels, Idaho	Full Name of Mother: Lena Ruegsegger	Name of Father: Daniel Wettstein	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Linda Cook	Date Filed: Nov. 8, 1976

FORM BH 56067

10/12/76

NOV 8 1976

Wettstein

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-600

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Warren Reed Huff		2. Date Of Birth (month) (day) (year): June 18 1922
	3. Color or Race:	4. Sex: M	5. Place of Birth a. County: Teton Freemont; b. City or Town of Birth: Teton, Idaho
FATHER	6. Full Name of Father: Thomas Alberto Huff		7. State or Country of Father's Birth: Lewiston, Utah
MOTHER	8. Full Maiden Name of Mother: Rosa Hester Tuck		9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren Reed Huff	11. Present Address of Registrant: 756 W Bridger - Pocatello Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: 11-15 1976	12. Signature of Notary: Beverly Raynal	13. Notary Commission expires: 3-1 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: insurance policy		By whom issued and signed: Pacific empire Mutual Life Insurance Company	Date issued: apr.25,1959	Date Orig. Entry: Apr.22,1959
	Date of Birth: June18,1922	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: discharge papers		By whom issued and signed: US ARmy; HS Orvis, 2D LT AC	Date issued: Jan3,1946	Date Orig. Entry: Oct.20,1942
	Date of Birth: June18,1922	Birth Place: Teton, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: certificate of ordination to the Holy Priesthood		By whom issued and signed: LDS Church	Date issued: Mar.17,1935	Date Orig. Entry: Mar.17,1935
	Date of Birth: June18,1922	Birth Place: Teton, Idaho	Full Name of Mother: Rosa Hester Tuck	Name of Father: Thomas Alberto Huff	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Nov.19,1976

FORM BH 56067 1 cpy pd # 05399 11/5/76

NOV 1 9 1976
JAN 0 7 2010

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-603

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Milo Leo McCurdy			2. Date of Birth (month) March (day) 4 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham, Idaho	b. City or Town of Birth: Firth
FATHER	6. Full Name of Father: Fred Dubois McCurdy			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Vida Pearl McCurdy			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Milo L McCurdy		11. Present Address of Registrant: 940 W. Sublette, Pocatel
NOTARY (Seal)	Subscribed and sworn to before me on Dec. 17 1976	12. Signature of Notary: [illegible]		13. Notary Commission expires Jan. 6 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Army of the United States Seperation Qualification Rec.	By whom issued and signed: J.M. Holman 1st Lt AC	Date Issued: Nov.16,1945	Date Orig. Entry: June 10,1941
	Date of Birth: Mar.4,1922	Birth Place: --	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Fred D. McCurdy	Date Issued: Nov.17,1976	Date Orig. Entry: --
	Date of Birth: Mar.4,1922	Birth Place: Firth, Idaho	Full Name of Mother: Vida Pearl McCurdy	Name of Father: Fred Dubois McCurdy
SUPPORTING RECORD 3.	Type of Document: discharge papers	By whom issued and signed: Ralph A. Lintz, 2nd Lt., USAF	Date Issued: Apr.30,1964	Date Orig. Entry: Aug.18,1960
	Date of Birth: Mar.4,1922	Birth Place: Firth, Idaho	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Linda Cook	Date Filed: Nov.19,1976

FORM BH 56067

NOV 22 1976

[illegible]

433-202-038-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-625

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Darlene McCrea
2. Date Of Birth (month) 1 (day) 2 (year) 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho, Payette
b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: Charles Oliver McCrea
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Margarine Stark
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Darlene McCrea Hawkes
11. Present Address of Registrant: Rt.1 Box 125-A Vale Oregon 97918

NOTARY (Seal)

Subscribed and sworn to before me on December 1 1976

12. Signature of Notary: Violet L Fields
13. Notary Commission expires: August 19 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of affidavit of application, marriage #6574	State of Nevada, County of Elko	Nov.15,1976	June 5, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	-----	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #55-10414	---	child born Aug.13,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 33	Payette, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister who was present at birth (Age:69)	Rita Irene Stark Woodruff	Dec.1,1976	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.2,1922	Payette, Idaho	Mary Margarine Stark McCrea	Charles Oliver McCrea

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	December 1,1976

FORM BH 56067

DEC 1 1976

DECEASED

692-21-0003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-667

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harriet Tressie Fisher			2. Date Of Birth (month) (day) (year): August 11, 1922
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Inkom
FATHER	6. Full Name of Father: Russell Fisher			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Clara Althea Anderson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harriet T. Spencer		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: December 8 1976	12. Signature of Notary: Florence Cutright		13. Notary Commission expires: 4-20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 49-11752	Date Issued: ---	Date Orig. Entry: child born Oct. 4, 1949	
	Date of Birth: Age 27	Birth Place: Inkom, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister age 64	By whom issued and signed: Ida Everett	Date Issued: Dec.9,1976	Date Orig. Entry: ------	
	Date of Birth: Aug. 11, 1922	Birth Place: Inkom	Full Name of Mother: Clara Althea Fisher	Name of Father: Russel Fisher	
SUPPORTING RECORD 3.	Type of Document: Hospital record	By whom issued and signed: Elmore Memorial Hospital Mountain Home, Idaho	Date Issued: ---	Date Orig. Entry: Feb.15,1962	
	Date of Birth: Aug.11,1922	Birth Place: Inkom	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Colleen Cunningham		Date Filed: DEC 22 1976	

FORM BH 56067

12-8-76

Spencer

DEC 2 3 1976

613-203-020-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-041

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Fern Watson
2. Date Of Birth (month) (day) (year): Feb 3 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Elmore; b. City or Town of Birth: Glenns Ferry Ida

FATHER

6. Full Name of Father: John "G" Watson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Susan Welker
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Fern Watson (Mrs. Lexon)
11. Present Address of Registrant: 1010 W 820 N Provo Ut

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 25, 1977
12. Signature of Notary: Jean Eklund
13. Notary Commission expires: December 10 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy Patriarchal blessing	LDS Church William T. Borup, Patriarch	Jan. 25, 1977	Feb. 4, 1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 3, 1922	Glens Ferry, Idaho	Mary Susan Welker	John UGU Watson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for marriage lic.	Pierce county, Washington	Mar. 11, 1974	Feb. 17, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	Glennsferry	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life insurance application	Boise, ID Idaho Mutual Benefit Ass.	Feb. 27, 1943	Feb. 23, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 3, 1922	Glenns Ferry, ID	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JAN 28 1977

FORM BH 56067

JAN 31 1977

393-209-042-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgie Marie Tilley		2. Date Of Birth (month) 3 (day) 9 (year) 22	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Twin Falls	b. City or Town of Birth: Hansen, Ida
FATHER	6. Full Name of Father: Harold Bert Tilley		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Eula Forest Hartley		9. State or Country of Mother's Birth: North Carolina	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgie Thietten	11. Present Address of Registrant: 679 Crestview Dr.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 25 1977	12. Signature of Notary: Frances Kearney	13. Notary Commission expires: May 14 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Eula Tilley		Date Issued: Jan.25,1977	Date Orig. Entry: Jan.25,1977
	Date of Birth: Mar.9,1922	Birth Place: Hansen,Idaho	Full Name of Mother: Eula Forest Hartley	Name of Father: Harold Bert Tilley	
SUPPORTING RECORD 2.	Type of Document: copy of page from family bible	By whom issued and signed: Family bible		Date Issued: Jan.26,1977	Date Orig. Entry: obviously old
	Date of Birth: Mar.9,1922	Birth Place: ----	Full Name of Mother: Eula F. Hartley	Name of Father: Harold Bert Tilley	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: on file-Idaho-S.F.#50-11529		Date Issued: ---	Date Orig. Entry: child born Sep.10,1950
	Date of Birth: Age: 28	Birth Place: Hansen, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 08 1977

FORM BH 56067

NM 1-31-77 "T" Ic pd #11294

FEB 9 1977

Shutter

852-218-006-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DE77-108
State File No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Hess			2. Date Of Birth (month) July (day) 18 (year) 22	
	3. Color or Race: white	4. Sex:	5. Place of Birth a. County: Goshen, Idaho Bingham	b. City or Town of Birth: Goshen, Idaho	
FATHER	6. Full Name of Father: Quincey A. Hess			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Lillian Loretta Sessions Hess			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: [signature]	11. Present Address of Registrant: 2500-1st Ave. S.W. Great Falls, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on 25th day of Feb. 1977		12. Signature of Notary: [signature]	13. Notary Commission expires: Sept. 19, 1979	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date Issued: Mar.9,1942	Date Orig. Entry: baptized Sep.7,1930
	Date of Birth: July18,1922	Birth Place: Goshen, Idaho	Full Name of Mother: Lillian Loretta Sessions	Name of Father: Quincy A, Hess	
SUPPORTING RECORD 2.	Type of Document: notarized copy Marriage license		By whom issued and signed: Humboldt county, California	Date Issued: Jan.7,1972	Date Orig. Entry: June17,1944
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Voter Registration Certificate		By whom issued and signed: Cascade county, Montana	Date Issued: Dec.8,1971	Date Orig. Entry: Aug.29,1952
	Date of Birth: July18,1922	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: MAR 15 1977

FORM BH 56067

MAR 16 1977

MAY 27 2005

243-16-033-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-144

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Golden Atkin Buchmiller		2. Date Of Birth (month) (day) (year): March 16, 1922
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Madison; b. City or Town of Birth: Burton
FATHER	6. Full Name of Father: John Henry Buchmiller		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Effie Atkin		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Golden A. Buchmiller	11. Present Address of Registrant: 841 Bryan Ave. Salt Lake City, Utah 84105
NOTARY (Seal)	Subscribed and sworn to before me on: ~~February~~ Mar 1977	12. Signature of Notary: Valerie P. Durkee	13. Notary Commission expires: 11 8 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge paper	By whom issued and signed: U.S. Navy	Date Issued: Aug.7,1946	Date Orig. Entry: enlisted Jan.2,1946
	Date of Birth: Mar.16,1922 / Birth Place: Burton, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church	Date Issued: Sep.14,1951	Date Orig. Entry: blessed May7,1922
	Date of Birth: Mar.16,1922 / Birth Place: Burton, Idaho	Full Name of Mother: Effie Atkin	Name of Father: John H. Buchmiller	
SUPPORTING RECORD 3.	Type of Document: Own Child's birth certificate	By whom issued and signed: State of Utah	Date Issued: June24,1965	Date Orig. Entry: child born Sep.10,1946
	Date of Birth: Age: 24 / Birth Place: Burton, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 28 1977

FORM BH 56067

MAR 3 1 1977

243-213-037-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-185

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie FRANCES Minnie Butler	2. Date Of Birth (month) (day) (year): Jan 13 1922
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Jackson Creek, Owyhee, Idaho	b. City or Town of Birth: ~~Nevada~~
FATHER	6. Full Name of Father: Albert Leonard Butler	7. State or Country of Father's Birth: ~~Oregon~~ Nevada
MOTHER	8. Full Maiden Name of Mother: Minnie Elizabeth Bradford	9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie Frances M. Strahm; 11. Present Address of Registrant: Milton-Freewater Rt 1 Box 174-B1 Mt. Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 14 1960 19	12. Signature of Notary: [signature] Tomlinson; 13. Notary Commission expires: Aug 5, 1968 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital certificate of birth for own child	By whom issued and signed: Sacred Heart Hospital, Spokane, Washington	Date issued: ----	Date Orig. Entry: child born Jan.19,1948
	Date of Birth: Jan.13,1922; Birth Place: Jackson Creek, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Albert Leonard Butler	Date issued: Mar.25,1977	Date Orig. Entry: Mar.25,1977
	Date of Birth: Jan.13,1922; Birth Place: Jackson Creek	Full Name of Mother: Minnie Elizabeth Bradford	Name of Father: Albert Leonard Butler	
SUPPORTING RECORD 3.	Type of Document: Marriage return	By whom issued and signed: State of Washington	Date issued: Apr.20,1977	Date Orig. Entry: Oct.7,1938
	Date of Birth: Age: 16; Birth Place: Jackson Creek	Full Name of Mother: Minnie Bradford	Name of Father: Albert Butler	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Colleen Cunningham	APR 20 1977

FORM BH 56067

1 cp. pd. rec. #36052

(5) 7-12-[illegible]

APR 2 0 1977

432-108-006-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-214

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dell Hyrum McBride
2. Date Of Birth (month) August (day) 8 (year) 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Goshen Bingham
b. City or Town of Birth: Goshen

FATHER

6. Full Name of Father: Hyrum James McBride
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Klea Jane Marshall
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dell Hyrum McBride
11. Present Address of Registrant: 300 Clifford St Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 29 19 77

12. Signature of Notary: Jeanetta Poorman
13. Notary Commission expires: Lifetime commission

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	Sep.8,1932	baptized on July2,1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.8,1922	Goshen, Idaho	Klea Jane Marshall	Hyrum J. McBride

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #55-406	on file	child born Jan.14,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 32	Goshen, Idaho	------	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle, Age 86	Wallace McBride	Apr.15,1977	Apr.15,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.8,1922	Goshen, Idaho	--------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAY 04 1977

FORM BH 56067

M. Bride

MAY 5 1977

816-713-022-916

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-236

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veldon Tennes Haws			2. Date Of Birth (month) 5 (day) 13 (year) 1922	
	3. Color or Race: Cau.	4. Sex: male	5. Place of Birth a. County: Newdale, Ida. Fremont	b. City or Town of Birth: Newdale	
FATHER	6. Full Name of Father: Clarence Haws			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Abbie Velora Rawlins			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Veldon Tennes Haws	11. Present Address of Registrant: 127 n. 1st E. Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1977		12. Signature of Notary: Allan M Lloyd	13. Notary Commission expires: 9-30 1979	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Abbie Velora Rawlins Haws	Date Issued: May2,1977	Date Orig. Entry: May2,1977
	Date of Birth: May13,1922	Birth Place: Newdale, Idaho	Full Name of Mother: Abbie Velora Rawlins Haws	Name of Father: Clarence Haws	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination		By whom issued and signed: LDS Church	Date Issued: July3,1934	Date Orig. Entry: ordained July1,1934
	Date of Birth: May13,1922	Birth Place: Newdale, Idaho	Full Name of Mother: Abbie Velora Rawlins	Name of Father: Clarence Haws	
SUPPORTING RECORD 3.	Type of Document: Insurance application		By whom issued and signed: Security Life and Accident Denver, Colorado	Date Issued: May19,1977	Date Orig. Entry: Oct.6,1967
	Date of Birth: May13,1922	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAY 19 1977

FORM BH 56067

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JUL 0 6 1992

689-216-010-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:77-241

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donna Margie Whitehead
2. Date Of Birth (month) July (day) 16 (year) 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Iona Idaho

FATHER

6. Full Name of Father: Rulon Spencer Whitehead
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Ilean Constance Janes
9. State or Country of Mother's Birth: Moldun England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donna M. Burgie
11. Present Address of Registrant: 2253 S. Emerson

NOTARY (Seal)

Subscribed and sworn to before me on March 17 1977
12. Signature of Notary: Jack E. Whitehead
13. Notary Commission expires: At Death 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Sealing Sheet	LDS Church June 22, 1932	6/22/32	22 June 32
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 16, 22 / Iona, Idaho	Ilean C. James	Rulon Spencer Whitehead	
SUPPORTING RECORD 2.	Member information Record	The Church of Jesus Christ of Latter Day Saints	29 Dec. 72	Baptised 17 Aug. 30
	16 Jul. 22 / Iona, Idaho	Ilean Constance Janes	Rulon Spencer Whitehead	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #379531	5/20/77	child born 9/19/43
	21 years / Iona, Idaho	=---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAY 20 1977

K

FORM BH 56067

2-22-77

Donna Burgie

MAY 20 1977

385-204-039-654

FREDA BARTON
Notary Public — State of Nevada
Mineral County
My Commission Expires June 24, 1977

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-256

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Etta Lynch		2. Date Of Birth (month) 10 (day) 4 (year) 22
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power; b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Roy Allen Lynch		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Edith Rose Weddle		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia E. Baker	11. Present Address of Registrant: Box 1402 Hawthorne, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1977	12. Signature of Notary: Freda Barton	13. Notary Commission expires: June 24 1977

FREDA BARTON
Notary Public — State of Nevada
Mineral County
My Commission Expires June 24, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Report, 1930		By whom issued and signed: U.S. Dept. of Commerce	Date issued: Mar.18,1977	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Edith Synch	Name of Father: Roy A. Synch	
SUPPORTING RECORD 2.	Type of Document: Voter Registration		By whom issued and signed: Mineral county, Nevada	Date issued: Aug.31,1976	Date Orig. Entry: Aug.2,1962
	Date of Birth: Oct.4,1922	Birth Place: American Falls	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 89		By whom issued and signed: Mrs. Etta Tipton	Date issued: May13,1977	Date Orig. Entry: May13,1977
	Date of Birth: Oct.4,1922	Birth Place: American Falls,ID	Full Name of Mother: Edith Rose Weddle	Name of Father: Roy Allen Lynch	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAY 27 1977

FORM BH 56067

Copy. Dd. # 00554 8/27/7[illegible]

MAY 31 1977

389-218-022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-264

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARLA Delora Christensen	2. Date Of Birth (month) MARCH (day) 18, (year) 1922
	3. Color or Race: W; 4. Sex: F; 5. Place of Birth a. County: FREMONT	b. City or Town of Birth: MARYSVILLE
FATHER	6. Full Name of Father: Evan Elias Christensen	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sara Jane Larson	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arla Delora Smith; Norman J. Smith
		11. Present Address of Registrant: Rt. 1, Box 192-AA La Center Wa. 98629
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 19 77	12. Signature of Notary: Alyce Asch
		13. Notary Commission expires: June 4 19 80

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date issued: May17,1977	Date Orig. Entry: blessed on May7,1922
	Date of Birth: Mar.18,1922; Birth Place: Marysville, Idaho	Full Name of Mother: Jane Larson	Name of Father: Evan E. Christensen	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date issued: May17,1977	Date Orig. Entry: baptized Nov.1,1930
	Date of Birth: Mar.18,1922; Birth Place: Marysville, ID	Full Name of Mother: Jane Larsen	Name of Father: Evan E. Christensen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 75	By whom issued and signed: LaVerna Larson Armstrong	Date issued: May23,1977	Date Orig. Entry: May23,1977
	Date of Birth: Mar.18,1922; Birth Place: Marysville, Idaho	Full Name of Mother: Sarah Jane Larson Christensen	Name of Father: Evan Elias Christensen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JUN 02 1977

FORM BH 56067

Smith

JUN 3 1977

663-230-003-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-269

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DELLA WOLVERTON			2. Date Of Birth (month) (day) (year): MAY 30 1922	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ROBIN Idaho BANNOCK	b. City or Town of Birth: ROBIN, Idaho	
FATHER	6. Full Name of Father: LEVI DAVID WOLVERTON			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: DORA ELIZABETH CRUMP			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della Tate		11. Present Address of Registrant: Box 556 Mead, Wa.	
NOTARY (Seal)	Subscribed and sworn to before me on: 6-2 1977	12. Signature of Notary: Florence Cartwright		13. Notary Commission expires: 4-20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother born:1898	By whom issued and signed: Dora Elizabeth Crump		Date Issued: Nov.4,1974	Date Orig. Entry: Nov.4,1974
	Date of Birth: May30,1922	Birth Place: Robin, Idaho	Full Name of Mother: Dora Elizabeth Crump	Name of Father: Levi D. Wolverton	
SUPPORTING RECORD 2.	Type of Document: School census report	By whom issued and signed: District #33, Jerome County Idaho		Date Issued: June2,1977	Date Orig. Entry: Aug.4,1937
	Date of Birth: May30,1922	Birth Place: -----	Full Name of Mother: --------	Name of Father: Levi Wolverton	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #294193		Date Issued: on file	Date Orig. Entry: child born ~~May24,1940~~
	Date of Birth: Age: 17	Birth Place: Robin, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 02 1977

FORM BH 56067

JUN 2 1977

719-217-006-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-294

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERMA JUANITA PARTRIDGE			2. Date Of Birth (month) FEB (day) 17 (year) 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: SHELLEY
FATHER	6. Full Name of Father: WILLARD PARTRIDGE			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ALICE DELIGHT CROFT			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma Partridge Haydel		11. Present Address of Registrant: Box 132 Fort Hall Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 17, 1977	12. Signature of Notary: Lorraine Shypard		13. Notary Commission expires: May 20, 1978

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church birth certificate	By whom issued and signed: LDS Church		Date Issued: Mar.29,1971	Date Orig. Entry: Apr.2,1922
	Date of Birth: Feb.17,1922	Birth Place: Shelley, Idaho	Full Name of Mother: Alice Delight Croft	Name of Father: Willard Partridge	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: Aug.3,1930	Date Orig. Entry: baptized Aug.2,1930
	Date of Birth: Feb.17,1922	Birth Place: Shelley, Idaho	Full Name of Mother: Alice Croft	Name of Father: Willard Partridge	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #406380		Date Issued: on file	Date Orig. Entry: child born May30,1945
	Date of Birth: Age; 23	Birth Place: Shelley, Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JUN 16 1977

FORM BH 56067

1 Cert # 18208

4-19-

JUN 16 1977

249-110-044-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-321

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VERNON "E" SMITH
2. Date Of Birth: (month) 9 (day) 10 (year) 22
3. Color or Race: White
4. Sex: M.
5. Place of Birth: a. County: WASHINGTON; b. City or Town of Birth: WEISER

FATHER

6. Full Name of Father: CLARENCE SILAS SMITH.
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: ROZELLA ANDERSON
9. State or Country of Mother's Birth: CANADA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vernon E. Smith
11. Present Address of Registrant: 333 Midland Hwy. Hayward, Cal.

NOTARY (Seal) attached to back

Subscribed and sworn to before me on JUNE 29, 1977

12. Signature of Notary: William R. Heck
13. Notary Commission expires: NOV 1, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church, Weiser, Idaho	Jan.12,1949	blessed Nov.5,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.10,1922	Weiser, Idaho	Rozella Anderson	Clarence Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's hospital birth certificate	St. Charles Hosp., Bend, Oregon	Apr.28,1945	child born Apr.28,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.10,1922	Weiser, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge	U.S. Naval Service	Dec.30,1945	enlisted Dec.2,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.10,1922	Weiser, Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Hicks
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 06 1977

FORM BH 56067

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } ss.

ON JUNE 29, 1977, before me, the undersigned, a Notary Public in and for said State, personally appeared VERNON E. SMITH.

_____, known to me, to be the person whose name IS subscribed to the within Instrument, and acknowledged to me that he executed the same.

WITNESS my hand and official seal.

William P. Heck
Notary Public in and for said State.

OFFICIAL SEAL
WILLIAM P. HECK
NOTARY PUBLIC-CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Nov. 1, 1977

24293 Mission Blvd., Hayward, CA. 94544

ACKNOWLEDGMENT—General—Wolcotts Form 233—Rev. 3-64 A SUBSIDIARY OF AMERICAN STATIONERY PRODUCTS CORP.

JUL 7 1977

658-123-014-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-328

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willard James Weymouth		2. Date Of Birth (month) Feb (day) 23 (year) 1922
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: CANYON - Caldwell Ida b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Charles Julius Weymouth		7. State or Country of Father's Birth: Wheaton Minnesota
MOTHER	8. Full Maiden Name of Mother: Lottie Edna Wilson		9. State or Country of Mother's Birth: Tamas Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willard James Weymouth	11. Present Address of Registrant: 1615 Cleveland
NOTARY (Seal)	Subscribed and sworn to before me on: 11-20- 1974	12. Signature of Notary: Howard C. Binford	13. Notary Commission expires: 9-10 1978

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Canyon County	Date Issued: Oct.28,1975	Date Orig. Entry: Census taken Sept. 1929
	Date of Birth: Age 6 / Birth Place: --------	Full Name of Mother: -------	Name of Father: C. J. Weymouth	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt age 82	By whom issued and signed: Carrie L. Weymouth	Date Issued: Oct.23,1975	Date Orig. Entry: ------
	Date of Birth: Feb.23,1922 / Birth Place: Caldwell,Idaho	Full Name of Mother: Lottie Edna Wilson	Name of Father: Charles Julius Weymouth	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 393577	Date Issued: -------	Date Orig. Entry: child born July 10, 1944
	Date of Birth: age 22 / Birth Place: Caldwell, Idaho	Full Name of Mother: ------	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	July 11,1977

FORM BH 56067

6-19-67

Weymouth

992-224-024-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-352

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Beulah Arlene Risley
2. Date Of Birth: (month) 1 (day) 24 (year) 22
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Gooding; b. City or Town of Birth: Wendell

FATHER

6. Full Name of Father: Dwight Marion Risley
7. State or Country of Father's Birth: America

MOTHER

8. Full Maiden Name of Mother: Frankie Olivia Baldwin
9. State or Country of Mother's Birth: America

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beulah A. Neer
11. Present Address of Registrant: 798 N 4th San Jose Calif

NOTARY (Seal)

S. L. BOHNETT
NOTARY PUBLIC · CALIFORNIA
SANTA CLARA COUNTY
My commission expires Feb. 12, 1978

Subscribed and sworn to before me on July 20 19 77

12. Signature of Notary: S L. Bohnett
13. Notary Commission expires: 2-12 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister, age 66	Zetta Risley Kraus	July15,1977	July15,1977
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.24,1922 Wendell, Idaho	Frankie Olivia Baldwin	Dwight Marion Risley	
SUPPORTING RECORD 2.	Own child's birth certificate	State of California	May12,1970	child born May21,1947
	Age: 25 / ------	--------	--------	
SUPPORTING RECORD 3.	High School record	San Jose High, San Jose, CA	June8,1977	Jan.29,1937
	Jan.24,1922 / Wendel, Idaho	-------	Dwight Marion Risley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 26 1977

FORM BH 56067

JUL 27 1977

356-22-019-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-363

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reba Mabel Tew			2. Date Of Birth (month) 4 (day) 21 (year) 22	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Leslie, Idaho - Custer	b. City or Town of Birth: Leslie	
FATHER	6. Full Name of Father: Warren Snow Tew			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Vera Elva Hill			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reba T. Johnson		11. Present Address of Registrant: 311 E 50 N Smithfield, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 23 19 73	12. Signature of Notary: Lin Williams		13. Notary Commission expires: 10 5 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Smithfield 6th Ward, LDS church	Date Issued: 17/12/74	Date Orig. Entry: Blessed June 4, 1922	
	Date of Birth: 21 Apr. 22	Birth Place: Leslie	Full Name of Mother: Vera Elva Hill	Name of Father: Warren Snow	
SUPPORTING RECORD 2.	Type of Document: Social Security record	By whom issued and signed: Social Security Administration	Date Issued: July21,1977	Date Orig. Entry: June, 1966	
	Date of Birth: Apr.21,1922	Birth Place: Leslie, Idaho	Full Name of Mother: E. Hill	Name of Father: Warren S. Tew	
SUPPORTING RECORD 3.	Type of Document: Employment record	By whom issued and signed: Federal Gov't. Dept. of Ed.	Date Issued: July5,1972	Date Orig. Entry: May2,1972	
	Date of Birth: Apr.21,1922	Birth Place: -------	Full Name of Mother: ----------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Colleen Cunningham	AUG 03 1977

FORM BH 56067

415-206-043-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-422

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Una Blanche Davis			2. Date Of Birth (month) (day) (year): August 6, 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley	b. City or Town of Birth: Donnelly	
FATHER	6. Full Name of [redacted] mother: Dovie Carol Sanford			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of [redacted] Father: Oscar Dell Davis			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Una Blanche Holt	11. Present Address of Registrant:	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 7, 1977		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1978	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by midwife		By whom issued and signed: Mary Willey	Date Issued: Aug.19,1977	Date Orig. Entry: -------
	Date of Birth: Aug.6,1922	Birth Place: Donnelly	Full Name of Mother: Dovie Carol Sanford	Name of Father: Oscar Dell Davis	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 403757	Date Issued: ----	Date Orig. Entry: Child born Mar.7,1945
	Date of Birth: Age 22	Birth Place: Donnelly, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3. m	Type of Document: family bible		By whom issued and signed: family	Date Issued: ------	Date Orig. Entry: Original old
	Date of Birth: Aug 6,1922	Birth Place: ------	Full Name of Mother: Dovie-Carol-Sanford	Name of Father: Oscar-Dell-Davis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Sept. 7, 1977

FORM BH 56067

Swift

193-126-024-846

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-538

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth (Hugh Eldun Arturburn) HUGH ELDUN, ARTERBURN		2. Date Of Birth (month) 12 (day) 26 (year) 22
	3. Color or Race White	4. Sex M	5. Place of Birth a. County Gooding; b. City or Town of Birth HAGERMAN IDAHO
FATHER	6. Full Name of Father EARLY ARTERBURN		7. State or Country of Father's Birth ILLINOIS
MOTHER	8. Full Maiden Name of Mother EMILY A. HUFFMAN		9. State or Country of Mother's Birth INDIANA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Hugh E Arterburn	11. Present Address of Registrant EDEN, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on November 6th 1977	12. Signature of Notary R. Doyl Pugmire	13. Notary Commission expires Lifetime Commission 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho #57-11768	Date issued: on file	Date Orig. Entry: child born Sep.17,1957
	Date of Birth: Age: 34	Birth Place: Hagerman, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Selective Service System Registration card		By whom issued and signed: U.S. Selective Service System	Date issued: Aug.30,1941	Date Orig. Entry: Aug.30,1941
	Date of Birth: Dec.26,1922	Birth Place: Hagerman, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative, age73		By whom issued and signed: Norben C. Arterburn	Date issued: Dec.4,1977	Date Orig. Entry: Dec.4,1977
	Date of Birth: Dec.26,1922	Birth Place: Hagerman, Idaho	Full Name of Mother: Emily (Emma) Huffman	Name of Father: Early Arterburn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 08 1977

cc

FORM BH 56067

1cc#11960

11-4-77

Interburn

DEC 8 1977

369-220-006-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-003

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ardella Hannah Corbridge			2. Date Of Birth (month) (day) (year): April 20 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Sterling - Bingham	b. City or Town of Birth: Sterling	
FATHER	6. Full Name of Father: Leslie Ambrose Corbridge			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ruby May Claypool			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ardella H. Corbridge Nelson	11. Present Address of Registrant: Challis, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 21st 1977		12. Signature of Notary: Beulah N. Road	13. Notary Commission expires: Continuous 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date Issued: Sep.15,1930	Date Orig. Entry: baptized Sep.13,1930
	Date of Birth: Apr.20,1922	Birth Place: Sterling, Idaho	Full Name of Mother: Ruby Claypool	Name of Father: Leslia Corbridge	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing		By whom issued and signed: LDS Church	Date Issued: Dec.23,1977	Date Orig. Entry: blessed July2,1922
	Date of Birth: Apr.20,1922	Birth Place: Sterling, Idaho	Full Name of Mother: Ruby M. Corbridge	Name of Father: Leslie A. Corbridge	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor, age 69		By whom issued and signed: Ralph W. Hutchison	Date Issued: Dec.27,1977	Date Orig. Entry: Dec.27,1977
	Date of Birth: Apr.20,1922	Birth Place: Sterling, Idaho	Full Name of Mother: Ruby M. Corbridge	Name of Father: Leslie Ambrose Corbridge	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: JAN 03 1978

FORM BH 56067

ICC# 13919

12-15-77

Nixon

JAN 4 1978

MAY 2 9 2007

MAR 2 6 2015

695-208-036-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-012

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Wren		2. Date Of Birth (month) 5 (day) 8 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Stone Idaho
FATHER	6. Full Name of Father: Ralph Orville Wren		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Effie May Gurney		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora D. Thomas	11. Present Address of Registrant: 2667 Porter Pl. Anchorage Alaska 99504
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1977	12. Signature of Notary: Lorna J. McKeown	13. Notary Commission expires: May 10 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: May Wren Carter, ten years old at time of sister's birth	Date Issued: Jan.4,1971	Date Orig. Entry: Jan.4,1971
	Date of Birth: May8,1922 / Birth Place: Stone, Idaho	Full Name of Mother: Effie May Gurney Wren	Name of Father: Ralph Orville Wren	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Dec.7,1958	Date Orig. Entry: baptized Dec.6,1958
	Date of Birth: May8,1922 / Birth Place: Stone, Idaho	Full Name of Mother: Effie May Gurney	Name of Father: Ralph Orville Wren	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Jan.10,1978	Date Orig. Entry: child born Nov.3,1950
	Date of Birth: Age: 28 / Birth Place: Stone, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION				

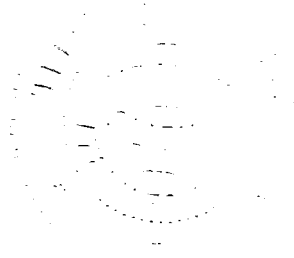
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	JAN 12 1978

FORM BH 56067

JAN 13 1979



386-106-003-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-013

Anchorage Alaska, 99504

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Conrad Virgil Thomas		2. Date of Birth (month) (day) (year): 1 6 1922
	3. Color or Race: White	4. Sex: M	b. City or Town of Birth: Lago Idaho
	Bannock County		
FATHER	Name of Father - William E. Thomas		7. State or Country of Father's Birth: Payson Utah
MOTHER	8. Full Maiden Name of Mother: Marion Elliott		9. State or Country of Mother's Birth: Lago Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Conrad V. T. Thomas	11. Present Address of Registrant: 2667 Porter Place
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1977	12. Signature of Notary: Lorna J. McPherren	13. Notary Commission expires: May 10 1981

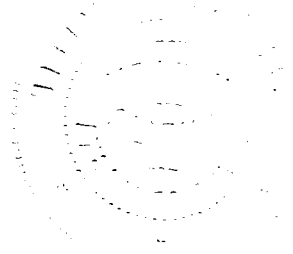
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Marion E. Thomas	Date Issued: Oct.15,1970	Date Orig. Entry: Oct.15,1970
	Date of Birth: Jan.6,1922	Birth Place: Lago, Idaho	Full Name of Mother: Marion Elliott	Name of Father: William Eugene Thomas
SUPPORTING RECORD 2.	Type of Document: Military discharge	By whom issued and signed: US Armed Services	Date Issued: June25,1946	Date Orig. Entry: inducted Jan.23,1945
	Date of Birth: Jan.6,1922	Birth Place: Lago, Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Jan.10,1978	Date Orig. Entry: child born Nov.3,1950
	Date of Birth: Age: 28	Birth Place: Lago, Idaho	Full Name of Mother: -------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: JAN 12 1978

FORM BH 56067

JAN 13 1978



762-213-0052 512

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-057

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norma Genevieve Gossett
2. Date Of Birth (month) (day) (year): June 13 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Benewah
b. City or Town of Birth: Tensed, Idaho

FATHER

6. Full Name of Father: Harry Abner Gossett
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Veltia Helen East
9. State or Country of Mother's Birth: Missouri, Cedar County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma Genevieve Gossett
11. Present Address of Registrant: S. 4117 Lee, Spokane, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: MARCH 8 1977
12. Signature of Notary: Dell Langton
13. Notary Commission expires: AUGUST 25 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Spokane, WA School record, Census book	Grace P. Cunningham, Student Services, Spokane Public Schools	Nov. 22, 1977	1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 13, 1922 / -------	Veltia Gossett	Harry Gossett	
SUPPORTING RECORD 2.	Affidavit by mother, age 82	Veltia H. Gossett	Jan. , 1978	Jan. , 1978
	June 13, 1922 / Tensed, Idaho	Veltia Helen East Gossett	Harry Abner Gossett	
SUPPORTING RECORD 3.	Insurance application	Metropolitan Life Ins. Co.	Aug. 23, 1961	Aug. 23, 1961
	June 13, 1922 / Tensed, Idaho	-----	--------	

QUALIFYING INFORMATION

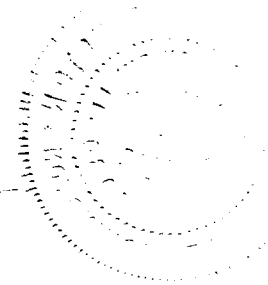
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	cc Colleen Cunningham	FEB 09 1978

FORM BH 56067

FEB 10 1978



44S-115-1033-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-085

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HOWARD ALVIN MUNNS			2. Date Of Birth (month) January (day) 15 (year) 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Lyman, Idaho	
FATHER	6. Full Name of Father: Alvin Weekes Munns			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Clara Jane Brindley			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard A. Munns		11. Present Address of Registrant: Route #1 Box 121 Menan, Id. 83434	
NOTARY (Seal)	Subscribed and sworn to before me on: February 25 19 78	12. Signature of Notary: Erma C. Sanderson		13. Notary Commission expires: 2-1 19 79	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #54-7553		Date Issued: on file	Date Orig. Entry: child born May30,1954
	Date of Birth: Age: 32	Birth Place: Lyman, Idaho	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Alvin W. Munns		Date Issued: Feb.23,1978	Date Orig. Entry: Feb.23,1978
	Date of Birth: Jan.15,1922	Birth Place: Lyman, Idaho	Full Name of Mother: ----------	Name of Father: Alvin W. Munns	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church		Date Issued: Mar.2,1978	Date Orig. Entry: Feb.23,1941
	Date of Birth: Jan.15,1922	Birth Place: Lyman, Idaho	Full Name of Mother: Clara Brindley	Name of Father: Alvin W. Munns	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 06 1978

FORM BH 56067

Munns

719-28-026-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA LAURA PARKE			2. Date Of Birth (month) 12 (day) 28 (year) 1922	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: JEFFERSON	b. City or Town of Birth: ROBERTS IDAHO	
FATHER	6. Full Name of Father: FRANK EARL PARKE			7. State or Country of Father's Birth: KANSAS	
MOTHER	8. Full Maiden Name of Mother: LAURA ALICE CANADY			9. State or Country of Mother's Birth: NEBRASKA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Anna Laura Parke (Mary)	11. Present Address of Registrant: 228 E. MAIN 4th MEDFORD ORE.	
NOTARY (Seal)	Subscribed and sworn to before me on 12-14 1977		12. Signature of Notary: Cecilia D Nakad	13. Notary Commission expires 4-23 1980	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 88	By whom issued and signed: Frank Earl Parke	Date Issued: Feb.13,1978	Date Orig. Entry: Feb.13,1978	
	Date of Birth: Dec.28,1922	Birth Place: Roberts, Idaho	Full Name of Mother: Laura Alice Canady	Name of Father: Frank Earl Parke	
SUPPORTING RECORD 2.	Type of Document: Phoenix High School record	By whom issued and signed: Phoenix High School,Phoenix,AZ	Date Issued: Nov.10,1977	Date Orig. Entry: Sep.7,1936	
	Date of Birth: Dec.28,1922	Birth Place: Roberts, Idaho	Full Name of Mother: -------	Name of Father: F.E. Parke	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Oregon	Date Issued: Nov.17,1977	Date Orig. Entry: child born Nov.6,1943	
	Date of Birth: Age: 20	Birth Place: Roberts, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	MAR 13 1978

FORM BH 56067

ICC # 101-26 / ICC # 00028

11-3-77

MAR 14 1978

249-202-039-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-101

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harriett Berzett Smith			2. Date Of Birth (month) January (day) 2 (year) 1922	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls	
FATHER	6. Full Name of Father: George Wm. Smith			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Harriet Lestia Cook			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harriett Berzett Dirk		11. Present Address of Registrant: 234 N Date Jerome	
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 1978	12. Signature of Notary: Darla Bratt		13. Notary Commission expires: 2-28 1981	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County marriage record	By whom issued and signed: Jerome County, Idaho		Date Issued: Feb.9,1978	Date Orig. Entry: Oct.17,1940
	Date of Birth: Age: 18	Birth Place: American Falls, ID	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: School census	By whom issued and signed: Jerome County, Idaho		Date Issued: Feb.9,1978	Date Orig. Entry: Oct.1,1938
	Date of Birth: Jan.2,1922	Birth Place: -----	Full Name of Mother: --------	Name of Father: Geo. Smith	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 76	By whom issued and signed: Lestia Smith		Date Issued: Mar.7,1978	Date Orig. Entry: Mar.7,1978
	Date of Birth: Jan.2,1922	Birth Place: American Falls,ID	Full Name of Mother: Harriett Lestia Cook	Name of Father: George W. Smith	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wicke	Evidence reviewed by: Colleen Cunningham		Date Filed: MAR 13 1978	

cc

FORM BH 56067

ICCH 19807

Abc file

MAR 14 1978

234-128-027-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-119

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Francis Stanley Blunt
2. Date Of Birth (month) (day) (year): March 28, 1922
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Jerome
b. City or Town of Birth: Jerome, Idaho

FATHER

6. Full Name of Father: John Vivien Blunt
7. State or Country of Father's Birth: Unknown Utah

MOTHER

8. Full Maiden Name of Mother: Olive Bell Schurtz
9. State or Country of Mother's Birth: Dillon, Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Francis Stanley Blunt
11. Present Address of Registrant: 162 Heyburn Ave. W. Twin Falls, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: March 17 19 78
12. Signature of Notary: [illegible]
13. Notary Commission expires: Oct 5, 1981 19 ____

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	June4,1922	blessed June4,1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.28,1922 / Jerome, Idaho	Olive Shurtz	John Victor Blunt	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	Dec.31,1961	baptized Dec.25,1961
	Mar.28,1922 / Jerome, Idaho	Olive Bell Shurtz	John Vivien Blunt	
SUPPORTING RECORD 3.	Military discharge	U.S. Armed Services	Dec.18,1945	enlisted Oct.12,1942
	Mar.28,1922 / Jerome, Idaho	---------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

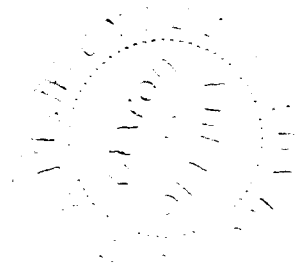
State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAR 21 1978

FORM BH 56067 ICC # 18047

3-15-78

Blunt

MAR 22 1978



113-120-010-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-129

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester Grant Jacobson
2. Date Of Birth (month) 3 (day) 20 (year) 1922
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho Falls, ID — Bonneville
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Emery Willis Jacobson
7. State or Country of Father's Birth: Hyrum, Utah

MOTHER

8. Full Maiden Name of Mother: Agnes Irene McKay
9. State or Country of Mother's Birth: Guthrie, Oklahoma

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester Grant Jacobson
11. Present Address of Registrant: Jackson, South Park, Box 1600 Wyoming

NOTARY (Seal)

BETTY GARDNER NOTARY PUBLIC
County of Teton
My Commission Expires Feb. 10, 1981

Subscribed and sworn to before me on January 23 19 78
State of Wyoming

12. Signature of Notary: Betty Gardner
13. Notary Commission expires: February 10 19 81

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Wyoming	June8,1972	child born Dec.23,1957
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 35 / Idaho Falls, ID	-------	------	
SUPPORTING RECORD 2.	Military discharge	U.S. Army	Jan.6,1943	inducted Sep.18,1942
	Age: 20-6/12yrs. / Idaho Falls, ID	--------	---------	
SUPPORTING RECORD 3.	Affidavit by father, age 79	Emery Willis Jacobson	Mar.21,1978	Mar.21,1978
	Mar.20,1922 / Idaho Falls, ID	Agnes Irene McKay	Emery Willis Jacobson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	cc Colleen Cunningham	MAR 28 1978

FORM BH 56067

MAR 2 9 1978

613-924-003-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-215

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Virginia Walker			2. Date Of Birth (month) March (day) 24 (year) 1922	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Pocatello a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Lorin Lyman Walker			7. State or Country of Father's Birth: Brigham City, Box Elder, Utah	
MOTHER	8. Full Maiden Name of Mother: Vera May Hendricks			9. State or Country of Mother's Birth: Oxford, Franklin, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Virginia Walker		11. Present Address of Registrant: 467 So. Coleman, Tooele, Ut.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1978	12. Signature of Notary: Marjorie T. Gallegos		13. Notary Commission expires: 8-9 1979	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/cnf.	By whom issued and signed: LDS Church		Date Issued: May10,1978	Date Orig. Entry: baptized Sep.13,1930
	Date of Birth: Mar.24,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Vera Hendricks	Name of Father: Lorin L. Walker	
SUPPORTING RECORD 2.	Type of Document: Marriage license application	By whom issued and signed: Cache County, Utah		Date Issued: Apr.26,1978	Date Orig. Entry: May28,1940
	Date of Birth: Mar.24,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Vera May Hendricks	Name of Father: Lorin Lyman Walker	
SUPPORTING RECORD 3.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: May10,1978	Date Orig. Entry: blessed May7,1922
	Date of Birth: Mar.24,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Vera Hendricks	Name of Father: Lorin L. Walker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Illiske	Evidence reviewed by: Colleen Cunningham cc	Date Filed: MAY 25 1978

FORM BH 56067 100 H 4189

Morris

MAY 26 1978

243-226-003 -643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-268

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Ruby Bucy
2. Date Of Birth (month) (day) (year): Sept. 26 22
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello Idaho

FATHER

6. Full Name of Father: Zane Howard Bucy
7. State or Country of Father's Birth: AKRON Mo

MOTHER

8. Full Maiden Name of Mother: Esther Merle Fullington
9. State or Country of Mother's Birth: EXETER Nebr. 1891 10-16-

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Ruby Croy
11. Present Address of Registrant: 4458 Pleasanton Ave Pleasanton, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: 7 July 1978
12. Signature of Notary: Margaret D. Davis
13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School record	Los Angeles City School Dist.	May16,1969	Feb.6,1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.26,1922 Idaho	----------	----------	
SUPPORTING RECORD 2.	Marriage license statistics	Los Angeles County, California	Mar.26,1969	Oct.26,1941
	Age: 19 / Pocatello, Idaho	Esther Merle Fullerton	Zene Bucy	
SUPPORTING RECORD 3.	Affidavit by sister, age 67	Rena Williams	June15,1978	June15,1978
	Sep.26,1922 / Pocatello, Idaho	Esther Merle Fullington	Zene Howard Bucy	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 07 1978

FORM BH 56067

JUL 7 1978

235-101-022-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-293

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elmer Klein
2. Date Of Birth (month) (day) (year): May 1 1922
3. Color or Race: Cau.
4. Sex: M.
5. Place of Birth a. County: Idaho — Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: John Klein
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: Katie Hetze
9. State or Country of Mother's Birth: Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elmer Klein
11. Present Address of Registrant: Box 101 - Teton City Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 13 1978
12. Signature of Notary: Grant T. Chandler
13. Notary Commission expires: 10-15 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal certificate	St. Paul's Church, Sugar City	13 Aug. 22	Baptised 13 Aug. 22

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5/1/22	--	Catharina Hetze	John Klein

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother age 83yrs.	Katie Klein	---	1 July 78

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5/1/22	St. Anthony, ID	Katie Hetze	John Klein

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Separation Record	U.S. Army, Ft. Lewis, Wa.	--	Separated 8/12/46

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5/1/22	--	---	---

QUALIFYING INFORMATION

Marriage License issued by the State of Idaho 3/22/58 gives name of Groom as Elmer Klein born in St. Anthony, Idaho. Age 35.

REGISTRAR'S CERTIFICATION (seal)

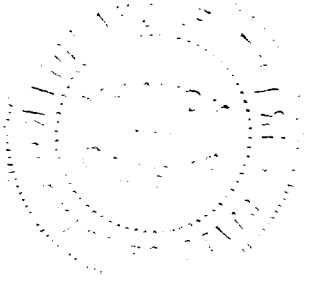
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: MD Colleen Cunningham
Date Filed: JUL 21 1978

FORM BH 56067

ICP Rec # 10481

JUL 24 1978



366-216-004-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-322

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: INEZ TOOMER
2. Date Of Birth (month) JAN. (day) 16 (year) 1922
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County IDAHO BEAR LAKE; b. City or Town of Birth LIBERTY

FATHER

6. Full Name of Father: JOHN THOMAS TOOMER
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: IDA DERRICOTT
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Inez Toomer Pearson
11. Present Address of Registrant: COKEVILLE, WYO.

NOTARY (Seal)

Subscribed and sworn to before me on Aug 2 19 78

12. Signature of Notary: Linda L. Ferguson
13. Notary Commission expires: May 26 19 81

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Mar.30,1922	blessed Mar.3,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.16,1922	Liberty, Idaho	Ida Derricott	John T. Toomer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	Sep.21,1930	baptized ~~Aug.23,1930~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.16,1922	Liberty, Idaho	Ida Derricott	John Thomas Toomer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Cokeville,WY School record	Cokeville School records	Dec.1,1977	1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.16,1922	Idaho	----------	John Toomer

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

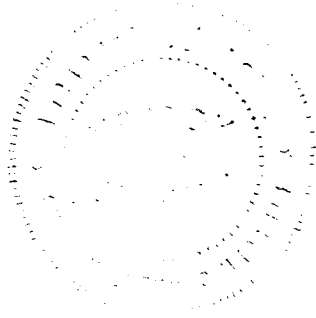
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 09 1978

K FORM BH 56067

Acct 12957

11-23-77

AUG 1 0 1978



366-220-003-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-331

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olive Theone Cooper		2. Date Of Birth (month) (day) (year): April 20 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Grace Idaho
FATHER	6. Full Name of Father: Frederick Marks Cooper		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Cora Eliza Hale		9. State or Country of Mother's Birth: Gem Valley Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theone Cooper	11. Present Address of Registrant: 2150 Ammon Rd., Idaho Falls, ID
NOTARY (Seal)	Subscribed and sworn to before me on: 11-28 1977	12. Signature of Notary: Dean Schultz	13. Notary Commission expires: DEAN W. SCHULTZ Notary Public Residing at Idaho Falls, Idaho My Commission Expires Mar. 8, 1978 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho #315780	Date issued: on file	Date Orig. Entry: child born Apr.30,1941
	Date of Birth: Age: 19	Birth Place: Grace, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Church membership record		By whom issued and signed: LDS Church	Date issued: May24,1977	Date Orig. Entry: July1,1922
	Date of Birth: Apr.20,1922	Birth Place: Grace, Idaho	Full Name of Mother: Cora Eliza Hale	Name of Father: Fredrick Marks Cooper	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 88		By whom issued and signed: Cora H. Cooper	Date issued: Jan.26,1978	Date Orig. Entry: Jan.26,1978
	Date of Birth: Apr.20,1922	Birth Place: Grace, Idaho	Full Name of Mother: Cora Eliza Hale	Name of Father: Frederick Marks Cooper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 15 1978

K FORM BH 56067 1cc Pd 11-17-77

AUG 15 1978
AUG 02 1996

795-227-021-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-367

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vilda Prescott
2. Date Of Birth (month) (day) (year): NOV. 27 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cleveland Ida. Franklin
b. City or Town of Birth: Cleveland Idaho

FATHER

6. Full Name of Father: Clifford Herbert Prescott
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Hannah Margret Hansen
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Vilda P. Howell
11. Present Address of Registrant: 1483 Zener

NOTARY (Seal)

Subscribed and sworn to before me on 7-17-78 19___
12. Signature of Notary: [signature]
13. Notary Commission expires: 4-16-78 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #292456	on file	child born Apr.13,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	Cleveland, Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Prudential Ins. Co. Of America	Mar.9,1953	Feb.28,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.27,1922	-------	----------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for SS#	Treasury Department, IRS	Aug.8,1978	Jan.19,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.27,1922	Cleveland, ID	Hannah Margaret Hansen	Clifford Heber Prescott

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	Colleen Cunningham cc	SEP 05 1978

FORM BH 56067 1cc Pd. Rec #17490

3-24-78

Howell

SEP 6 1978
OCT 08 2003

365-221-003-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-379

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eltheria Loveland
2. Date Of Birth (month) (day) (year): May 21 1922
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Bannock
   b. City or Town of Birth: Chesterfield

FATHER

6. Full Name of Father: Josiah Howe Loveland Jr.
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Nancy Afton Tolman
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eltheria Montgomery
11. Present Address of Registrant: Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 22, 1978 19___

12. Signature of Notary: Florence Cartright
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	July2,1922	blessed July2,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May21,1922	Chesterfield, Idaho	Nancy A. Tolman	Josiah H. Loveland Jr.

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #56-10808	on file	child born Sep.22,1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	Chesterfield, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record	Family record	Viewed Sep.22,1978	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May21,1922	Chesterfield, Idaho	Nancy Afton Tolman	Josiah Howe Loveland Jr.

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 22 1978

FORM BH 56067

SEP 2 2 1978

551-211-003-918

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-393

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Jane Evans
2. Date Of Birth (month) (day) (year): March 11 1922
3. Color or Race: Cau
4. Sex: F
5. Place of Birth a. County: Pocatello Bannock
b. City or Town of Birth: Pocatello Idaho

FATHER

6. Full Name of Father: Victor Morse Evans
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Edith Sarah Rayan
9. State or Country of Mother's Birth: North Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Jane Evans Wike
11. Present Address of Registrant: 1125 Bear Ave Idaho Falls

NOTARY (Seal)

Subscribed and sworn to before me on 19 SEPT 1978

12. Signature of Notary:
13. Notary Commission expires: 3-28 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's hospital certificate	Idaho Falls LDS Hosp., Idaho	July 20, 1978	child born Nov. 2, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 11, 1922	Pocatello, Idaho	--------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license affidavit	Bonneville County, Idaho	Apr. 5, 1976	Sep. 28, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 16	-------	Edith Evans	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt, age 74	Annie Fullmer	Sep. 19, 1978	Sep. 19, 1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 11, 1922	Pocatello, Idaho	Edith Sara Ryan	Victor Morse Evans

QUALIFYING INFORMATION

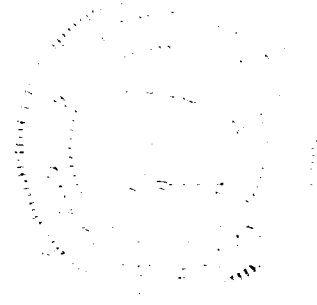
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wike
Evidence reviewed by: Colleen Cunningham cc
Date Filed: SEP 26 1978

FORM BH 56067

SEP 2 7 1978



235-213-003-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-396

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anastasia Stevens			2. Date Of Birth (month) July (day) 13 (year) 1922
	3. Color or Race: Greek	4. Sex: F.	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Nicholas Stevens			7. State or Country of Father's Birth: Greece
MOTHER	8. Full Maiden Name of Mother: Martha Harris			9. State or Country of Mother's Birth: Greece
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anastasia Stevens Richmond		11. Present Address of Registrant: 535 N. 9th, Pocatello, ID.
NOTARY (Seal)	Subscribed and sworn to before me on: 20 Sept. 1978.	12. Signature of Notary: Grace Ehlers.		13. Notary Commission expires: 6-15 1978.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth and baptism/Greek Orthodox Church/Dec.6,1922		By whom issued and signed	Date issued	Date Orig. Entry: baptized Dec.6,1922
	Date of Birth: July13,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Martha Harris Stevens	Name of Father: Nicholas Stevens	
SUPPORTING RECORD 2.	Type of Document: Copy of newspaper page		By whom issued and signed: The Pocatello Tribune, Idaho	Date issued: Sep.25,1978	Date Orig. Entry: July13,1922
	Date of Birth: July13,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Mrs. Nick Stevens	Name of Father: Nick Stevens	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 74		By whom issued and signed: Martha Harris Stevens	Date issued: Sep.20,1978	Date Orig. Entry: Sep.20,1978
	Date of Birth: July13,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Martha Harris Stevens	Name of Father: Nicholas Stevens	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 26 1978

FORM BH 56067

1 cp PD rect 15702

9-18-78

Richmond

SEP 27 1978

953-226-042-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-496

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Inchausti
2. Date Of Birth (month) 7 (day) 26 (year) 22
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Twin Falls, Ida. b. City or Town of Birth: Buhl

FATHER

6. Full Name of Father: Pedro Inchausti
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Teresa Landeta
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Leaper
11. Present Address of Registrant: Gen. Del. Castleford, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on 11 December 1978

12. Signature of Notary: Margaret D. Davis
13. Notary Commission expires: Lifetime 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	Roman Catholic Church	Nov.15,1925	baptized Nov.29,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July26,1922	--------	Teresa Landeta	Pedro Ynchausti

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho #54-9258	on file	child born July6,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 31	Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
High school record	Buhl High School, Buhl, Idaho	Nov.27,1978	Sep.16,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July26,1922	Buhl, Idaho	Teresa Inchausti	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 11 1978

FORM BH 56067

11-15-78

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DEC 11

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242-209-003-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nathalene Mary Busco			2. Date Of Birth (month) July (day) 9 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello Bannock	b. City or Town of Birth: Pocatello,
FATHER	6. Full Name of Father: Frank Busco			7. State or Country of Father's Birth: Cassinassima Italy
MOTHER	8. Full Maiden Name of Mother: Maria Castellana			9. State or Country of Mother's Birth: Cassinassima Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine Eslinger		11. Present Address of Registrant: Pocatello, Ida Rt 2 N. Bapt. 58 D
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 23rd 1979	12. Signature of Notary: Ruby Lake		13. Notary Commission expires: Oct 16 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license and certificate Idaho	By whom issued and signed:	Date Issued: on file	Date Orig. Entry: Oct.13,1948
	Date of Birth: Age: 26	Birth Place: Pocatello, ID	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Military record	By whom issued and signed: U.S. Army	Date Issued: Aug.2,1946	Date Orig. Entry: entered service May1,1945
	Date of Birth: July9,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Jan.16,1979	Date Orig. Entry: baptized May 21,1923
	Date of Birth: July9,1922	Birth Place: ---------	Full Name of Mother: Mary Castellana	Name of Father: Frank Busco
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JAN 31 1979

FORM BH 56067 ICH493

1-11-79

Edinger

FEB 1 1979

DECEASED

231-228-003-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-063

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLADYS MARIE BLACKBURN
2. Date Of Birth (month) (day) (year): Aug. 28 - 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Idaho BANNOCK; b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: Claude HARRISON Blackburn
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: MARGARET MAY Brewer
9. State or Country of Mother's Birth: NEBRASKA

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Marie McCall
11. Present Address of Registrant: 913 AVON DR. Tulare, Calif.

Subscribed and sworn to before me on: MARCH 31 1978

12. Signature of Notary: Gene Crose
13. Notary Commission expires: Jan. 19 1978

OFFICIAL SEAL
GENE CROSE
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
TULARE COUNTY
My Commission Expires Jan. 19, 1979

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Employment record	Tulare District Hosp., Tulare, CA	July 14, 1968	July 14, 1968
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 28, 1922 / Soda Springs, Idaho	----------	----------	
SUPPORTING RECORD 2.	Own child's birth certificate	State of California	Aug. 26, 1958	child born May 23, 1953
	Age: 30 / Idaho	----------	----------	
SUPPORTING RECORD 3.	Affidavit by uncle, age 71	Walter G. Strange	Feb. 5, 1979	Feb. 5, 1979
	Aug. 28, 1922 / Soda Springs, ID	Margaret May Brewer	Claude Harrison Blackburn	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Hicks
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: FEB 15 1979

FORM BH 56067

P-7113

McGill

FEB 1 6 1979

493-202-038-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 79-111

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Elaine Miller			2. Date Of Birth (month) 6 (day) 2 (year) 22	
	3. Color or Race: Wh	4. Sex: F	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette - rural	
FATHER	6. Full Name of Father: Otto C Miller			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Martha L Martin			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy E Scott		11. Present Address of Registrant: Boise Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 9, 1979	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: Lifetime 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #49-14401	Date Issued: on file	Date Orig. Entry: child born Dec.25,1949	
	Date of Birth: Age: 27	Birth Place: Payette, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt age 88	By whom issued and signed: Mearl M. Deas	Date Issued: Mar.23,1979	Date Orig. Entry: -----	
	Date of Birth: Jun.2,1922	Birth Place: Payette, Idaho	Full Name of Mother: Martha L. Martin	Name of Father: Otto C. Miller	
SUPPORTING RECORD 3.	Type of Document: Application for marriage	By whom issued and signed: Payette County Idaho	Date Issued: Mar.12,1979	Date Orig. Entry: Married Aug.16,1940	
	Date of Birth: Age 18	Birth Place: Payette,Idaho	Full Name of Mother: Martha Miller	Name of Father: Otto C. Miller	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Florence Curtright	Mar 27,1979

FORM BH 56067

3-9-79

Scott.

666-229-003-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-112

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Connie Mary Fowler		2. Date Of Birth (month) (day) (year): Oct. 29 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lago Bannock; b. City or Town of Birth: Lago, Idaho
FATHER	6. Full Name of Father: John Calvin Fowler		7. State or Country of Father's Birth: Lago, Bannock Idaho
MOTHER	8. Full Maiden Name of Mother: Sine Swensen		9. State or Country of Mother's Birth: Gjol, Hjrrng Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Connie Mary Fowler Hansen	11. Present Address of Registrant: Box 227 Rt 1 Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1979	12. Signature of Notary: Wanda Petersen	13. Notary Commission expires: 12-15 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 68	By whom issued and signed: Donna Fowler Gunnell	Date Issued: Mar.16,1979	Date Orig. Entry: Mar.16,1979
	Date of Birth: Oct.29,1922 / Birth Place: Lago, Idaho	Full Name of Mother: Sine Swensen	Name of Father: John C. Fowler	
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: Mar.19,1979	Date Orig. Entry: Dec.17,1938 baptized
	Date of Birth: Oct.29,1922 / Birth Place: Lago, Idaho	Full Name of Mother: Sine Swensen	Name of Father: John C. Fowler	
SUPPORTING RECORD 3.	Type of Document: application to Beneficial Life Ins. Co.	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Mar.23,1979	Date Orig. Entry: June24,1960
	Date of Birth: Oct.29,1922 / Birth Place: Lago, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 28 1979

K FORM BH 56067

MAR 2 8 1979

DECEASED

437-14-010-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-114

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert Ferrin McGavin
2. Date Of Birth (month) May (day) 14 (year) 1922
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho Bonneville
b. City or Town of Birth: Freedom

FATHER

6. Full Name of Father: James Dunn McGavin
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Florence Heap
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Ferrin McGavin
11. Present Address of Registrant: Freedom, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 20 1979
12. Signature of Notary: Ardeen C. Hooper
13. Notary Commission expires: April 11th 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	Mar.11,1979	blessed Oct.12,1944
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May14,1922 / Freedom, Idaho	Florence Heap	James Dunn McGavin	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	Mar.11,1979	baptized Oct.4,1931
	May14,1922 / Freedom, Idaho	Florence Heap	James Dunn McGavin	
SUPPORTING RECORD 3.	Affidavit by neighbor at time	Alta B. Sanderson, age 73	Mar.20,1979	Mar.20,1979
	May14,1922 / Freedom, Idaho	Florence Heap	James Dunn McGavin	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAR 28 1979

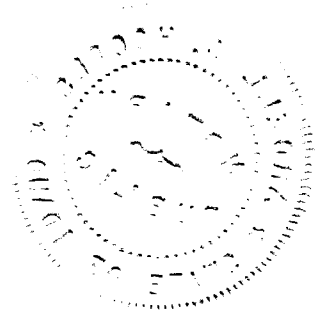
FORM BH 56067

Lot #8275

1-4-79

Mr. Gavin

MAR 2 8 1979



292-216-033-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Bishoff		2. Date Of Birth (month) May (day) 16 (year) 22
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rexburg Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Henry Bishoff		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Katherine Elizabeth Weimer		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline B Taylor	11. Present Address of Registrant: Route 4. Box 144, Rexburg Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1979	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license		By whom issued and signed: Fremont County, ID	Date issued: on file	Date Orig. Entry: Apr.2,1962
	Date of Birth: Age: 39	Birth Place: Rexbufb, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism		By whom issued and signed: Evangelical Lutheran Church	Date issued: June4,1922	Date Orig. Entry: baptized June4,1922
	Date of Birth: May16,1922	Birth Place: Rexburg, ID	Full Name of Mother: Kathrinelizabeth Weimert	Name of Father: Heinrich Bischoff	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 75		By whom issued and signed: Mollie Hansen	Date issued: Apr.13,1979	Date Orig. Entry: Apr.13,1979
	Date of Birth: May16,1922	Birth Place: Rexburg, ID	Full Name of Mother: Katherine Elizabeth Weimer	Name of Father: Henry Bishoff	
QUALIFYING INFORMATION					

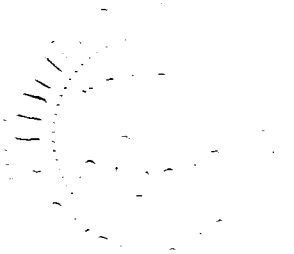
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	APR 19 1979

K FORM BH 56067 Apr. 9959

APR 2 0 1979



813-207-010-753

STATE ... Statistics
... Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-233

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOUISE HERMINE HACKMANN			2. Date Of Birth (month) 10 (day) 7 (year) 1922
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: IDAHO FALLS Bonneville	b. City or Town of Birth: IDAHO FALLS, IDAHO
FATHER	6. Full Name of Father: AUGUST HACKMANN			7. State or Country of Father's Birth: GERMANY
MOTHER	8. Full Maiden Name of Mother: ANNA MARIE PETERSEN			9. State or Country of Mother's Birth: GERMANY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise H. Bruha		11. Present Address of Registrant: RT 4. Box 499 IDAHO FALLS, ID 83401
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1979	12. Signature of Notary: Freda Ely		13. Notary Commission expires: Permanent 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism	By whom issued and signed: Evangelical Lutheran Church	Date Issued: Nov.16,1924	Date Orig. Entry: Baptized Nov.16,1924
	Date of Birth: Oct.7,1922 / Birth Place: Idaho Falls, ID	Full Name of Mother: Anna Petersen	Name of Father: August Hackmann	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Northwestern Mutual Life Ins. Co. Oct.	Date Issued: 26,1953	Date Orig. Entry: Oct.25, 1953
	Date of Birth: Oct.7,1922 / Birth Place: Idaho Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: August and Anna Hackman	Date Issued: June19,1979	Date Orig. Entry: June19,1979
	Date of Birth: Oct.7,1922 / Birth Place: Idaho Falls, ID	Full Name of Mother: Anna Hackman	Name of Father: August Hackman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	Colleen Cunningham	JUN 22 1979

FORM BH 56067

2-9-71

JUN 22 1979

168-205-006-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-295

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Genevie Ivalo Johnson
2. Date Of Birth (month) (day) (year): April 5, 1922
3. Color or Race: Cauc.
4. Sex: Female
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Firth

FATHER

6. Full Name of Father: Noral Ivan Johnson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Frances Johnson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Genevie Ivalo Johnson
11. Present Address of Registrant: 4627 Grace Boise Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: August 13 1979
12. Signature of Notary: Vera Coburn
13. Notary Commission expires: 6-23- 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Ivan Johnson,	Mar.14,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.5,1922	Bingham County Firth, Idaho	Mary Frances Johnson	Noral Ivan Johnson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of affidavit for marriage license	Bannock County, Idaho County Recorder's Office	Mar.15,1973	Mar.15,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.5,1922	Firth, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #417079	----	child born Dec.12,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Firth, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	gml Colleen Cunningham	AUG 14 1979

FORM BH 56067 ICP pd rec. #6028

4-11-13 gml

AUG 1 4 1979

765-24-033-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-327

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alicia Gonzalez
2. Date of Birth (month) June (day) 24 (year) 1922
3. Color or Race: Mexican
4. Sex: F
5. Place of Birth: a. County Madison; b. City or Town of Birth: Thornton, Idaho

FATHER

6. Full Name of Father: Thomas Gonzalez
7. State or Country of Father's Birth: Mexico

MOTHER

8. Full Maiden Name of Mother: Eufamia Cabrera
9. State or Country of Mother's Birth: Mexico

AFFIDAVIT

OFFICIAL SEAL — VICTOR PERALTA — NOTARY PUBLIC — CALIFORNIA — SANTA CLARA COUNTY — My Commission Expires ... 1980

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alicia Echarama
11. Present Address of Registrant: 666 So. 11th St. San Jose Ca.

NOTARY (Seal)

Subscribed and sworn to before me on June 2 19 79

12. Signature of Notary: Victor Peralta
13. Notary Commission expires: May 6 19 80

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal certificate	Mary Immaculate Church, Rexburg, ID	Mar. 16, 1959	baptized Aug. 28, 1922
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 24, 1922 Thornton, Idaho	Eufamia Cabrera	Thomas Gonzalez	
SUPPORTING RECORD 2.	Type of Document: copy of own Child's birth certificate	By whom issued and signed: State of California	Date issued: Sep. 15, 1965	Date Orig. Entry: child born ~~Aug. 19, 1948~~
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age: 26 Idaho	--------	------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor, age 82	By whom issued and signed: Albert Nef	Date issued: Aug. 30, 1979	Date Orig. Entry: Aug. 30, 1979
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 24, 1922 Thornton, Idaho	Eufemia Cabrera	Thomas Gonzales	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Klick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: SEP 12 1979

FORM BH 56067

ICC #6562

5-24-78

SEP 13 1979

133-206-018-657

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-374

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY Elizabeth ALTMILLER	2. Date Of Birth (month) Dec (day) 6 (year) 1922
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: CLEARWATER	b. City or Town of Birth: ASHAHKA
FATHER	6. Full Name of Father: FRANK S ALTMILLER	7. State or Country of Father's Birth: AUSTRIA
MOTHER	8. Full Maiden Name of Mother: ALWINA REGINA WEGNER	9. State or Country of Mother's Birth: MICHIGAN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E. Altmiller; Mary E. Kelley; 11. Present Address of Registrant: Rt 1 - Orofino, Id 83544
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1979	12. Signature of Notary: Willa D. Shrum; 13. Notary Commission expires: 1-19- 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: High School record	By whom issued and signed: Orofino High School, Orofino, ID	Date issued: June14,1979	Date Orig. Entry: Sep.4,1939
	Date of Birth: Dec.6,1922; Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Marriage license	By whom issued and signed: Solano County, California	Date issued: June14,1979	Date Orig. Entry: May6,1944
	Date of Birth: Age: 21; Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Social Security # application	By whom issued and signed: Social Security Administration	Date issued: July27,1979	Date Orig. Entry: Sept.,1944
	Date of Birth: Dec.6,1922; Birth Place: Idaho	Full Name of Mother: Alvina R. Wagner	Name of Father: Frank S. Altmiller	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 26 1979

K FORM BH 56067

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4-22-71

OCT 29 1976

DECEASED

415-208-003-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-407

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Manos
2. Date Of Birth (month) 5 (day) 8 (year) 1922
3. Color or Race: Caucassion
4. Sex: F
5. Place of Birth: Lynn Brothers Hospital
   a. County: Bannock
   b. City or Town of Birth: Pocatello

FATHER George

6. Full Name of Father: George Manos
7. State or Country of Father's Birth: Crete, Greece

MOTHER

8. Full Maiden Name of Mother: Ella Mae Mecham
9. State or Country of Mother's Birth: Malad, ID

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Manos, Helen Johnson
11. Present Address of Registrant: 600 W. Park Butte, MT 59701

NOTARY (Seal)

Subscribed and sworn to before me on October 18th 1979

12. Signature of Notary: Patricia J. Cutler
13. Notary Commission expires: March 12 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Idaho #303424	on file	child born
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 18 / Pocatello, Idaho	----------	----------	Nov.11,1940
SUPPORTING RECORD 2.	Affidavit by aunt and uncle,	ages 89 and 72 Frank A. Mathews Vahell Mathews	Oct.16,1979	Oct.16,1979
	May8,1922 / Pocatello, ID	Ella Mae Mecham	George Manos	
SUPPORTING RECORD 3.	Marriage license	Silver Bow County, Montana	Sep.27,1979	July7,1944
	Age: 22 / Pocatello, ID	Ella Mae Meacham	George Manos	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: DEC 05 1979

FORM BH 56067

8-20-79

214-129-022-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-425

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HARVEY DEAN BAUER			2. Date Of Birth (month) 9 (day) 29 (year) 22	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: St. Anthony-Fremont	b. City or Town of Birth: St. Anthony - Idaho	
FATHER	6. Full Name of Father: Conrad H. BAUER			7. State or Country of Father's Birth: NEBRASKA-(Hastings)	
MOTHER	8. Full Maiden Name of Mother: Grace Rudolph			9. State or Country of Mother's Birth: FRANK RUSSIA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey Bauer		11. Present Address of Registrant: St. Anthony - Idaho, R#2	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 6 1979	12. Signature of Notary: Lila H. Gold		13. Notary Commission expires: 7/31 1980	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military record	By whom issued and signed: U.S. Navy	Date Issued: Dec.25,1945	Date Orig. Entry: enlisted Dec.16,1943	
	Date of Birth: Sep.29,1922	Birth Place: St. Anthony, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by family friend	By whom issued and signed: Earl Roberts, age 68	Date Issued: Dec.6,1979	Date Orig. Entry: Dec.6,1979	
	Date of Birth: Spe.29,1922	Birth Place: St. Anthony, ID	Full Name of Mother: Grace Rudolph Bauer	Name of Father: Conrad H. Bauer	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism	By whom issued and signed: Wm. Schmidt, Pastor	Date Issued: Dec.11,1979	Date Orig. Entry: baptized Nov.12,1922	
	Date of Birth: Sep.29,1922	Birth Place: ---	Full Name of Mother: Grace Rudolph	Name of Father: Conrad H. Bauer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: DEC 19 1979

FORM BH 56067

Acc # 20770

11-9-78

Bauer

DEC 20 1979

363-21-026-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLEM TOLLEY			2. Date Of Birth (month) JAN. (day) 11 (year) 1922	
	3. Color or Race: Wht.	4. Sex: F	5. Place of Birth a. County: IDAHO JEFFERSON	b. City or Town of Birth: RIGBY	
FATHER	6. Full Name of Father: ERNEST Theodore TOLLEY			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: VERA JUNE CHANDLER			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clea J. Mattson		11. Present Address of Registrant: 355 N. 1600 W PROVO Utah 84601	
NOTARY (Seal)	Subscribed and sworn to before me on: February 14 1979	12. Signature of Notary: Kenneth W Cuthbert		13. Notary Commission expires: 12-7 1982	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho	Date Issued: Apr.16,1980	Date Orig. Entry: Child born Feb.26,1963	
	Date of Birth: Age: 41	Birth Place: Rigby, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Apr.7,1980	Date Orig. Entry: blessed Mar.5,1922	
	Date of Birth: Jan.11,1922	Birth Place: Rigby, ID	Full Name of Mother: Vera June Chandler	Name of Father: Ernest T. Tolley	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Feb.2,1930	Date Orig. Entry: baptized ~~Feb.1,1930~~	
	Date of Birth: Jan.11,1922	Birth Place: Rigby, ID	Full Name of Mother: June Chandler	Name of Father: Ernest T. Tolley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: APR 16 1980

FORM BH 56067 NM

M 5-19-72 cpm

APR 16 1980

695-216-001-531

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-156

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pearle Marguerite Wingate
2. Date Of Birth (month) (day) (year): July 16 1922
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: ADA
   b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: James E. Wingate
7. State or Country of Father's Birth: Mo.

MOTHER

8. Full Maiden Name of Mother: Myrtle Mae Elam
9. State or Country of Mother's Birth: Decator, Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pearle M. Stewart
11. Present Address of Registrant: 5005 Valley St. Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 16 1980
12. Signature of Notary: Colleen Cunningham
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance application	Pacific Empire Life Ins. Co.	Jan.19,1966	Jan.19,1966
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July16,1922 Boise, ID	----------	----------	
SUPPORTING RECORD 2.	Own child's hospital birth record	St. Luke's, Boise, ID	July16,1942	child born July16,1942
	July16,1922 Boise, ID	----------	----------	
SUPPORTING RECORD 3.	Family bible record	Family bible	viewed 5/16/80	obviously old
	July16,1922 Boise, ID	Myrtle Mae Elam	James E. Wingate	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAY 16 1980

FORM BH 56067

MAY 16 1980

231-210-015-562

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-216

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: TINY BLACK BURN
2. Date Of Birth (month) 7 (day) 10 (year) 22
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Caribou
b. City or Town of Birth: SODA SPRINGS

FATHER

6. Full Name of Father: WILLIAM A BLACKBURN
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: NELLIE YOST
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Tiny Blackburn Christensen
11. Present Address of Registrant: S.R. COEUR D'ALENE IDAHO 83330

NOTARY (Seal)

Subscribed and sworn to before me on 2-22 1980

12. Signature of Notary: Barbara J Nielsen
13. Notary Commission expires: lifetime 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by relative	Myrtle Campbell, age 77	Mar.4,1980	Mar.4,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July10,1922	Soda Springs, ID	Nellie Yost Blackburn	William A. Blackburn

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	June24,1980	Aug.6,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July10,1922	Soda Springs, ID	Nellie Yost	William A. Blackburn

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Soda Springs,ID Own child's hospital birth record	Caribou County Hosp.	Mar.12,1945	child born Mar.12,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July10,1922	Soda Springs,ID	-------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

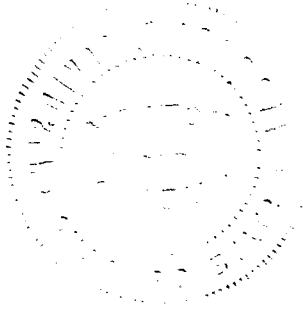
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	JUN 26 1980

FORM BH 56067

2-1-79

JUN 2 7 1980



266-12-036-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-248

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert T Grant Bowen
2. Date Of Birth (month) (day) (year): Dec 12 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Malad, City

FATHER

6. Full Name of Father: Clyde Bowen
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: Laura Edna Reese
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert T Bowen
11. Present Address of Registrant: 785 E 1400 So. Bountiful Utah

NOTARY (Seal)

Subscribed and sworn to before me on July 16 1980

12. Signature of Notary: David B Nelson
13. Notary Commission expires: 4-25 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of birth (Church)	LDS Church	July15,1980	Feb.4,1923
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.12,1922 / Malad, ID	Laura Reese	Clyde Bowen	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	June17,1952	baptized ~~July5,1931~~
	Dec.12,1922 / Malad, Idaho	Laura Reese	Clyde L. Bowen	
SUPPORTING RECORD 3.	College record	University of Utah, Salt Lake City	Jan.19,1967	1960
	Dec.12,1922 / Malad, ID	------	Clyde Bowen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

K

State Registrar: Janet M. Wicks
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 25 1980

FORM BH 56067

5-20-80

Nelson

JUL 28 1980

753-208-201-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-295

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Millicent Peterson
2. Date of Birth: October 8 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Eagle, Idaho

FATHER

6. Full Name of Father: Oscar David Peterson, Sr.
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Teckla Josephine Johnson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Florence M. Long
11. Present Address of Registrant: 1803 5th Street South, Nampa, Idaho 83651

NOTARY (Seal)

Subscribed and sworn to before me on August 9 19 80

12. Signature of Notary: Ora Peterson
13. Notary Commission expires: June 30 19 81

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Meridian, ID School record	Joint School District No.2	Oct.1,1979	Sep.3,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6	Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by family friend at time	Alvin S. Hultgren, Sr.	age 73	Sep.17,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.8,1922	Eagle, ID	Teckla Josephine Johnson Peterson	Oscar David Peterson, Sr.

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	Evangelical Lutheran Church	Oct.7,1977	Nov.30,1922 baptized

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.8,1922	Eagle, ID	Teckla Josephine Johnson	Oscar David Peterson, Sr.

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

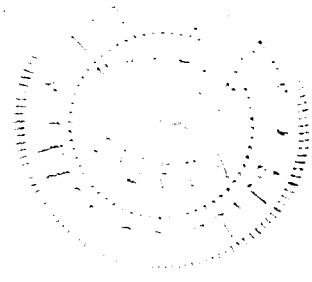
State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: SEP 17 1980

FORM BH 56067

7-9-80

Long.

SEP 17 1980



763-103-026-981

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-324

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JOSEPH BONJIMAN POTTER JR
2. Date Of Birth: (month) 7 (day) 3 (year) 22
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth: a. County TERRETON JEFFERSON; b. City or Town of Birth TERRETON IDA

FATHER

6. Full Name of Father: JOSEPH BONJIMAN POTTER SR
7. State or Country of Father's Birth: ONTARIO CANADA

MOTHER

8. Full Maiden Name of Mother: LOWVICY RHAR
9. State or Country of Mother's Birth: OLD MEXICO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph B Potter Jr
11. Present Address of Registrant: BOX 114 TERRETON IDA

NOTARY (Seal)

Subscribed and sworn to before me on September 16 1980

12. Signature of Notary: LaDreal Hinckley
13. Notary Commission expires: 9-26-81 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Membership record Employment record	Public Employee Retirement System of Idaho	Sep.16,1980	Feb.3,1969
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	July3,1922	Terreton,ID		
SUPPORTING RECORD 2.	Military record	U.S. Army	Feb.16,1946	Inducted Dec.17,1942
	July3,1922	Terreton,ID		
SUPPORTING RECORD 3.	Affidavit by aunt, age 70	Cora Miller	Sep.16,1980	Sep.16,1980
	July3,1922	Terreton, ID	Lowvicy Rhar	Joseph Benjiman Potter, Sr.

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 07 1980

FORM BH 56067

DBC File

OCT 8 1980

296-201-026-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-353

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verla Browning		2. Date Of Birth (month) July (day) 1 (year) 1922	
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Lewisville, Jefferson	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Archie William Browning		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Neona King Horn		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verla B. Clark	11. Present Address of Registrant: Rexburg, Ida Rt 3	
NOTARY (Seal)	Subscribed and sworn to before me on October 22 1980	12. Signature of Notary: Lavern A Browning	13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 80	By whom issued and signed: Neona K. Browning	Date Issued: Oct.22,1980	Date Orig. Entry: Oct.22,1980	
	Date of Birth: July1,1922	Birth Place: Lewisville, ID	Full Name of Mother: Neona Kinghorn Browning	Name of Father: Archie William Browning	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Oct.22,1980	Date Orig. Entry: baptized May2,1931	
	Date of Birth: July1,1922	Birth Place: Lewisville, ID	Full Name of Mother: Neona Kinghorn	Name of Father: Archie Browning	
SUPPORTING RECORD 3.	Type of Document: Patriarchal blessing	By whom issued and signed: LDS Church	Date Issued: July28,1953	Date Orig. Entry: blessed ~~July28,1953~~	
	Date of Birth: July1,1922	Birth Place: Lewisville, ID	Full Name of Mother: Neona Kinghorn	Name of Father: Archie William Browning	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 05 1980

K

FORM BH 56067

LDC# 6848

10-2-80

[redacted] CLARK

NOV 6 1980

155-21-2-015-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-355

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Viola Jenkins
2. Date Of Birth (month) July (day) 12 (year) 1922
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Grace, Idaho

FATHER

6. Full Name of Father: James Oliver Jenkins
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Hannah Maria Stevens
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha Viola Jenkins
11. Present Address of Registrant: 1625 Slater - Santa Rosa Calif.

NOTARY (Seal)

OFFICIAL SEAL
EDITH E. GEORGE
NOTARY PUBLIC - CALIFORNIA
COUNTY OF SONOMA
My Commission Expires February 2, 1981

Subscribed and sworn to before me on Sept. 2, 19 80

12. Signature of Notary: Edith E. George
13. Notary Commission expires: Feb. 2, 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	Sep.25,1980	blessed July19,1922
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July12,1922 Grace, ID	Hannah Maria Stevens	James Oliver Jenkins	
SUPPORTING RECORD 2.	Affidavit by sister, age 69	Lucille J. Hunter	July30,1980	July30,1980
	July12,1922 Grace, ID	Hannah Maria Stevens	James Oliver Jenkins	
SUPPORTING RECORD 3.	Family record	Family record	viewed Nov.5,1980	obviously old
	July12,1922 Grace, ID	Hannah Maria Stevens	James Oliver Jenkins	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: NOV 05 1980

FORM BH 56067

8-13-80

NOV 6 1980

432-213-006-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-359

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Lucille McKinney		2. Date Of Birth (month) 8 (day) 13 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Rockford Ida Bingham; b. City or Town of Birth: Rockford
FATHER	6. Full Name of Father: Herb L. McKinney		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Ethel Iona Proctor		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma L. Hennebold	11. Present Address of Registrant: Box 263 Pingree, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 1980	12. Signature of Notary: Alan L. Hennebold	13. Notary Commission expires: November 29 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend	By whom issued and signed: Elmer Hall, age 75	Date issued: Aug.20,1922	Date Orig. Entry: Aug.20,1922
	Date of Birth: Aug.13,1922 / Birth Place: Rockford,ID	Full Name of Mother: Ethel Iona Proctor McKinney	Name of Father: Herb L. McKinney	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Investors Security Life Ins.	Date issued: Co. Mar.28,1962	Date Orig. Entry: Mar.28,1962
	Date of Birth: Aug.13,1922 / Birth Place: Rockford, ID	Full Name of Mother: ------	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Thomas School, Blackfoot	Date issued: ---	Date Orig. Entry: Entered Sept. 13,1937
	Date of Birth: Age 15 / Birth Place: ------	Full Name of Mother: -----	Name of Father: Herb L. McKinney	
QUALIFYING INFORMATION				

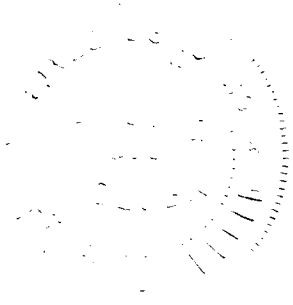
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Florence Curtright	Nov. 10,1980

FORM BH 56067

2-27-76



NOV 19-1980

258-111-025-261

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-371

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Lee Seyfried
2. Date Of Birth (month) (day) (year): Feb. 11 1922
3. Color or Race: white
4. Sex: M.
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Riggins

FATHER

6. Full Name of Father: Anton Jacob Seyfried
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Elizabeth Lee Soards
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward L Seyfried
11. Present Address of Registrant: Riggins Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Dec 1 19 80
12. Signature of Notary: Colleen Cunningham
13. Notary Commission expires: 19 ___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family bible	Family bible	viewed Dec.1,1980	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.11,1922 / Riggins, ID	Elizebeth Seyfried	Anton J. Seyfried	
SUPPORTING RECORD 2.	Military record	U.S. Navy	1941	1941
	Feb.11,1922 / Riggins, ID	---------	Anton J. Seyfried	
SUPPORTING RECORD 3.	Baptismal record	Roman Catholic Church	Dec.1,1980	Baptized
	Feb.11,1922 / Idaho	Elizabeth Soards	Anton J. Seyfried	Mar.17,1927

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wisk
Evidence reviewed by: Colleen Cunningham
Date Filed: DEC 01 1980

FORM BH 56067

12-1-80

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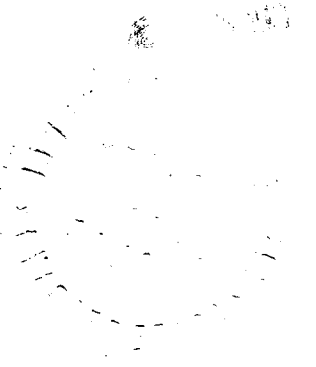


296-201-026-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-376

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verna Browning			2. Date Of Birth (month) 7 (day) 1 (year) 1922	
	3. Color or Race: W.	4. Sex: F	5. Place of Birth a. County: Lewisville Jefferson	b. City or Town of Birth: Lewisville	
FATHER	6. Full Name of Father: Archie William Browning			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Neona Kinghorn			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Verna Shirley	11. Present Address of Registrant: Rt4 Box 30 Parma, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 1980		12. Signature of Notary: Michelle S Graham	13. Notary Commission expires: October 23 1983	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license application		By whom issued and signed: Salt Lake County, Utah	Date Issued: Sep.18,1942	Date Orig. Entry: Sep.18,1942
	Date of Birth: July1,1922	Birth Place: Lewisville, ID	Full Name of Mother: Neona Kinghorn	Name of Father: Archie W. Browning	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date Issued: May3,1931	Date Orig. Entry: baptized May2,1931
	Date of Birth: July1,1922	Birth Place: Lewisville, ID	Full Name of Mother: Neona Kinghorn	Name of Father: Archie Browning	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 80		By whom issued and signed: Neona K. Browning	Date Issued: Oct.22,1980	Date Orig. Entry: Oct.22,1980
	Date of Birth: July1,1922	Birth Place: Lewisville, ID	Full Name of Mother: Neona Kinghorn Browning	Name of Father: Archie William Browning	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

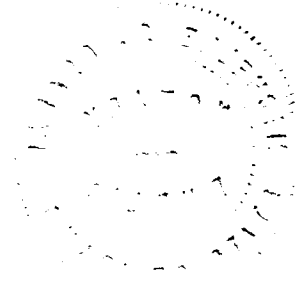
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Colleen Cunningham	DEC 02 1980

K FORM BH 56067

PBC FILE

DEC 4 1980



154-101-010-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-380

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cannon Christian Anderson		2. Date Of Birth (month) Feb. (day) 1 (year) 1922
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Ammon, Bonneville; b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: Reuben Christian Anderson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Chloe Gardner		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cannon Christian Anderson	11. Present Address of Registrant: 1980 Santa Ana
NOTARY (Seal)	Subscribed and sworn to before me on: 11 November 1980	12. Signature of Notary: Kenneth Tyler	13. Notary Commission expires: Perpetual 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date issued: Mar.4,1930	Date Orig. Entry: baptized Mar.2,1930
	Date of Birth: Feb.1,1922 / Birth Place: Ammon, Idaho	Full Name of Mother: Chloe Gardner	Name of Father: Reubin C. Anderson	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date issued: Apr.2,1922	Date Orig. Entry: blessed ~~Apr.2,1922~~
	Date of Birth: Feb.1,1922 / Birth Place: Ammon, ID	Full Name of Mother: Chloe Gardner	Name of Father: Reuben C. Anderson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present	By whom issued and signed: Iola A. Barnard, age 75	Date issued: Nov.11,1980	Date Orig. Entry: Nov.11,1980
	Date of Birth: Feb.1,1922 / Birth Place: Ammon, ID	Full Name of Mother: Chloe Gardner Anderson	Name of Father: Rueben Christion Anderson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

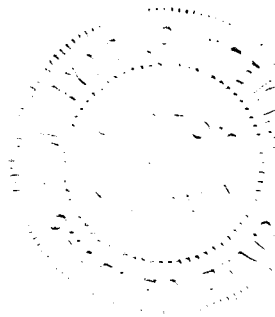
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 05 1980

K FORM BH 56067 ICC # 2820 2-5-79

Anderson

DEC 11 1980



815-126-022-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-386

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: REID HANSEN			2. Date Of Birth (month) Jan. (day) 26 (year) 1922
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: John William Hansen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Henrietta White			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reid Hansen		11. Present Address of Registrant: E. 12022 - 9th, Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 18 1980	12. Signature of Notary: Martha J King		13. Notary Commission expires: March 15 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School census School record	By whom issued and signed: Fremont County, ID	Date Issued: Nov.21,1980	Date Orig. Entry: Sept.,1934
	Date of Birth: Jan.26,1922	Birth Place: St. Anthony, ID	Full Name of Mother: Retta Hansen	Name of Father: Will Hansen
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Northern Life Ins. Co.	Date Issued: May17,1946	Date Orig. Entry: May17,1946
	Date of Birth: Jan.26,1922	Birth Place: St. Anthony, ID	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend	By whom issued and signed: Mary Winnie Hobbs, age 80	Date Issued: Aug.21,1980	Date Orig. Entry: Aug.21,1980
	Date of Birth: Jan.26,1922	Birth Place: St. Anthony, ID	Full Name of Mother: Henrietta White Hansen	Name of Father: John W. Hansen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	DEC 11 1980

FORM BH 56067

DEC 12 1980

862208-022-431

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-014

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERLA WINNIE HOBBS		2. Date Of Birth (month) (day) (year): January 8 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Twin Groves Idaho
FATHER	6. Full Name of Father: Raymond Henry Hobbs		7. State or Country of Father's Birth: Twin Groves, Idaho. Jan.9, 1898.
MOTHER	8. Full Maiden Name of Mother: Mary Winnie McArthur		9. State or Country of Mother's Birth: Wilford, Idaho. March 22, 1900.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verla Schwendiman	11. Present Address of Registrant: Connell, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: 2-13- 19 10	12. Signature of Notary: [illegible]	13. Notary Commission expires: 9-1 19 10

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church		Date Issued: Mar.1964	Date Orig. Entry: Jun.8,1939
	Date of Birth: Jan.8,1922	Birth Place: Twin Groves	Full Name of: Raymond H. Hobbs	Name of: Winnie M. McCarther	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Industrial Life Ins Co		Date Issued: Aug 1,1976	Date Orig. Entry: 1970
	Date of Birth: Jan.8,1922	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: - ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S. Church		Date Issued: Feb.5,1922	Date Orig. Entry: Blessed Feb. 5, 1922
	Date of Birth: Jan.8,1922	Birth Place: Twin Groves, Idaho	Full Name of Mother: Winnie McArthur	Name of Father: Raymond Hobbs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Jan 20,1981

FORM BH 56067

Jan 20, 1981

815-109-010-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-017

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Darwin John Hansen		2. Date Of Birth (month) 11 (day) 9 (year) 22
	3. Color or Race: White	4. Sex: m	5. Place of Birth a. County: Taylorville Bonn. b. City or Town of Birth: Taylorville
FATHER	6. Full Name of Father: Sidney L Hansen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: maude miller		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Darwin John Hansen	11. Present Address of Registrant: 353 11 Street Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 12/15 1980	12. Signature of Notary: Bob Blackburn	13. Notary Commission expires: 12 19 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license	By whom issued and signed: Bonneville County, ID	Date issued: on file	Date Orig. Entry: married July23,1951
	Date of Birth: Age: 28	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #72-4582	Date issued: on file	Date Orig. Entry: child born May7,1972
	Date of Birth: Age: 49	Birth Place: Taylorville, ID	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 80	By whom issued and signed: Maude Hansen	Date issued: Dec.15,1980	Date Orig. Entry: Dec.15,1980
	Date of Birth: Nov.9,1922	Birth Place: Taylorville, ID	Full Name of Mother: Maude Miller Hansen	Name of Father: Sidney L. Hansen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JAN 22 1981

FORM BH 56067

12-11-

Hansen

JAN 22 1981

792-223-035-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CATHERINE LOU GIBBS		2. Date Of Birth (month) (day) (year): September 23, 1922
	3. Color or Race: caucasian	4. Sex: female	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Myrtle
FATHER	6. Full Name of Father: BENNIE R. GIBBS		7. State or Country of Father's Birth: Tennesee
MOTHER	8. Full Maiden Name of Mother: CARRIE ALLBRITTON		9. State or Country of Mother's Birth: Tennesee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Kress): Catherine Lou Gibbs	11. Present Address of Registrant: Rt 1 Bx 190 Lapwai, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 16, 19 81	12. Signature of Notary: Carry W Jones	13. Notary Commission expires: May 22, 19 82

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family bible record	By whom issued and signed: Family bible	Date issued: viewed Feb.20,1981	Date Orig. Entry: obviously old
	Date of Birth: Sep.23,1922	Birth Place: ----	Full Name of Mother: Carrie Gibbs	Name of Father: B. R. Gibbs
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 82	By whom issued and signed: Carrie Gibbs	Date issued: Jan.16,1981	Date Orig. Entry: Jan.16,1981
	Date of Birth: Sep.23,1922	Birth Place: Myrtle, ID	Full Name of Mother: Carrie Allbritton	Name of Father: Bennie R. Gibbs
SUPPORTING RECORD 3.	Type of Document: Insurance record	By whom issued and signed: Pacific Life Benefit Ass.	Date issued: Dec.5,1938	Date Orig. Entry: Dec.5,1938
	Date of Birth: Age: 16	Birth Place: ID	Full Name of Mother: Carrie Gibbs	Name of Father: Bennie R. Gibbs
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 20 1981

FORM BH 56067

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7-27-78

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FEB 23 19[illegible]

693-227-026-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-069

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SHIRLEY PRISCILLA WILLIAMS
2. Date Of Birth (month) (day) (year): Nov. 27 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: RIGBY IDAHO

FATHER

6. Full Name of Father: HYRUM ROYAL WILLIAMS
7. State or Country of Father's Birth: UTAH, SALT LAKE COUNTY

MOTHER

8. Full Maiden Name of Mother: ELIZABETH KINGHORN
9. State or Country of Mother's Birth: UTAH, SALT LAKE COUNTY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Shirley Williams Hendrick
11. Present Address of Registrant: 350 W. 3rd N. RIGBY, IDAHO 83442

NOTARY (Seal)

Subscribed and sworn to before me on: January 29 1981
12. Signature of Notary: Ralph M Archibald
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth record	State of Idaho	on file	child born

Date of Birth	Birth Place	Full Name of Mother	Name of Father	Oct.5,1956
Age: 33	Rigby, ID	----	---	

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	LDS Church	Dec.7,1930	Dec.6,1930 baptized

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.27,1922	Rigby, ID	Elizabeth Kinghorn	Hyrum Royal Williams

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record	Rigby High School, Rigby,ID	Feb.3,1981	Sep.7,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.27,1922	Idaho	Elizabeth K. Williams	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 20 1981

FORM BH 56067

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3-24-80

FEB 23 1981

393-208-003-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-075

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: TILLOTSON, BEATRICE JANE			2. Date Of Birth (month) DECEMBER (day) 8 (year) 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Bannock	b. City or Town of Birth: Virginia,
FATHER	6. Full Name of Father: TILLOTSON, JOHN LORENZO			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: BROWN, ROSE BELL			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Jane Tillotson		11. Present Address of Registrant: Box 162 Downey, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on Dec. 30, 1980	12. Signature of Notary: Bruce L. Hyde		13. Notary Commission expires: May 4, 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage affidavit		By whom issued and signed: Salt Lake County, Utah	Date Issued: Jan.5,1981	Date Orig. Entry: May20,1942
	Date of Birth: Dec.8,1922	Birth Place: Virginia, ID	Full Name of Mother: John L. Tillotson	Name of Father: Rosetta Brown	
SUPPORTING RECORD 2.	Type of Document: Hospital admission record		By whom issued and signed: Marsh Valley Hosp., Downey,ID	Date Issued: Feb.3,1981	Date Orig. Entry: Sep.14,1952
	Date of Birth: Dec.8,1922	Birth Place: Virginia, ID	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 79		By whom issued and signed: Rose Brown Tillotson	Date Issued: Dec.30,1980	Date Orig. Entry: Dec.30,1980
	Date of Birth: Dec.8,1922	Birth Place: Virginia, ID	Full Name of Mother: Rose Brown Tillotson	Name of Father: John Lorenzo Tillotson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 23 1981

FORM BH 56067

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FEB 24 1981

296-211-206-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-128

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Effie Arlene Broadhead
2. Date Of Birth (month) (day) (year): October 11 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Thomas, Idaho (near Blackfoot)

FATHER

6. Full Name of Father: Zimri Arthur Broadhead
7. State or Country of Father's Birth: Aurora, Utah

MOTHER

8. Full Maiden Name of Mother: Effie Alice Peterson
9. State or Country of Mother's Birth: Plain City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arlene E. Thomas
11. Present Address of Registrant: 1295 Majestic Dr., NE. Reno, Nevada

NOTARY (Seal)

Subscribed and sworn to before me on: March 13 1981

12. Signature of Notary: Kathleen Kelly
Notary Public - State of Nevada
Washoe County
My Appointment Expires May 27, 1984

13. Notary Commission Expires: May 27 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by borther age71	Gareld B. Broadhead	Feb26,1981	---------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct11,1922	Blackfoot, Idaho (Thomas)	Effie Alice Petersen Broadhead	Zimri Arthur Broadhead

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church membership record	LDS Church	Dec 1944	Oct 11,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct11,1922	Idaho	Effie Peterson	Zimri Arthur Broadhead

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church	Blessed Dec 3,1922	Blessed Dec 3, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Teresa L. Cleverly	APR 10 1981

FORM BH 56067

Thomas

APR 1981

691-219-001-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-133

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois Eloise Frambach
2. Date Of Birth (month) (day) (year): 4 19 22
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Boise ADA
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Leslie John Edwin FRAMBACH
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Cleda ELLEN Randolph
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois E. Banks
11. Present Address of Registrant: 6302 W. Yellowstone Kennewick, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: July 12 1967
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle age 58	James Oval Randolph	July 12,1967	---------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 19,1922	Boise, Idaho	Cleva E. (Randolph Frambach	Leslie J. Frambach

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible record	William Frambach	Apr. 10,1981	Apr 13, 1870

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr 19,1922	Idaho	Cleda Ellen Randolph	Leslie John Edwin Frambach

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
child's birth certificate	State of Washington	Apr 9,1981	Mar 21, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	Boise, Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: tc Teresa L. Cleverly
Date Filed: APR 16 1981

FORM BH 56067

APR 1 6 1981

236-224-025-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-140

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Lottie Stokesberry		2. Date Of Birth (month) April (day) 24 (year) 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Hazelton
FATHER	6. Full Name of Father: David Henry Stokesberry		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Clara Ruth Helms		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ann L. Moenth	11. Present Address of Registrant: 2236 E. Belmont Phoenix, AZ 85020
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 84 My Commission Expires Sept. 8 1984	12. Signature of Notary: Lo-Ann Lloyd	13. Notary Commission expires _____ 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Marshal's Census	By whom issued and signed: School Dist No. 411, Idaho	Date Issued: Nov 1939	Date Orig. Entry: ---------
	Date of Birth: Apr 24, 1922; Birth Place: Idaho	Full Name of Mother: Clare Stokesberry	Name of Father: Dave Stokesberry	
SUPPORTING RECORD 2.	Type of Document: Hospital record	By whom issued and signed: St. Joseph's, Phoenix, Ariz.	Date Issued: Feb 20, 1981	Date Orig. Entry: Oct 9, 1965
	Date of Birth: Apr 24, 1922; Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Child's own birth certificate	By whom issued and signed: State of Ohio	Date Issued: July 14, 1953	Date Orig. Entry: --------
	Date of Birth: age 31 years; Birth Place: Hazelton, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Teresa L. Cleverly	APR 24 1981

FORM BH 56067

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APR 2 4 1981

514-112-041-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-143

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Clinton Vaughan			2. Date Of Birth (month) February (day) 12 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton	b. City or Town of Birth: Tetonia Idaho
FATHER	6. Full Name of Father: William Scott Vaughan			7. State or Country of Father's Birth: Lee, Mississippi
MOTHER	8. Full Maiden Name of Mother: Lillie Annie Beard			9. State or Country of Mother's Birth: Summit, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Clinton Vaughan		11. Present Address of Registrant: 92 West 1950 South Bountiful Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 18 1981	12. Signature of Notary: Rebecca J. Kaufman		13. Notary Commission expires: March 1 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy-Prudential	By whom issued and signed: Prudential Ins. Co. America	Date Issued: May 19, 1954	Date Orig. Entry: May 19, 1954
	Date of Birth: Feb 12, 1922 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt age; 87	By whom issued and signed: Lillian Myrtle Vaughan Callahan	Date Issued: Dec 27, 1974	Date Orig. Entry: -------
	Date of Birth: Feb 12, 1922 / Birth Place: Tetonia, Idaho	Full Name of Mother: Lillie Annie Beard	Name of Father: William Scott Vaughan	
SUPPORTING RECORD 3.	Type of Document: Childs birth certificate	By whom issued and signed: State of Utah	Date Issued: June 14, 1949	Date Orig. Entry: June 14, 1949
	Date of Birth: Age 27 yrs / Birth Place: Tetonia, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Weed	Teresa L. Cleverly	APR 29 1981

FORM BH 56067

APR 2 9 1981

343-216-003-392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-154

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lula Irene Cutler		2. Date Of Birth (month) (day) (year): June 16 1922
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Inkom Idaho
FATHER	6. Full Name of Father: Ethan Freeman Cutler Jr.		7. State or Country of Father's Birth: Brigham City Utah - Box Elder Co
MOTHER	8. Full Maiden Name of Mother: Ida Ella Lish		9. State or Country of Mother's Birth: Bonanza Box Cassia Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lula Irene McNally	11. Present Address of Registrant: 518 Colorado apt 1 Salt Lake City Utah 84116
NOTARY (Seal)	Subscribed and sworn to before me on: 2-25 1981	12. Signature of Notary: Dorothy L. Saley	13. Notary Commission expires: 5-22 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: LDS Church, Salt Lake, Utah	Date Issued: Oct.13,1965	Date Orig. Entry: Aug. 1922
	Date of Birth: June16,1922 / Birth Place: Inkom,Idaho	Full Name of Mother: Ida Lish	Name of Father: Ethan Freeman Cutler,Jr.	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, 5thWard, Poc. Ida	Date Issued: Baptized July 13,1930	Date Orig. Entry: Baptized July 13, 1930
	Date of Birth: June16,1922 / Birth Place: Inkom, Idaho	Full Name of Mother: Ida E. Lish	Name of Father: Eathan F. Cutler	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister age 71	By whom issued and signed: Ila I. Butterfield	Date Issued: Aug 6, 1980	Date Orig. Entry: ------
	Date of Birth: June16, 1922 / Birth Place: Inkom,Idaho	Full Name of Mother: Ida Ella Lish Cutler	Name of Father: Ethan Freeman Cutler	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Teresa L. Cleverly	Date Filed: MAY 8 1981

FORM BH 56067

MAY 8 1981

753-127-003-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-157

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Max William Getz		2. Date Of Birth (month) Oct. (day) 27, (year) 1922
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County Bannock Co. b. City or Town of Birth Grace, Idaho
FATHER	6. Full Name of Father: Fred William Getz		7. State or Country of Father's Birth: Tazewell County, Illionis
MOTHER	8. Full Maiden Name of Mother: Anna Charlotte McIntire		9. State or Country of Mother's Birth: Brigham, Box Elder, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Max William Getz	11. Present Address of Registrant: 442 SO. 700 W. Cedar City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 19 81	12. Signature of Notary: [signature]	13. Notary Commission expires: June 19 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge Papers	By whom issued and signed: U.S. Army	Date Issued: Oct 11,1945	Date Orig. Entry: Jan14,1943
	Date of Birth: Oct27,1922 / Birth Place: Grace, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister age 74	By whom issued and signed: Mary M. Getz	Date Issued: Apr 22, 1981	Date Orig. Entry: ---------
	Date of Birth: Oct 27,1922 / Birth Place: Grace, Idaho	Full Name of Mother: Anna McIntyre Getz	Name of Father: Fred William Getz	
SUPPORTING RECORD 3.	Type of Document: Page from Genealogy Book	By whom issued and signed: Getz Family	Date Issued: Apr 27, 1981	Date Orig. Entry: 1960
	Date of Birth: Oct 27, 1922 / Birth Place: Grace, Idaho	Full Name of Mother: Anna C. McIntire	Name of Father: Fred W. Getz	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Teresa L. Cleverly	Date Filed: MAY 9 1981

FORM BH 56067

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MAY 1 1 1981

238-20-018-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hilda Jane Schroeder			2. Date Of Birth (month) 9 (day) 20 (year) 22
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Orofino, Idaho
FATHER	6. Full Name of Father: Ernest Fred Schroeder			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Bonner			9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jane Langewer		11. Present Address of Registrant: RR3 Orofino, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 2-2 19 79	12. Signature of Notary: B.C. Teed		13. Notary Commission expires 7-22 19 79

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #56-14221		Date Issued: Aug.25,1978	Date Orig. Entry: child born
	Date of Birth: Age: 34	Birth Place: Orofino, ID	Full Name of Mother: ----------	Name of Father: Nov.24,1956 ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 70	By whom issued and signed: Hazel J. Bonner		Date Issued: Mar.29,1979	Date Orig. Entry: Mar.29,1979
	Date of Birth: Sep.20,1922	Birth Place: Orofino, ID	Full Name of Mother: Mary E. Bonner Schroeder	Name of Father: Ernest F. Schroeder	
SUPPORTING RECORD 3.	Type of Document: Photocopy Page from Family Bible	By whom issued and signed: B.P. Teed-Notary Public		Date Issued: Feb. 1981	Date Orig. Entry: Orig. Obviously old
	Date of Birth: Sept20,1922	Birth Place: Orofino, Idaho	Full Name of Mother: Mary Elizabeth Bonner	Name of Father: Ernest Fred Schroeder	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc cc Teresa L. Cleverly	MAY 13 1981

FORM BH 56067

ICC #5238

5-26-78

MAY 14 1981

964-111-033-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-176

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kenneth Carl Romrell
2. Date Of Birth (month) (day) (year): January 11 1922
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Sugar City Madison Co.
b. City or Town of Birth: Sugar City, Idaho

FATHER

6. Full Name of Father: Lorenzo John Romrell
7. State or Country of Father's Birth: Lynn Ward Weber Co. Utah

MOTHER

8. Full Maiden Name of Mother: Emma Rachel Romrell
9. State or Country of Mother's Birth: Logan Cache, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kenneth Romrell
11. Present Address of Registrant: Route#1 Sugar City, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 20th March 1981
12. Signature of Notary: Marie Davis
13. Notary Commission expires: Jan 5 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church Rexburg, Idaho	Dec30,1977	Feb 2,1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan11,1922 / Sugar, Idaho	Emma Rachel Eggertz	Lorenzo John Romrell	
SUPPORTING RECORD 2.	Certif of Blessing	LDS Church Rexburg, Idaho	Dec20,1977	Blessed April2,1922
	Jan11,1922 / Sugar, Idaho	Emma Rachel Eggertz	Lorenzo John Romrell	
SUPPORTING RECORD 3.	Honorable Discharge	U. S. Navy	Nov13,1947	Nov29,1944
	Jan11,1922 / Sugar City, Idaho	----------,	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Teresa L. Cleverly
Date Filed: MAY 16 1981

FORM BH 56067

MAY 18 1981
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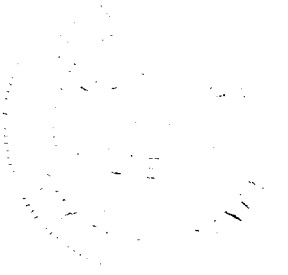

796-226-014-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-216

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Imogene Grosvenor			2. Date Of Birth (month) 7 (day) 26 (year) 1922	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Nampa, Idaho unknown	b. City or Town of Birth: Nampa, Idaho	
FATHER	6. Full Name of Father: Harry Francis Grosvenor			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Ann Morford			9. State or Country of Mother's Birth: Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Imogene Grosvenor Dickeson	11. Present Address of Registrant: 135 Fremont, Thermopolis, WY	
NOTARY (Seal)	Subscribed and sworn to before me on: May 7 1981		12. Signature of Notary: Linda Breshears	13. Notary Commission expires: Oct 22 1983	

LINDA BRESHEARS NOTARY PUBLIC MY COMMISSION EXPIRES Oct. 22, 1983 Hot Springs County Wyoming

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Wyoming	Date Issued: Mar17,1981	Date Orig. Entry: Child born Oct11,1960	
	Date of Birth: age 38 yrs	Birth Place: Nampa, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: State of Wyoming	Date Issued: Aug2,1941	Date Orig. Entry: -----	
	Date of Birth: age19yrs	Birth Place: Nampa, Idaho	Full Name of Mother: Mary Ellen Ann Morford	Name of Father: Harry Francis Grosvenor	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt age 71yrs	By whom issued and signed: Evelyn Dotlich	Date Issued: Jan29,1981	Date Orig. Entry: ----	
	Date of Birth: July26,1922	Birth Place: Nampa, Idaho	Full Name of Mother: Mary Ellen Ann Morford	Name of Father: Harry Francis Grosvenor	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs,R.N.	Teresa L. Cleverly	JUN 19 1981

FORM BH 56067

JUN 22, 1981

168-216-006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-242

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dillie Helen Johnson		2. Date Of Birth (month) July (day) 16 (year) 1922
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Swan Johnson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Helen Maria Carlson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dillie Helen Johnson (Mrs.)	11. Present Address of Registrant: NW 245 Joe St, Pullman, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 19 81	12. Signature of Notary: Lee Flowers	13. Notary Commission expires: 11-23 19 84

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's Hosp. BirthCertif.	By whom issued and signed: Finch Mem.Hosp., Wash.	Date Issued: Child born Nov 30,1952	Date Orig. Entry: Child born Nov 30, 1952
	Date of Birth: July 16, 1922	Birth Place: Shelley, Idaho	Full Name of Mother: --------	Name of Father: --------
SUPPORTING RECORD 2.	Type of Document: Marriage record from Idaho	By whom issued and signed: State of Idaho,NezPerce Co.	Date Issued: Aug14,1949	Date Orig. Entry: Aug6, 1949
	Date of Birth: age 27yrs	Birth Place: Shelley, Idaho	Full Name of Mother: -------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: College Trascript	By whom issued and signed: Eastern Washington College	Date Issued: 1940	Date Orig. Entry: -------
	Date of Birth: July16,1922	Birth Place: Shelley, Idaho	Full Name of Mother: ---------	Name of Father: Mr. Swan Johnson

QUALIFYING INFORMATION

Transcript of College records from State College of Washington, Pullman, Washington date entered November 1951. Date of birth given as July 16, 1922 in Shelley, Idaho. Mother's name listed as Mrs. Helen Johnson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs,R.N.	Teresa L. Cleverly	JUL 7 1981

FORM BH 56067

6-15-81

Mick

JUL 7 1981

864-227-022-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-254

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DONNA HOMER
2. Date Of Birth: (month) JULY (day) 27, (year) 1922
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County FREMONT; b. City or Town of Birth RIRIE, IDAHO

FATHER

6. Full Name of Father: WILLIAM HARRISON HOMER
7. State or Country of Father's Birth: RIGBY, FREMONT, IDAHO

MOTHER

8. Full Maiden Name of Mother: ROSE EDNA FINN
9. State or Country of Mother's Birth: RUDY, FREMONT, IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donna Homer Gunn
11. Present Address of Registrant: DONNA HOMER GUNN 575 S. Main, St. George, Utah

NOTARY (Seal)

Subscribed and sworn to before me on July 10 19 81

12. Signature of Notary: Esther Janelle Curtis
13. Notary Commission expires: 9-16-1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Idaho	Blessed Oct 1, 1922	Blessed Oct 1, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 27, 1922	Ririe, Idaho	Rose Edna Finn	William H. Homer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother age 89yrs	Rose Edna Finn Homer	July 10, 1981	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 27, 1922	Ririe, Idaho	Rose Edna Finn	William Harrison Homer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's Hosp, Birth Certif.	The Vallye Hosp, Van Nuys, Calif.	child born June1,1953	Child born June 1,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 27,1922	Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 20 1981

FORM BH 56067 need 3rd check Rush! 7-7-81

JUL 2 6 1981

AUG 1 3 1981

249-231-033-279

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Smith			2. Date Of Birth (month) (day) (year): August 31, 1922
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Madison	b. City or Town of Birth: Hibbard
FATHER	6. Full Name of Father: Ernest Lee Smith			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Evangeline Charlotte Sprunger			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Albright		11. Present Address of Registrant: 457 2nd Ave Ontario, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: July 20 1981	12. Signature of Notary: Gisela K. Kanke		13. Notary Commission expires: Aug. 10 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age 70yrs	By whom issued and signed: Alice L. Haggerty		Date Issued: Jan28, 1980	Date Orig. Entry: -----
	Date of Birth: Aug31,1922	Birth Place: Hibbard, Idaho	Full Name of Mother: Evangeline Charlotte Sprunger	Name of Father: Ernest Lee Smith	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church Hibbard, Idaho		Date Issued: Blessed Oct 1,1922	Date Orig. Entry: Blessed 2 Oct 1, 1922
	Date of Birth: Aug 31,1922	Birth Place: Hibbard, Idaho	Full Name of Mother: Evangeline Smith	Name of Father: Ernest L. Smith	
SUPPORTING RECORD 3.	Type of Document: Certif of Baptism	By whom issued and signed: LDS Church, Ontario, Oregon		Date Issued: July19,1931	Date Orig. Entry: Baptized July 19, 1931
	Date of Birth: Aug31,1922	Birth Place: Hibbard, Idaho	Full Name of Mother: Evangeline Sprunger	Name of Father: Ernest L. Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly tc	AUG 17 1981

FORM BH 56067

7-7-81

AUG 20 1961

655-119-003-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-305

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROBERT ROY WEEKS
2. Date Of Birth: (month) 3 (day) 19 (year) 1922
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth: a. County GRACE BANNOCK; b. City or Town of Birth GRACE

FATHER

6. Full Name of Father: ROBERT RICHES WEEKS
7. State or Country of Father's Birth: UTAH CHASH

MOTHER

8. Full Maiden Name of Mother: SARA LOUISE KELSEY
9. State or Country of Mother's Birth: UTAH CHASH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert R Weeks
11. Present Address of Registrant: 225 Tusher Moab Ut.

NOTARY (Seal)

Subscribed and sworn to before me on July 5 19 81

12. Signature of Notary: Karen Williams
13. Notary Commission expires: Aug 31 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Certificate of Birth	LDS Church, Salt Lake, Utah	July8, 1981	------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar18,1922 / Grace, Idaho	Sarah Louise Kelsoy	Robert Riches Weeks	
SUPPORTING RECORD 2.	Insurance Application	Sentinel Security Life Ins.	Aug14,1970	--------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar19,1922 / Idaho	-------	------	
SUPPORTING RECORD 3.	Affidavit by sister age73	Phyllis W. Reed	July8,1981	------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Marh19,1922 / Grace, Idaho	Sarah Louise Kelsoy	Robert Riches Weeks	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 20 1981

FORM BH 56067

6-15-87

Weeks

AUG 21 1981

169-226-018-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-353

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Thelma Jordan		2. Date Of Birth (month) Nov. (day) 26 (year) 22
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Weippe Clear water; b. City or Town of Birth: ~~Idaho~~, Weippie, Idaho
FATHER	6. Full Name of Father: John Heltzel Jordan		7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Ica Chloe Waybright		9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Thelma Jordan	11. Present Address of Registrant: 1828 W 12th Kenn. Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 1 1980	12. Signature of Notary: Marjorie T. Rosenau, Lucille M. Pate	13. Notary Commission expires: May 1 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin, age 70	By whom issued and signed: Manda Lee Schlader	Date issued: Dec.1,1980	Date Orig. Entry: Dec.1,1980
	Date of Birth: Nov.26,1922 / Birth Place: Weippe, ID	Full Name of Mother: Ica Chloe Waybright	Name of Father: John Heltzel Jordan	
SUPPORTING RECORD 2.	Type of Document: Insurance record	By whom issued and signed: American United Life Ins. Co.	Date issued: Nov.12,1951	Date Orig. Entry: Nov.12,1951
	Date of Birth: Nov.26,1922 / Birth Place: Weippe, ID	Full Name of Mother: ---------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Appl. for Social Sec. Number	By whom issued and signed: Social Security Administration	Date issued: July10,1981	Date Orig. Entry: Septl 1943
	Date of Birth: Nov26,1922 / Birth Place: Weippe, Idaho	Full Name of Mother: Ica C. Waybright	Name of Father: John H. Jordan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly cc cc	OCT 22 1981

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OCT 22 1981

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359-22-0004-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-408

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: De Esta Teuscher			2. Date Of Birth (month) (day) (year): May 21, 1922
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Geneva
FATHER	6. Full Name of Father: John Fredrick Teuscher			7. State or Country of Father's Birth: Zittan Saxony, Germany
MOTHER	8. Full Maiden Name of Mother: Cora Cordon			9. State or Country of Mother's Birth: [redacted] Rigby Jefferson Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: DeEsta Teuscher		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 1981	12. Signature of Notary: Glenn W. Barrow		13. Notary Commission expires: August 27 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Cora C. Teuscher		Date Issued: Sept.9,1981	Date Orig. Entry: -------
	Date of Birth: May 21,1922	Birth Place: Geneva, Idaho	Full Name of Mother: Cora Cordon	Name of Father: John Fredrick Twuscher	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church		Date Issued: Jun 1,1980	Date Orig. Entry: Blessed Sept.24,1922
	Date of Birth: May 21,1922	Birth Place: Geneva	Full Name of Mother: Cora Cordon	Name of Father: John Fredrick Teuscher	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho - # 377858		Date Issued: -----	Date Orig. Entry: child born July 14,1943
	Date of Birth: Age 21	Birth Place: Geneva, Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	Florence Curtright	Nov.2,1981

FORM BH 56067

NOV 17 1981

559-421-006-357

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-422

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Elizabeth Neider			2. Date Of Birth (month) November (day) 21 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Charles David Neider			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Annie Marie Leach			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen E. Bowers	11. Present Address of Registrant: 3518 Airport Rd. Nampa Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 25 1981		12. Signature of Notary: Linda Adamson	13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: on file - Samaritan Hospital	Date Issued: Dec.7,1956	Date Orig. Entry: Child born Dec. 7, 1956
	Date of Birth: Nov.21,1922	Birth Place: Blackfoot	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: Mercy Medical Center	Date Issued: Sept.30,1981	Date Orig. Entry: Patient October 30,1967
	Date of Birth: Nov. 21,1922	Birth Place: Blackfoot	Full Name of Mother: Annie Marie Leach	Name of Father: Charles David Neider	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle age 75		By whom issued and signed: Roy Jl Neider	Date Issued: Oct.2,1981	Date Orig. Entry: ------
	Date of Birth: Nov.21,1922	Birth Place: Blackfoot, Idaho	Full Name of Mother: Annie Marie Leach Neider	Name of Father: Charles David Neider	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, RN	Evidence reviewed by: Florence Curtright	Date Filed: Nov.24,1981

FORM BH 56067

12-5-85

847-21-0014-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-435

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Viola Hughes
2. Date Of Birth (month) 2 (day) 21 (year) 1922
3. Color or Race: American
4. Sex: F
5. Place of Birth a. County: Keuna Ida. Canyon
b. City or Town of Birth: Keiser Idaho

FATHER

6. Full Name of Father: John Harvey Hughes
7. State or Country of Father's Birth: U.S.A. Clarke Utah

MOTHER

8. Full Maiden Name of Mother: Dorothy Elizabeth Riggs
9. State or Country of Mother's Birth: U.S.A. Weiser Ida.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X D. Viola Gordon
11. Present Address of Registrant: 275 Sunset Blvd. St. Helens Ore. 97051

NOTARY (Seal)

Subscribed and sworn to before me on October 26 1981

12. Signature of Notary: Sonya P. Stratton
13. Notary Commission expires: Oct. 15 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church	Baptized Aug. 3, 1930	Baptized Aug 3, 1930
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb.21,1922 Weiser, Idaho	Dorothy E. Riggs	John H. Hughes	
SUPPORTING RECORD 2.	Temple Recommend	LDS Church, Portland, Ore.	Aug.10,1951	------
	Feb.21,1922 Weiser, Idaho	Dorothy Riggs	Harvey Hughes	
SUPPORTING RECORD 3.	Affidavit by mother age 72yrs	Dorothy E. Hughes Porter	May 10, 1979	----
	Feb.21,1922 Weiser, Idaho	Dorothy E. Riggs	John Harvey Hughes	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	DEC 8 1981

FORM BH 56067

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DEC 8 1981
MAY 0 9 2002

453-220-003-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-453

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Lovell Mellor			2. Date Of Birth (month) (day) (year): March 20 1922	
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: McCammon Bannock	b. City or Town of Birth: McCammon	
FATHER	6. Full Name of Father: Joseph Francis Mellor			7. State or Country of Father's Birth: Utah - Sanpete Co.	
MOTHER	8. Full Maiden Name of Mother: Annetta Robinson			9. State or Country of Mother's Birth: Utah - Sanpete Co.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Lovell Mellor Miller		11. Present Address of Registrant: 251 E State Farmington Ut	
NOTARY (Seal)	Subscribed and sworn to before me on: November 24, 1981	12. Signature of Notary: Donald A. Stebbins		13. Notary Commission expires: April 3, 1984	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church		Date Issued: Blessed May 7, 1922	Date Orig. Entry: Blessed May 7, 1922
	Date of Birth: Mar20,1922	Birth Place: McCammon, Idaho	Full Name of Mother: Etta Robinson	Name of Father: Jos. F. Mellor	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church		Date Issued: Mar.15,1931	Date Orig. Entry: Baptized July 5, 1930
	Date of Birth: Mar.20,1922	Birth Place: McCammon, Idaho	Full Name of Mother: Etta Robinson	Name of Father: Joseph F. Mellor	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt age 85yrs	By whom issued and signed: Ruly Robinson Olsen		Date Issued: Dec.3, 1981	Date Orig. Entry: ----
	Date of Birth: Mar.22,1922	Birth Place: McCammon, Idaho	Full Name of Mother: Annetta Robinson	Name of Father: Joseph Francis Mellor	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: DEC 17 1981

FORM BH 56067

ICC Pd # 16481

10-2-81

DEC 17 1981
MAY 02 2011

649-216-007-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-002

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norma Alice Furlong
2. Date Of Birth (month) (day) (year): March 16 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Gannett

FATHER

6. Full Name of Father: Lyman Peter Furlong
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alice Maude Tilley
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma A. Swendsen
11. Present Address of Registrant: 1411 Meeker Rd E. Tacoma Wa 98424

NOTARY (Seal)

Subscribed and sworn to before me on July 14 1981

12. Signature of Notary: Linda Adamson
13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	Aug.3,1930	Baptized Aug. 2,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar16,1922	Gannett, ID	Alice M. Tilley	Lyman Furlong

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Certificate of Birth	LDS Church	July13,1981	May 7, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar16,1922	Gannett, ID	Alice Tilley	Lyman Furlong

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Number Application	Social Security Administration	Nov. 1981	July 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.16,1922	Gannett, ID	Alice M. Tilley	Lyman P. Furlong

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	1a Linda Adamson	JAN 6 1982

FORM BH 56067

JAN 6 1982

613-22-037-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-063

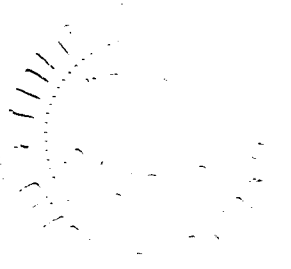
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Louise Walker			2. Date Of Birth (month) (day) (year): February 24, 1922
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Given's Springs (Enterprise)
FATHER	6. Full Name of Father: William Seneca Walker			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Elizabeth Kelly			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Hammond		11. Present Address of Registrant: Box 167 - Nyssing
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 19 82	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: Lifetime 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Roman Catholic Church	Date Issued: Dec.11,1981	Date Orig. Entry: Baptized June 24,1923
	Date of Birth: Feb.24,1922 / Birth Place: Idaho	Full Name of Mother: Elizabeth Kelly	Name of Father: Seneca Walker	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth L. Walker	Date Issued: Nov.9,1979	Date Orig. Entry: -----
	Date of Birth: Feb.24,1922 / Birth Place: Enterprise,Idaho (Givens Springs	Full Name of Mother: Elizabeth Kelly Walker	Name of Father: William Seneca Walker	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: 455 34 4567 Social Security Administration	Date Issued: Apr.18,80	Date Orig. Entry: Applied for # 1943
	Date of Birth: Feb.24,1922 / Birth Place: Givens Springs, Id.	Full Name of Mother: Elizabeth Kelly	Name of Father: William S. Walker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, RN	Evidence reviewed by: Florence Curtright	Date Filed: March 17, 1982

FORM BH 56067



693-209-031-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-0075

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Louise Wilks
2. Date Of Birth (month) (day) (year): April 9, 1922
3. Color or Race:
4. Sex: Female
5. Place of Birth — a. County: Lewis; b. City or Town of Birth: Winchester

FATHER

6. Full Name of Father: William Daniel Wilks
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Winnifred Weller
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred Louise Wilks Bacon
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: February 22 1982
12. Signature of Notary: Carol A. Larsen
13. Notary Commission expires: June 20 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School trasncript	Asotin School, Washington	1941	Aug.31,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.9,1922	Winchester, Idaho	Winnifred Harding	William Wilks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own daughter's birth certific.	State of Idaho #56-839	Feb.17,1982	child born ~~Jan. 10, 1956~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 33 yrs.	Idaho	-------	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister age 70yrs	Thelma E. Wilks Yeoman	Jan.14,1982	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.9,1922	Idaho	Winnifred Weller	William Daniel Wilks

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 23 1982

FORM BH 56067

Copy # 14978

F-7-82

CORRECTED FILE # FROM DE82-074 TO DE82-0075 ON 8/29/12 KMC

MAR 24 1982

753-216-003-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-093

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MYRTLE ANN Petty
2. Date Of Birth (month) MAR (day) 16 (year) 22
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: BANNOCK
b. City or Town of Birth: SWAN LAKE IDAHO

FATHER

6. Full Name of Father: Lewis JAMES Petty JR.
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Edith CHella Howell
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle Ann Thomas
11. Present Address of Registrant: Rte 1, Box 195 Rupert Idaho 83350

NOTARY (Seal)

Subscribed and sworn to before me on March 23 1982

12. Signature of Notary: Ingel L Jackson
13. Notary Commission expires: April 1 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Birth certificate	LDS Church	Aug19,1974	May 7,1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar16,1922 / Swan Lake, Idaho	Chella Howell	Lewis James Petty, Jr.	
SUPPORTING RECORD 2.	Type of Document: child's own birth certificate	By whom issued and signed: State of Idaho # 446982	Date Issued: child born Dec. 8,1947	Date Orig. Entry: child born Dec. 8,1947
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 25yrs. / Swan Lake, Idaho	------	-------	
SUPPORTING RECORD 3.	Type of Document: Family group record	By whom issued and signed: family	Date Issued: Baptized May31,1930	Date Orig. Entry: Baptized May 31,1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.16,1922 / Swan Lake, Idaho	Edith Chella Howell	Lewis James Petty, Jr.	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

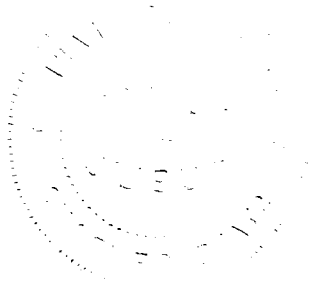
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 8 1982

FORM BH 56067 1cp. Mf Receipt # 13080

8/6/74

APR 23 1982



214-21-029-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-100

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVELYN JUNE SAMS		2. Date Of Birth (month) (day) (year): June 11 1922
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: LATAH; b. City or Town of Birth: KENDRICK IDAHO
FATHER	6. Full Name of Father: BLAINE OTTO SAMS		7. State or Country of Father's Birth: TENNESSEE
MOTHER	8. Full Maiden Name of Mother: MAGGIE MARY SATTERFIELD		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn June Sams Byers	11. Present Address of Registrant: P.O. Box 1023 Kalispell Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: May 25th 1971	12. Signature of Notary: Russell S Berry	13. Notary Commission expires: April 1 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's own birth certificate	By whom issued and signed: State of Idaho #299329	Date Issued: child born Aug. 6,1940	Date Orig. Entry: child born August 6,1940
	Date of Birth: age18yrs; Birth Place: Kendrick, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Census record	By whom issued and signed: U.S. Bureau of Census	Date Issued: Jan.25,1982	Date Orig. Entry: Apr.1,1930
	Date of Birth: age 7yrs.; Birth Place: Idaho	Full Name of Mother: Maggie M. Sams	Name of Father: Blaine O. Sams	
SUPPORTING RECORD 3.	Type of Document: Application for Social Security number	By whom issued and signed: Social Security Administration	Date Issued: Mar.10,1982	Date Orig. Entry: June 1964
	Date of Birth: June 11,1922; Birth Place: Kendrick, Idaho	Full Name of Mother: Mary M. Satterfield	Name of Father: Blaine O. Sams	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: APR 26 1982

FORM BH 56067

4-6-71

APR 26 1982

234-12-006-914

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-130

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph Stuker
2. Date Of Birth (month) 11 (day) 21 (year) 1922
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: John Stuker
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Sophie Will Rausch
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph Stuker
11. Present Address of Registrant: 298 So. Dell Havre, MT.

NOTARY (Seal)

Subscribed and sworn to before me on April 29 1982

12. Signature of Notary: Ruth B. Nelson
13. Notary Commission expires: May 20 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Dec.10,1945	May 7, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.21,1922	Shelley, Idaho	-----	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister age 78yrs	Alma Rausch	Aug. 16, 1981	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.21,1922	Shelley, Idaho	Sophie Caroline Will Rausch	John Stuker

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Group record	mother Sophie Stuker	March 1932	March 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.21,1922	Shelley, Idaho	Sophie Rausch	John Stuker

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUN 21 1982

FORM BH 56067

6-8-21

JUN 21 1982

437-127-038-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delwin Sylvester McGregor			2. Date Of Birth (month) (day) (year): January 27, 1922
	3. Color or Race	4. Sex: male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Sylvester L. McGregor			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Louise Barnes			9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on March 22, 19 82

LA VON STROUD
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires June 29, 1984

10. Signature of Registrant: Delwin Sylvester McGregor

12. Signature of Notary: LaVon Stroud

11. Present Address of Registrant: 23205 Montura Drive, Diamond Bar, Calif. 91765

13. Notary Commission expires: June 29, 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Order of Adoption		By whom issued and signed: Martin O. Luther, Probate Judge Payette County, Idaho	Date Issued: June30,1922	Date Orig. Entry: -----
	Date of Birth: Jan.27,1922	Birth Place: Payette, Idaho	Full Name of Mother: Lousie McGregor	Name of Father: Sylvester L. McGregor	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers		By whom issued and signed: United States Navy	Date Issued: Dec.9,1945	Date Orig. Entry: O,t.27,1943
	Date of Birth: Jan.27,1922	Birth Place: Payette, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Social Security number application		By whom issued and signed: Social Security Administration	Date Issued: June24,1982	Date Orig. Entry: June 1939
	Date of Birth: Jan.27,1922	Birth Place: Payette, Idaho	Full Name of Mother: Nancy L. Barnes	Name of Father: Sylvester L. McGregor	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 23 1982

FORM BH 56067

NAI

3-12-82

McGregor

JUL 23 1982

436-103-029-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-173

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Claud Leo McFeron
2. Date Of Birth (month) (day) (year): March 3, 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Latah
b. City or Town of Birth: Troy

FATHER

6. Full Name of Father: Samuel Everett McFeron
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Dessie Bell Byers
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Claud Leo McFeron
11. Present Address of Registrant: Rte. 1, Bx 28, Viola, ID

NOTARY (Seal)

Subscribed and sworn to before me on April 15 19 82

12. Signature of Notary: Kristie K Stafford
13. Notary Commission expires: April 1, 19 83

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own daughter's birth certif.	State of Idaho #49-7451	Child born June 2, 1949	child born June 2, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age27yrs.	Troy, Idaho	-------	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Dishcarge papers	U. S. Army	Nov.28,1945	Nov.21,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.3,1922	Troy, Idaho	-------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for S. S. #	Social Security Adm.	Jun.18,1982	Applied Jan 1967

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.3,1922	Idaho	Dessie B. Byers	Samuel E. McFeron

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	tc Florence Curtright	August 16, 1982

FORM BH 56067

3-26-82

Stafford

AUG 16 1982

112-207-001-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-175

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy May Jakomeit
2. Date Of Birth (month) 5 (day) 7 (year) 22
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Ada
b. City or Town of Birth: Meridian, Idaho

FATHER

6. Full Name of Father: Frank Richard Jakomeit
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Wilma Leona Lewison
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy May Jakomeit
11. Present Address of Registrant: Garden Valley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 16 1982

12. Signature of Notary: M Beulah Reay
13. Notary Commission expires: 2-23-83 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Verle L. Mitchell - Pastor	June22,1980	May 24,1934
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 7, 1922 / Meridian, Idaho	Wilma Jackomeit	Frank Jackomeit	
SUPPORTING RECORD 2.	Birth Certificate of child	State of Idaho #48-11587	July29, 1952	child born Oct. 11, 1948
	Age: 26 / Meridian, Idaho	--------	----------	
SUPPORTING RECORD 3.	Application Social Security Number	Social Security Administration	Aug.20,1980	1942
	May 7,1922 / Meridian, Idaho	Wilma L. Lewison	Frank R. Jakomeit	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

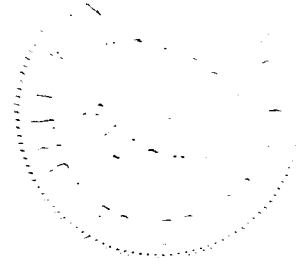
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Linda Adamson	AUG 18 1982

FORM BH 56067

5-29-80

Pitman

AUG 18 1982



558-226-026-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hilda Elenora Neyman			2. Date Of Birth (month) 2 (day) 26 (year) 22	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Roberts, Ida — Jefferson	b. City or Town of Birth: Roberts	
FATHER	6. Full Name of Father: Glenn Hudson Neyman			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Lillie Elizabeth LARSON			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hilda E. Jackson		11. Present Address of Registrant: Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 17 1982	12. Signature of Notary: Teresa L. Cleverly		13. Notary Commission expires: April 3 1985	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church		Date Issued: Blessed May 7, 1922	Date Orig. Entry: Blessed May 7, 1922
	Date of Birth: Feb. 26, 1922	Birth Place: Roberts, Idaho	Full Name of Mother: Lillie E. Larson	Name of Father: Glenn H. Neyman	
SUPPORTING RECORD 2.	Type of Document: Baptismal record	By whom issued and signed: LDS Church		Date Issued: Baptized Aug. 2, 1930	Date Orig. Entry: Baptized Aug. 2, 1930
	Date of Birth: Feb. 26, 1922	Birth Place: Roberts, Idaho	Full Name of Mother: Lillie Elizabeth Larsen	Name of Father: Glenn Hudson Neyman	
SUPPORTING RECORD 3.	Type of Document: Own son's birth certificate	By whom issued and signed: State of Idaho #329881		Date Issued: child born Dec. 7, 1941	Date Orig. Entry: child born Dec. 7, 1941
	Date of Birth: age 19yrs	Birth Place: Roberts, Idaho	Full Name of Mother: --------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	SEP 17 1982

FORM BH 56067

9-17-82

Jackson

SEP 17 1982

766-229-015-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Laverne Goodin			2. Date Of Birth (month) Sept. (day) 29 (year) 1922	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Bancroft	
FATHER	6. Full Name of Father: Wilbur Ray Goodin			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Annetta Clara Bell			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera L. Goodin		11. Present Address of Registrant: 5209 Targee #25	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 5 1982	12. Signature of Notary: Linda Adamson		13. Notary Commission expires: April 3 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church		Date Issued: Nov6,1938	Date Orig. Entry: Nov 6, 1938
	Date of Birth: 9-29-22	Birth Place: Bancroft	Full Name of Mother: Annetta Clara Bell	Name of Father: Wilbur Ray Goodin	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church		Date Issued: Jan 7,1923	Date Orig. Entry: Jan 7, 1923
	Date of Birth: 9-29-22	Birth Place: Idaho	Full Name of Mother: Annetta Clara Bell	Name of Father: W. R. Goodin	
SUPPORTING RECORD 3.	Type of Document: Affidavit from Mother	By whom issued and signed: Annetta C Goodin		Date Issued: 4-12-80	Date Orig. Entry: --------
	Date of Birth: 9-29-22	Birth Place: Bancroft	Full Name of Mother: Annetta C Bell Goodin	Name of Father: Wilbur Ray Goodin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, RN	Evidence reviewed by: Davalee Leavitt	Date Filed: Oct 5, 1982

FORM BH 56067

OCT 5 1982

FEB 19 2002

331-128-010-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-251

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Golden Lyle Clark
2. Date Of Birth (month) (day) (year): October 28 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho Falls, Ida. Bonn.
b. City or Town of Birth: Born at Home

FATHER

6. Full Name of Father: Frank Clark Sr.
7. State or Country of Father's Birth: Councle Bluff Iowa

MOTHER

8. Full Maiden Name of Mother: Rosalia Lords
9. State or Country of Mother's Birth: Vernal Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Golden Lyle Clark
11. Present Address of Registrant: 1455 Clark's Dr.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 24 1982
12. Signature of Notary: Jessica St. John
13. Notary Commission expires: February 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	Feb. 18, 1935	Baptized June 30, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 28, 1922	Idaho Falls, ID	Rosalia Lords	Frank Clark

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	State of Idaho #385165	---	child born Jan. 22, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Idaho Falls, ID	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother Age: 82	Rosalia Lords Clark	Sept 24, 1982	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 28, 1922	Idaho Falls, ID	Rosalia Lords	Frank Clark

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

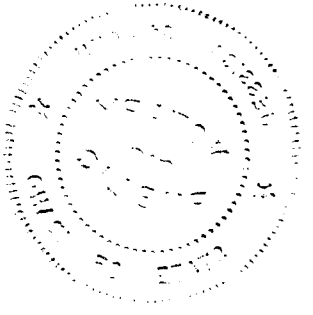
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Linda Adamson	OCT 29 1982

FORM BH 56067

9-7-82 (copy) rec # 22597

OCT 29 1982



814-119-010-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-0283

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CARLIS WELdON HAMMER
2. Date Of Birth (month) 2 (day) 19 (year) 22
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: AMMON IDAHO BONNEVILLE
b. City or Town of Birth: AMMON

FATHER

6. Full Name of Father: WILLIAM JASPER HAMMER
7. State or Country of Father's Birth: UTAH WEBER

MOTHER

8. Full Maiden Name of Mother: DORA MAY DENNING
9. State or Country of Mother's Birth: IDAHO BONNEVILL

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carlis weldon Hammer
11. Present Address of Registrant: 1115 GARFIELd IDAHO FALLS

NOTARY (Seal)

Subscribed and sworn to before me on 11-24 19 82

12. Signature of Notary: Ora Foster
13. Notary Commission expires: 3-15 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth Certif.	State of Idaho # 60-13310	child born Oct.31,1960	child born Oct.31,1960
	Date of Birth: age38yrs	Birth Place: Ammon, Idaho	Full Name of Mother: -------	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date Issued: Blessed May 7,1922	Date Orig. Entry: Blessed May 7, 1922
	Date of Birth: Feb.19,1922	Birth Place: Ammon, Idaho	Full Name of Mother: May Denning	Name of Father: Wm. Hammer
SUPPORTING RECORD 3.	Type of Document: Discharge papers	By whom issued and signed: United States Army	Date Issued: Oct.14,1945	Date Orig. Entry: Nov. 6,1942
	Date of Birth: Feb.19,1922	Birth Place: Ammon, Idaho	Full Name of Mother: -----	Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

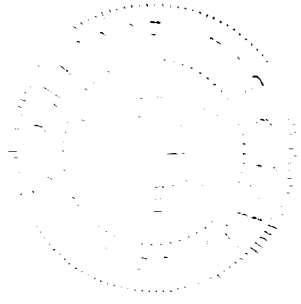
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 30 1982

K FORM BH 56067 ICCPA#4947 11-18-82

CORRECTED FILE # FROM DE82-282 TO DE82-0283 ON 8/29/12 KMC

Flamm

DEC 2 1982



417-120-025-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-297

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Paul Henry Mager
2. Date Of Birth (month) May (day) 20 (year) 1922
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Kenterville, Idaho
b. City or Town of Birth: Kenterville, Idaho

FATHER

6. Full Name of Father: John Fred Mager
7. State or Country of Father's Birth: St Paul, Minnesota

MOTHER

8. Full Maiden Name of Mother: Bertha Katherine Bensching
9. State or Country of Mother's Birth: Kenterville, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul Henry Mager
11. Present Address of Registrant: Rt 2 Box 738 Grangeville Idaho 83530

NOTARY (Seal)

Subscribed and sworn to before me on December 6 19 82

12. Signature of Notary: Tammy Workman
13. Notary Commission expires: September 13 19 84

NOTARY PUBLIC TAMMY WORKMAN STATE OF IDAHO

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Rev. Michael Baumgartner	May 29,1943	Baptized June 25,1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 20,1922 / Keuterville, Ida.	Bertha Bensching	John Mager	
SUPPORTING RECORD 2.	Own child's birth certif.	State of Idaho #103045	child born Feb.22,1935	child born Feb.22,1945
	age 22yrs / Keuterville, Idaho	-------	-------	
SUPPORTING RECORD 3.	Honorable Discharge papers	United States Army	Nov.23,1945	June 30, 1944
	May 20,1922 / Keuterville, Ida.	--------	- ---------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	DEC 22 1982

K FORM BH 56067 11-22-82 lccpd rev # 5539

Mager

DEC 22 1982

231-103-027-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 83-006

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evan LaMar Black			2. Date Of Birth (month) July (day) 3 (year) 1922
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Eden
FATHER	6. Full Name of Father: Arthur Myron Black			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hazel Emma Hanseen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evan LaMar Black		11. Present Address of Registrant: Rt 2 Hazelton Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 1982	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L.D.S.Church	Date issued: Apr.1974	Date Orig. Entry: Blessed Oct. 1, 1922
	Date of Birth: July 3,1922 / Birth Place: Eden, Idaho	Full Name of Mother: Hazel Emma Hanseen	Name of Father: Arthur Myron Black	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate on file - Idaho - # 375547	By whom issued and signed:	Date issued: -----	Date Orig. Entry: child born June 20,1943
	Date of Birth: age 20 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 70	By whom issued and signed: Enid Black McCauley	Date issued: Jan.10,1983	Date Orig. Entry: ------
	Date of Birth: July 3,1922 / Birth Place: Eden, Idaho	Full Name of Mother: Hazel Emma Hanseen	Name of Father: Arthur Myron Black	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
See Biggs, R.N.	fc Florence Curtright	January 11,1983

FORM BH 56067

Card 1 ck pd #23709

006

381-214-044-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-022

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: RUTH BETTY CHANEY
2. Date Of Birth: (month) 1 (day) 14 (year) 22
3. Color or Race: WHITE
4. Sex: FEM.
5. Place of Birth: a. County: WASHINGTON b. City or Town of Birth: CAMBRIDGE

FATHER

6. Full Name of Father: BERT ROBERT CHANEY
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: MARY HANNAH VICTORIA WATKINS
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth B. Crawford
11. Present Address of Registrant: 218 E. Kern - Taft, Ca.

NOTARY (Seal)

Subscribed and sworn to before me on: January 18 19 83

12. Signature of Notary: Jane W. Kell
13. Notary Commission expires: October 14, 1983

OFFICIAL SEAL
PAUL NOLEN
NOTARY PUBLIC - CALIFORNIA
KERN COUNTY
My comm. expires OCT 14 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School transcript	Bakersfield City Schools,CA	FEb.18,1971	June 7, 1935
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.14,1922 / Idaho	-------	-----	
SUPPORTING RECORD 2.	Application for insurance	Metropolitan Life Ins.	Dec.16,1970	Oct. 1, 1939
	Jan.14, 1922 / Idaho	------	------	
SUPPORTING RECORD 3.	Church certificate of Birth	LDS Church	Feb.22,1971	Apr.2,1922
	Jan.14,1922 / Cambridge, Idaho	Mary V. Watkins	Bert R. Chaney	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JAN 26 1983

FORM BH 56067 1-13-83 lcupd rev # 8959

Crawford

JAN 26 1983

795226-044-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-032

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Ida Preston			2. Date Of Birth (month) Dec. (day) 26 (year) 1922
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Weiser Ida. Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Elmer Joseph Preston			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Myrtle Emily Jones			9. State or Country of Mother's Birth: ~~Idaho~~ California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Ida Preston Sharpe		11. Present Address of Registrant: Rt #2 Fruitland, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 1982	12. Signature of Notary: Maria L Downey		13. Notary Commission expires: 10-15 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt age 72yrs		By whom issued and signed: LaVerna O.Ehle	Date Issued: Oct. 6, 1982	Date Orig. Entry: ----
	Date of Birth: Dec.26,1922	Birth Place: Weiser, Idaho	Full Name of Mother: Myrtle Emily Jones	Name of Father: Elmer Joseph Preston	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington #43-5622	Date Issued: child born June 15, 1943	Date Orig. Entry: child born June 15, 1943
	Date of Birth: age 20yrs	Birth Place: Weiser, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Application for Soc. Sec. No.		By whom issued and signed: Social Security Administration	Date Issued: Mar.18,1941	Date Orig. Entry: Jan. 21, 1982
	Date of Birth: Dec.26,1922	Birth Place: Weiser, Idaho	Full Name of Mother: Myrtle Emily Jones	Name of Father: Elmer Joseph Preston	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 2 1983

FORM BH 56067

9-24-82 1cc pd. rev. # 24402

Sharpe

FEB 2 1983

331-211-006-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-105

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ora Clark			2. Date Of Birth (month) (day) (year): November 11 1922	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Blackfoot Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: George Hammond Clark			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Louise Parker			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ora Hardy		11. Present Address of Registrant: 962 Everett	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1983	12. Signature of Notary: Dennis L. Cannon		13. Notary Commission expires: May 1985	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church membership record	By whom issued and signed: LDS Church		Date Issued: Aug.20,1943	Date Orig. Entry: Blessed Jan. 7, 1923
	Date of Birth: Nov.11,1922	Birth Place: Blackfoot, Idaho	Full Name of Mother: Louise Parker	Name of Father: George H. Clark	
SUPPORTING RECORD 2.	Type of Document: Affidavit by older sister age 73yrs	By whom issued and signed: Leah Clark Nichols		Date Issued: Mar.31,1983	Date Orig. Entry: ----
	Date of Birth: Nov.11,1922	Birth Place: Blackfoot, Idaho	Full Name of Mother: Louise Parker	Name of Father: George Hammond Clark	
SUPPORTING RECORD 3.	Type of Document: Family Group record	By whom issued and signed: Edith Clark Christensen		Date Issued: May.27,1980	Date Orig. Entry: May.2,1931
	Date of Birth: Nov.11,1922	Birth Place: Blackfoot, Idaho	Full Name of Mother: Louise Parker	Name of Father: George Hammond Clark	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: APR 11 1983

FORM BH 56067 329-83 Local Reg # 17645

Hardy

APR 11 1983
APR 22 1983

613-28-025-733

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-121

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Homer Watson
2. Date Of Birth: (month) Feb. (day) 28 (year) 22
3. Color or Race: W
4. Sex: Male
5. Place of Birth: a. County: Near Kooskia Idaho; b. City or Town of Birth: Country near Kooskia

FATHER

6. Full Name of Father: Milt Watson
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Willamena McCleary
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George H Watson
11. Present Address of Registrant: 719 Airway, Lewiston

NOTARY (Seal)

Subscribed and sworn to before me on October 22 19 82
12. Signature of Notary: Alice I Kellogg
13. Notary Commission expires: June 1986 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge papers	U.S. Army	Jan.8,1946	Nov.4,1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.28,1922 / Kooskia, Idaho	------	------	
SUPPORTING RECORD 2.	Marriage record	State of Idaho	Dec.22,1982	Aug.24,1954
	age 32yrs / Kooskia, Idaho	--------	---------	
SUPPORTING RECORD 3.	Application for Soc. Sec. #	Social Security Administration	Mar.17,1983	Jan. 1946
	Feb.28,1922 / Kooskia, Idaho	Mina McFradee	Milton Watson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

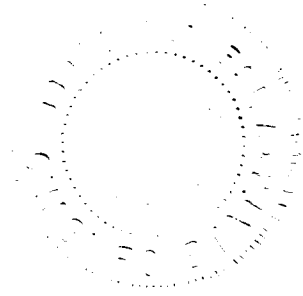
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 29 1983

FORM BH 56067 10-79 2 M Bk NN# 2225

APR 2 9 1983

Watson



369-103-022-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 83-245

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kenneth I' Lords
2. Date of Birth (month) (day) (year): September 3, 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Labelle

FATHER

6. Full Name of Father: Hensen Ira Lords
7. State or Country of Father's Birth: Blue Valley, Carbon Co, Utah

MOTHER

8. Full Maiden Name of Mother: Liddy Leava Shelton
9. State or Country of Mother's Birth: Teton City, Fremont co, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kenneth I Lords
11. Present Address of Registrant: Box 144 Roberts, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 3 19 83

12. Signature of Notary: Mary J Barrett
13. Notary Commission expires: July 19 85

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #64-9611	child born Sept.18,1964	child born Sept.18,1964

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 42yrs.	Labelle, Idaho	-----	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Navy	Dec.8,1945	Jan17,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.3,1922	LaBelle, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by Ward Clerk(church) Roberts Ward, Idaho	Dennis Snarr, Ward Clerk LDS Church, Roberts, Idaho	Sept.11,1983	Mar. 3, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.3,1922	Labelle, Idaho	Leava Shelton	Hensen Ira Lords

QUALIFYING INFORMATION

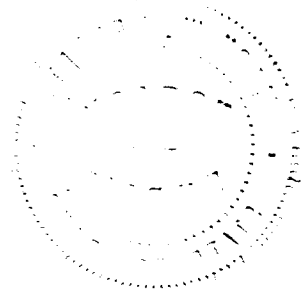
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L.Cleverly	SEP 23 1983

FORM BH 56067

SEP 2 3 1983



533-114-026-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-254

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Vandal Ellis		2. Date Of Birth (month) July (day) 14 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Rigby~~, Jefferson; b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: George Willard Ellis		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emily Purser		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John V. Ellis	11. Present Address of Registrant: 1425 Lindsey Blvd Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: September 12 19 83	12. Signature of Notary: Jean Middleton	13. Notary Commission expires: 4-29-85 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Marines	Date issued: Dec.12,1945	Date Orig. Entry: Oct.22,1942
	Date of Birth: July14, 1922 Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Lorenzo E. Matson, Elder.	Date issued: July2,1933	Date Orig. Entry: July 1,1933
	Date of Birth: July 14,1922 Birth Place: Rigby, Idaho	Full Name of Mother: Emily Purser	Name of Father: Geo. W. Ellis	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: American National Ins. Co.	Date issued: Sept.29,1983	Date Orig. Entry: Apr.7,1950
	Date of Birth: July 14,1922 Birth Place: Rigby, Idaho	Full Name of Mother: Emily P. Ellis	Name of Father: Goerge W. Ellis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	OCT 7 1983

FORM BH 56067 16c & 1cc pd # 4213 9-8-83

OCT 7 1983

Ellis

559-205-031-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-258

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Ilo Vert
2. Date Of Birth (month) (day) (year): February 5, 1922
3. Color or Race: WHITE
4. Sex: Female
5. Place of Birth a. County: Lewis
b. City or Town of Birth: Craigmont

FATHER

6. Full Name of Father: Mark Vert
7. State or Country of Father's Birth: South Dakota

MOTHER

8. Full Maiden Name of Mother: Florence Ella Hand
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha I. Lava
11. Present Address of Registrant: 17096 MONO VISTA Rd. S., SOULSBYVILLE, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: October 4 1983
12. Signature of Notary: Lucille Perrault
13. Notary Commission expires: July 20 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by mother
By whom issued and signed: Florence Ella Vert
Date Issued: Mar.24,1966
Date Orig. Entry: ----
Date of Birth: Feb.5,1922
Birth Place: Craigmont, Idaho
Full Name of Mother: Florence Ella Hand
Name of Father: Mark Vert

SUPPORTING RECORD 2.

Type of Document: Certificate of Baptism
By whom issued and signed: Cecil W. Graves, Pastor
Date Issued: June 24, 1942
Date Orig. Entry: ---
Date of Birth: Feb.5,1922
Birth Place: Idaho
Full Name of Mother: Florence Vert
Name of Father: Mark Vert

SUPPORTING RECORD 3.

Type of Document: Own child's birth certificate
By whom issued and signed: State of California
Date Issued: May 25,1939
Date Orig. Entry: child born May 21,1939
Date of Birth: age 17 yrs.
Birth Place: Idaho
Full Name of Mother: -----
Name of Father: ---------

QUALIFYING INFORMATION

OFFICIAL SEAL
LUCILLE PERRAULT
NOTARY PUBLIC - CALIFORNIA
TUOLUMNE COUNTY
My comm. expires JUL 20, 1987

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Bee Biggs, R.N.
Evidence reviewed by: tc Teresa L. Cleverly
Date Filed: OCT 1[illegible] 1983

FORM BH 56067

1 copy #4790

9-29-83

Lane

OCT 13 1983

693-127-026-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-273

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Meshach Lewis Williams		2. Date of Birth (month) May (day) 27 (year) 1922	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bingham Jefferson	b. City or Town of Birth: Ririe, Idaho
FATHER	6. Full Name of Father: William B. Williams		7. State or Country of Father's Birth: Iona, Idaho	
MOTHER	8. Full Maiden Name of Mother: Alice May Cromwell		9. State or Country of Mother's Birth: Swan Valley, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Meshach L. Williams	11. Present Address of Registrant: 349 Poplar Blackfoot	
NOTARY (Seal)	Subscribed and sworn to before me on: October 11th 1983	12. Signature of Notary: Gloria J. Swanston	13. Notary Commission expires: June 25 1987	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: App. for Servicemans Readjust. Allowance State Agnecy	By whom issued and signed: U. S. Army	Date Issued: Apr.3,1946	Date Orig. Entry: Apr.3,1946	
	Date of Birth: May 27,1922	Birth Place: Ririe, Idaho	Full Name of Mother: Alice Cromwell	Name of Father: William Bill Williams	
SUPPORTING RECORD 2.	Type of Document: Marriage record	By whom issued and signed: Bonneville Co., Idaho	Date Issued: Married May 27,1950	Date Orig. Entry: Married May 27, 1950	
	Date of Birth: age: 28yrs	Birth Place: Ririe, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: wn child's birth certificate	By whom issued and signed: State of Idaho #52-10950	Date Issued: Apr.29,1981	Date Orig. Entry: child born Sept.29,1952	
	Date of Birth: age 30yrs.	Birth Place: Ririe, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	OCT 27 1983

FORM BH 56067

Accpd # 4792

9-29-83

Williams

OCT 27 1983

294-12-0037-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-276

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMON "N" KIDD			2. Date Of Birth (month) APR. (day) 26 (year) 1922
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: OWYHEE	b. City or Town of Birth: BRUNEAU, IDA.
FATHER	6. Full Name of Father: NORMAN CLIFFORD KIDD			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: IRVA LORINE NEWBOLD			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie J Kidd		11. Present Address of Registrant: Box 54 Declo, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 25 1983	12. Signature of Notary: Nelda Matthews		13. Notary Commission expires: 6-1 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Membership record	By whom issued and signed: LDS Church, Salt Lake City, UT	Date Issued: Mar.9,1978	Date Orig. Entry: Blessing Oct.22,1922	
	Date of Birth: Apr.26,1922	Birth Place: Bruneau, Idaho	Full Name of Mother: Irva Lorine Newbold	Name of Father: Norman Clifford Kidd	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date Issued: Dec.5,1945	Date Orig. Entry: Nov.9,1942	
	Date of Birth: Apr.26,1922	Birth Place: Bruneau, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Declo Ward, Ida.	Date Issued: Jan.17,1960	Date Orig. Entry: Baptized Sept.6,1930	
	Date of Birth: Apr.26,1922	Birth Place: Idaho	Full Name of Mother: Irva Newbold	Name of Father: Norman Clifford Kidd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: NOV 2 1983

NOV 2 1983

Kidd

599-112-001-196

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-293

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Carmelo Yribar			2. Date Of Birth (month) (day) (year): January 12, 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: John Yribar			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Eugenia Arostegui			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Carmelo Yribar		11. Present Address of Registrant: Box 467 Great Falls Mont
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 7 1983	12. Signature of Notary: Dellene Robinson		13. Notary Commission expires: 12-6 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral Boise, Idaho	Date Issued: Aug.15,1983	Date Orig. Entry: Baptized Jan.28,1922
	Date of Birth: Jan.22,1922 / Birth Place: Boise, Idaho	Full Name of Mother: Eugenia Arostegui	Name of Father: John Yribar	
SUPPORTING RECORD 2.	Type of Document: own daughter's birth record	By whom issued and signed: State of Idaho #440945	Date Issued: child born Aug. 8,1947	Date Orig. Entry: child born Aug. 8, 1947
	Date of Birth: age 25yrs / Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age:72	By whom issued and signed: Philip Yribar	Date Issued: Oct.28,1983	Date Orig. Entry: -----
	Date of Birth: Jan.12,1922 / Birth Place: Boise, Idaho	Full Name of Mother: Eugenia Arostegui	Name of Father: John Yribar	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc lh Teresa L. Cleverly	NOV 16 1983

K

FORM BH 56067

DEC 8 1983

165-201-014-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-294

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Armell Jean Johnson
2. Date Of Birth (month) 1 (day) 1 (year) 1922
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Melba Ida. Canyon
b. City or Town of Birth: Melba, Idaho

FATHER

6. Full Name of Father: Rulon Richmond Johnson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Helen Trueheart Myers
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Armell J. Christensen
11. Present Address of Registrant: 2380 Balboa Ida Falls Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 12 19 83
12. Signature of Notary: Arlene Coon Id Falls Id.
13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal record	Idaho Falls 42nd Ward, Idaho	Baptized July 19,1930	Baptized July 19, 1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.1,1922 / Melba, Idaho	Helen Trueheart Myers	Rulon Richmond Johnson	
SUPPORTING RECORD 2.	Own child's hospital birth	St. Alphonsus Hospital Boise, Idaho	child born Oct.15,1944	child born Oct.15,1944
	Jan.1,1922 / Melba, Idaho	------	-----	
SUPPORTING RECORD 3.	Affidavit by uncle age 90yrs	William Elmer Johnson	Nov.7,1983	-----
	Jan.1,1922 / Melba,Idaho	Helen Trueheart Myers	Rulon Richmond Johnson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 17 1983

FORM BH 56067 Icepl 8855

11-1-83

Charleston

NOV 17 1983

763-128-025-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Meyland Clay Potter		2. Date Of Birth (month) 10 (day) 28 (year) 22
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Stites Idaho Idaho; b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: Stanly Clinton Potter		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Elva Dell Hutchins		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Meyland C. Potter	11. Present Address of Registrant: Kooskia Idaho 83539
NOTARY (Seal)	Subscribed and sworn to before me on: September 2 1983	12. Signature of Notary: Geneva Le Gresley	13. Notary Commission expires: lifetime

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #48-4367	Date issued: child born Apr.13,1948	Date Orig. Entry: child born Apr.13,1948
	Date of Birth: age 25yrs; Birth Place: Stites, Idaho	Full Name of Mother: ----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date issued: Mar.3,1946	Date Orig. Entry: Jan.19,1944
	Date of Birth: Oct.28,1922; Birth Place: Stites, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Copy of original request for a social Security number	By whom issued and signed: Socail Security Administration	Date issued: Nov.23,1983	Date Orig. Entry: Dec.3,1943
	Date of Birth: Oct.28,1922; Birth Place: Stites Idaho	Full Name of Mother: Elva Deill Hutchens	Name of Father: Stanley Clinton Potter	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	DEC 12 1983

FORM BH 56067 7-20-83 Capl [illegible] 38056

DEC 12 1983

Potter

315-210-016-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eola Lillian Cantrell		2. Date Of Birth (month) 1 (day) 10 (year) 22
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Declo
FATHER	6. Full Name of Father: Fred Dee Cantrell		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Axie Daisy Daniels		9. State or Country of Mother's Birth: ~~Missouri~~ Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eola C. Martindale	11. Present Address of Registrant: Box 451 Hailey, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 12-28 1983	12. Signature of Notary: [signature]	13. Notary Commission expires: 8-29 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date issued: Jan.21,1968	Date Orig. Entry: Dec.17,1967
	Date of Birth: Jan.10,1922	Birth Place: Declo, Idaho	Full Name of Mother: Axie Danials	Name of Father: Fred D. Cantrell	
SUPPORTING RECORD 2.	Type of Document: Hospital admittance record		By whom issued and signed: Blaine Co. Hosp, Hailey,ID	Date issued: Apr.29,1967	Date Orig. Entry: Apr.29,1967
	Date of Birth: Jan.10,1922	Birth Place: Declo, Idaho	Full Name of Mother: Avie Daisy Daniel	Name of Father: Fred Cantrell	
SUPPORTING RECORD 3.	Type of Document: own daughter's birth certif.		By whom issued and signed: State of Idaho #57-11221	Date issued: child born Sept.6,1957	Date Orig. Entry: child born Sept.6,1957
	Date of Birth: age 35 yrs	Birth Place: Declo, Idaho	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JAN 12 1984

FORM BH 56067 1 @ OPD # 1303e 12-13-83

Martinsdale

JAN 12 1984

695-207-006-317

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE84-007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NIDA BESSIE FINDLAY			2. Date of Birth (month) (day) (year): FEBRUARY 7, 1922
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: McDONALDVILLE
FATHER	6. Full Name of Father: Arch Allen Findlay			7. State or Country of Father's Birth: Utah Layton Dec 1895
MOTHER	8. Full Maiden Name of Mother: Bessie Rosalind Capson Findlay			9. State or Country of Mother's Birth: Utah Salt Lake City Dec 20 1903
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nida Bessie Findlay "Parsons"		11. Present Address of Registrant: RFD #4, BOX 195
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 21 19 69	12. Signature of Notary: Patricia L. Preston		13. Notary Commission expires: FEBRUARY 6 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License and Certificate #5017(bk.9 page 533)	By whom issued and signed: Beaverhead County, Montana L.C.Ford, Justice of the Peace	Date Issued: Jan.31,1945	Date Orig. Entry: Jan.31,1945	
	Date of Birth: Age: 22	Birth Place: McDonaldville, Idaho	Full Name of Mother: Rosalind Capson	Name of Father: Arch Findlay	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Groveland Ward,ID George T. Webster,Elder	Date Issued: Blessed Nov.1,1931	Date Orig. Entry: Blessed Nov.1,1931	
	Date of Birth: Feb.7,1922	Birth Place: Groveland, Idaho	Full Name of Mother: Bessie R. Capson	Name of Father: Arch Findlay	
SUPPORTING RECORD 3.	Type of Document: own daughter's birth certif.	By whom issued and signed: State of Idaho #413422	Date Issued: child born Nov.20,1945	Date Orig. Entry: childborn Nov.20,1945	
	Date of Birth: age 23yrs	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	gml tc Teresa L. Cleverly	JAN 18 1984

FORM BH 56067 Cpy pd rec #6495

2-18-69

JAN 18 1984

962-215-042-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-014

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLEN ANNA ROSE			2. Date Of Birth (month) 2 (day) 15 (year) 22	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Twin Falls County	b. City or Town of Birth: Murtaugh	
FATHER	6. Full Name of Father: GEORGE LESLIE ROSE			7. State or Country of Father's Birth: PRESTON NEVADA	
MOTHER	8. Full Maiden Name of Mother: ETHEL MARIE JENSEN			9. State or Country of Mother's Birth: OAKLEY, IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ellen R. Rose	11. Present Address of Registrant: 3415 Shasta - Boise, Id	
NOTARY (Seal)	Subscribed and sworn to before me on: November 30 19 83		12. Signature of Notary: Raylene Myers	13. Notary Commission expires: 11-2 19 85	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 83		By whom issued and signed: Ethel Marie Jensen Rose	Date Issued: Nov.30,1983	Date Orig. Entry: ------
	Date of Birth: Feb. 15,1922	Birth Place: Murtaugh, ID	Full Name of Mother: Ethel Marie Jensen	Name of Father: George Leslie Rose	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy 159948		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Oct.22,1936	Date Orig. Entry: Oct.12,1936
	Date of Birth: Feb.15,1922	Birth Place: Murtaugh, Idaho	Full Name of Mother: Ethel Marie Jensen Rose	Name of Father: George Leslie Rose	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: on file - Idaho - #373918	Date Issued: -----	Date Orig. Entry: child born May 7,1943
	Date of Birth: Age 21	Birth Place: Murtaugh	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar		Evidence reviewed by: Florence Curtright	Date Filed: Feb. 7,1984	

FORM BH 56067

5-4-80

014

613-226-003-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-020

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DONNA JEAN WATSON
2. Date Of Birth (month) (day) (year): FEBRUARY 26, 1922
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: McCAMMON, IDAHO - BANNOCK b. City or Town of Birth: McCAMMON

FATHER

6. Full Name of Father: DEAN FOLLETT WATSON
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: ANNIE (ANNA) CAROLINE TILLOTSON
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Donna Jean Watson
11. Present Address of Registrant: 8132 OAKDALE CANOGA PK CALIF 91306

NOTARY (Seal)

Subscribed and sworn to before me on: JANUARY 9 1984

12. Signature of Notary: X Wayne P Ochis
13. Notary Commission expires: AUGUST 23 1985

OFFICIAL SEAL WAYNE P. OCHIS NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires Aug 23, 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt age 76yrs	Norma Watson Berry	Jan.3,1984	-----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb.26,1922 McCammon, Idaho	Annie Caroline Tillotson	Dean Follett Watson	
SUPPORTING RECORD 2.	Type of Document: U. S. Passport	By whom issued and signed: U.S. Passport Office	Date Issued: June17,1969	Date Orig. Entry: June 17, 1969
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb.26,1922 Idaho	--------	-----	
SUPPORTING RECORD 3.	Type of Document: Church membership record	By whom issued and signed: LDS church, Salt Lake City,UT	Date Issued: Feb.21,1979	Date Orig. Entry: Mar.1,1930
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb.26,1922 McCammon, Idaho	Annie Caroline Tillotson	Dean Follett Watson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 17 1984

FORM BH 56067

lcp pd 9-9-83

King

FEB 17 1984

912-108-003-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DEWEY RASMUSSEN		2. Date Of Birth (month) 03 (day) 08 (year) 22
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: BANNOCK; b. City or Town of Birth: GRACE
FATHER	6. Full Name of Father: JOHN RASMUSSEN		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: MYRTLE IRETA KNIGHT		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dewey Rasmussen	11. Present Address of Registrant: A31 200 W 20TH, RIFLE CO 81650
NOTARY (Seal)	Subscribed and sworn to before me on: December 19 19 83	12. Signature of Notary: Palm Hutton	13. Notary Commission expires: OCTOBER 29 19 85

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Appl. for insurance		By whom issued and signed: New York Life Ins. Co.	Date issued: Sept.7,1972	Date Orig. Entry: Sept. 7, 1972
	Date of Birth: Mar.8,1922	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers		By whom issued and signed: United States Navey	Date issued: Feb.22,1946	Date Orig. Entry: July 10, 1953
	Date of Birth: Mar.8,1922	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Church certificate of birth		By whom issued and signed: LDS Church, Salt Lake City, UT	Date issued: Jan.26,1984	Date Orig. Entry: Dec.18,1938
	Date of Birth: Mar.8,1922	Birth Place: Grace, Idaho	Full Name of Mother: Myrtle Knight	Name of Father: John Rasmussen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

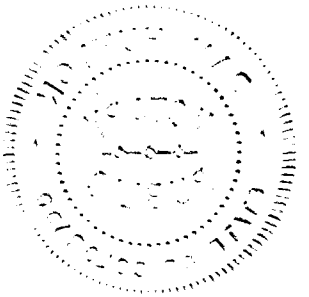
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	FEB 17 1984

FORM BH 56067 2-8-83 loc pd ser # 11940

Rasmussen

FEB 17 1984



419-203-018-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-026

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Elizabeth Main			2. Date Of Birth (month) Dec (day) 3 (year) 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Clearwater ~~Idaho~~	b. City or Town of Birth: Parker Idaho	
FATHER	6. Full Name of Father: Corey Clifford Main			7. State or Country of Father's Birth: Nebo Ill.	
MOTHER	8. Full Maiden Name of Mother: Lilly Levisey Jones			9. State or Country of Mother's Birth: Huntely Neb.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Laura Main Mueller	11. Present Address of Registrant: RtI Box 71 Ronan Mt	
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 23 1984		12. Signature of Notary: Marlen M. Olson	13. Notary Commission expires: 3/1/1986	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record		By whom issued and signed: U.S. Census record	Date Issued: Sept.3,1975	Date Orig. Entry: Apr.1,1930
	Date of Birth: age 7yrs	Birth Place: Idaho	Full Name of Mother: Lillia Main	Name of Father: Clifford Main	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Martin A. W. Colus, Pastor	Date Issued: July 6,1946	Date Orig. Entry: July 6,1946
	Date of Birth: Dec.3,1922	Birth Place: Parker, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: State of Montana	Date Issued: Sept.22,1942	Date Orig. Entry: Sept.22,1942
	Date of Birth: Dec.3,1922	Birth Place: Parker, Idaho	Full Name of Mother: Lily Jones	Name of Father: C. C. Main	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 17 1984

FORM BH 56067 [redacted] 1 copy #15892

1-12-84

FEB 2 1 1984

Duncan

389-22-0003-169

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-027

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RUBY CHRISTENSEN
2. Date Of Birth (month) (day) (year): May 22 1922
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: CENTRAL IDA-BANNOCK
b. City or Town of Birth: CENTRAL, IDAHO

FATHER

6. Full Name of Father: CHRISTIAN MILLER CHRISTENSEN
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: PEARL ELIZA JORGENSEN
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby C Balton
11. Present Address of Registrant: 70 West 3rd So Soda Springs Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 26 January 1984
12. Signature of Notary: Clara Ann Stone
13. Notary Commission expires: Lifetime 19____ $3276

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Soda Springs, ID	Dec. 11, 1933	Blessed Aug. 6, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22, 1922	Central, Idaho	Pearl Jorgensen	Christian M. Christensen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own daughter's hosp, birth	Caribou Co. Hosp, Idaho	child born Sept. 1, 1957	child born Sept. 1, 1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22, 1922	Central, Idaho	Ruby Christensen	Robert Clair Balton

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister age 71yrs.	Ina C. Wilson	Jan. 26, 1984	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22, 1922	Central, Idaho	Pearl Eliza Jorgansen	Christian Miller Christensen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 23 1984

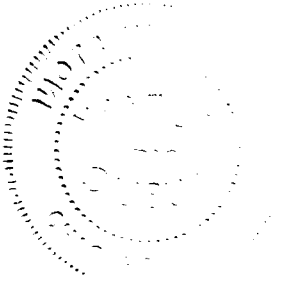
FORM BH 56067

IBC # 10937

1-16-85

Bolton

FEB 23 1984



269-123-006-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-028

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nyron G Sorensen			2. Date Of Birth (month) 6 (day) 23 (year) 22
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Goshen, Bingham	b. City or Town of Birth: Goshen
FATHER	6. Full Name of Father: Isaac Sorensen			7. State or Country of Father's Birth: Cash County, Utah
MOTHER	8. Full Maiden Name of Mother: Alvretta Ella Gardner			9. State or Country of Mother's Birth: Utah, Sevier Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nyron G Sorensen		11. Present Address of Registrant: PO Box 447 Washington Utah 84780
NOTARY (Seal)	Subscribed and sworn to before me on: 30 JAN 1984	12. Signature of Notary: Weldon J Clarke		13. Notary Commission expires: 11-27- 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Navy	Date Issued: Dec.27,1945	Date Orig. Entry: Dec.27,1945
	Date of Birth / Birth Place: June 23,1922 Goshen, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Appl for Marriage License	By whom issued and signed: State of Utah	Date Issued: Sept.24,1946	Date Orig. Entry: Sept.24,1946
	Date of Birth / Birth Place: June23,1922 Goshen, Idaho	Full Name of Mother: Alvretta Gardner	Name of Father: Isaac Sorensen	
SUPPORTING RECORD 3.	Type of Document: Family record	By whom issued and signed: mother	Date Issued: obvisously	Date Orig. Entry: old July 21,1922
	Date of Birth / Birth Place: June 23,1922 Goshen, Idaho	Full Name of Mother: Alvretta E. Gardner	Name of Father: Isaac Sorensen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 23 1984

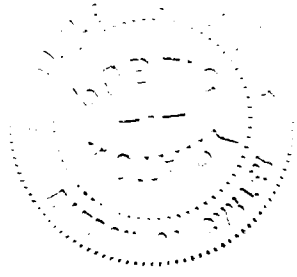
FORM BH 56067

Accept # 12747

12-8-83

Sorensen

FEB 22 1974



296-119-035-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No: DE84-040

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Calhoun Brown			2. Date Of Birth (month) January (day) 19 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Robert Calhoun Brown			7. State or Country of Father's Birth: Kosse, Texas, USA
MOTHER	8. Full Maiden Name of Mother: Lucile Wunsch Adsley			9. State or Country of Mother's Birth: Chicago, Illinois, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert C Brown		11. Present Address of Registrant: 6512 Mitford Road Jacksonville, Florida 32210
NOTARY (Seal)	Subscribed and sworn to before me on: February 13th, 1984	12. Signature of Notary: James L Kenright		13. Notary Commission expires: 11-18-1984

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 82yrs.	By whom issued and signed: Lucile Adsley Groesbeck	Date Issued: Feb.11,1984	Date Orig. Entry: ----
	Date of Birth: Jan.19, 1922 / Birth Place: Lewiston, Idaho	Full Name of Mother: Lucile adsley	Name of Father: Robert Calhoun Brown	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Christ Ev.Lutheran Church Pacific Bch.CA	Date Issued: June 6,1948	Date Orig. Entry: June 6, 1948
	Date of Birth: Jan.19,1922 / Birth Place: Lewiston, Idaho	Full Name of Mother: Lucille Adsley Brown Sims	Name of Father: Robert Calhoun Brown	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Navy	Date Issued: June30,1971	Date Orig. Entry: Nov.3,1942
	Date of Birth: Jan.19,1922 / Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 6 1984

FORM BH 56067

two copies paid #16715 10-22-59

MAR 6 1984

319-129-014-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-045

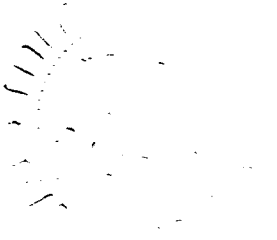
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOUIS MATHEW TARP			2. Date Of Birth (month) March (day) 29, (year) 1922
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Louis Henry Tarp			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Rosa Marie Kramer			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis M Tarp		11. Present Address of Registrant: Route # 9 Box 404 Cldw.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 10, 19 84	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: April 20 19 86

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Mary's Church Caldwell	Date Issued: Jan 24,1984	Date Orig. Entry: Baptized Apr. 12,1922
	Date of Birth: Mar.29,1922 / Birth Place: Caldwell,Idaho	Full Name of Mother: Rosa M. Kramer	Name of Father: Louis Henry Tarp	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Jan.19,1946	Date Orig. Entry: Entered oct.28,1942
	Date of Birth: Mar.29,1922 / Birth Place: Caldwell,Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older brother age 74yrs	By whom issued and signed: Edward J. Tarp	Date Issued: Feb.15,1984	Date Orig. Entry: ----
	Date of Birth: Mar.29,1922 / Birth Place: Caldwell, Idaho	Full Name of Mother: Rosa Marie Kramer	Name of Father: Louis Henry Tarp	
QUALIFYING INFORMATION	DECEASED			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: fc Teresa L. Cleverly	Date Filed: MAR 6 1984	

FORM BH 56067

MAR 6 1984



343-101-003-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-053

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alfred J. Cutler
2. Date Of Birth: (month) 4 (day) 1 (year) 22
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Peter Alfonzo Cutler
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Vivian Reese
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfred J. Cutler
11. Present Address of Registrant: 4800 S.W. Wembley, Beaverton, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on February 29 19 84

12. Signature of Notary: Mary A. Logan
13. Notary Commission expires: November 27 19 85

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Pocatello, Idaho	Baptized Jan. 11, 1931	Baptized Jan. 11, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 1, 1922	Pocatello, Idaho	Vivian Reese	Peter Alphonzo Cutler

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Feb. 7, 1946	Oct. 20, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 1, 1922	Pocatello, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Birth record by attending physician	Dr. J. H. Lynn, Pocatello, ID	Apr. 1922	Apr. 1, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 1, 1922	Pocatello, Idaho	Vivian Reece	Peter A. Cutler

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 12 1984

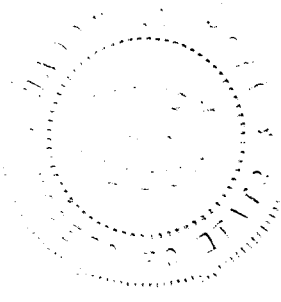
K. FORM BH 56067

400 Old rec # 17188

2-23-84

Cutler

MAR 1 2 1984



958-201-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-071

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAE BELL REYNOLDS
2. Date of Birth (month) (day) (year): MAY 1 1922
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: ST. ANTHONY FREMONT
b. City or Town of Birth: ST. ANTHONY, Idaho

FATHER

6. Full Name of Father: James D. REYNOLDS
7. State or Country of Father's Birth: MUSKATINE, IOWA

MOTHER

8. Full Maiden Name of Mother: Chloe BELL THOMPSON
9. State or Country of Mother's Birth: ST. ANTHONY Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mae Bell Reynolds
11. Present Address of Registrant: Melba, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: March 1 1984
12. Signature of Notary: Glenn Cleaver
13. Notary Commission expires: Life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Hospital Own son's birth certificate	Rexburg, Madison Memorial Hosp. Idaho	child born Aug. 26, 1954	child born Aug. 26, 1954
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 1, 1922 / St. Anthony, Id.	-----	------	
SUPPORTING RECORD 2.	Application for insurance	Great Northwest Life Ins. Co.	July 19, 1947	July 19, 1947
	May 1, 1922 / Idaho	-----	------	
SUPPORTING RECORD 3.	Church membership record	LDS Church, SLC, Utah	Aug. 20, 1979	Feb. 27, 1938
	May 1, 1922 / St. Anthony, Idaho	Cloye Bell Thompson	John James Reynolds	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	APR 10 1984

FORM BH 56067 84 pd #16806

2-9-84

APR 10 1984

538-226-001-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-077

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALICE ECHEVARRIA
2. Date Of Birth: (month) 08 (day) 26 (year) 1922
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: St. Alphonsus Hospital; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Esteban Echevarria
7. State or Country of Father's Birth: Ibarranquela - Spain

MOTHER

8. Full Maiden Name of Mother: Juana Badiola
9. State or Country of Mother's Birth: Lequeitio - Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Goodson
11. Present Address of Registrant: 215 Jantoni Dr., Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 13 1984
12. Signature of Notary: Jean Wasserman
13. Notary Commission expires: 2/17 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. John's Cathedral - Boise	Jan.24,1984	Baptized Sept.16,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.26,1922	Boise, Idaho	Juana Badiola	Stephano Echevarria

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Birth certificate of son	State of Idaho #49-235	child born Jan.26,1949	child born Jan.26,1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Boise, Idaho	---------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by cousin Age: 76	Segunda Odiaga	Apr.12,1984	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.26,1922	Boise, Idaho	Juana Badiola	Esteban Echevarria (aka Stephano)

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Linda Hickman	APR 13 1984

FORM BH 56067

4-6-84

Gordon

APR 13 1984

286-202-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-81

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merlie Ina Shosted
2. Date Of Birth (month) (day) (year): June 2 1922
3. Color or Race:
4. Sex: female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: Frank R. Shosted
7. State or Country of Father's Birth: Salt Lake City Salt Lake Utah

MOTHER

8. Full Maiden Name of Mother: ~~Letha~~ Leatha Matilda Davis
9. State or Country of Mother's Birth: St Anthony, Fremont, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merlie Ina Singleton
11. Present Address of Registrant: 500 Freeman Idaho Falls Idaho 83401

NOTARY (Seal)

Subscribed and sworn to before me on: April 4, 1984
12. Signature of Notary: Ron L Crystal
13. Notary Commission expires: 9-1- 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	May 6,1979	Baptized July 25,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 2,1922	St. Anthony, Ida.	Letha Davis	Frank R. Shosted

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Patriarchal Certificate of Blessing	W. P. Humphreys	June 10, 1947	June 10,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 2, 1922	St. Anthony, ID	Leatha Matilda Davis	Frank Rudolph Shosted

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for insurance	Prudential Ins. Co.	Jan.3,1966	Jan. 3, 1966

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 2, 1922	St. Anthony, Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	APR 19 1984

FORM BH 56067

APR 19 1984

331-118-014-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-083

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Egbert Clapp		2. Date Of Birth (month) August (day) 18 (year) 1922
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Hanery A. Clapp		7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Mary Skinner		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur E. Clapp	11. Present Address of Registrant: Box 41 Hagerman, ID 83332
NOTARY (Seal)	Subscribed and sworn to before me on: April 24 1984	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: April 20 1986

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER age 84	By whom issued and signed: Mary A. Clapp	Date issued: Apr.24,1984	Date Orig. Entry: ---------
	Date of Birth: Aug. 18,1922 / Birth Place: Nampa, Idaho	Full Name of Mother: Mary Skinner	Name of Father: Hanery A. Clapp	
SUPPORTING RECORD 2.	Type of Document: HonorableDischarge	By whom issued and signed: Army of the United States	Date issued: Dec.18,1945	Date Orig. Entry: Entered Oct.13,1942
	Date of Birth: Aug.18,1922 / Birth Place: Nampa, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family	Date issued: -----	Date Orig. Entry: original obviously old
	Date of Birth: Aug.18,1922 / Birth Place: Nampa, Idaho	Full Name of Mother: Mary Alice Skinner	Name of Father: Henry Arthur Clapp	
QUALIFYING INFORMATION				

DECEASED

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Lee Biggs, R.N.	Evidence reviewed by: Florence Curtright	Date Filed: Apr. 24,1984

FORM BH 56067 1 copy paid #25755 4-18-84

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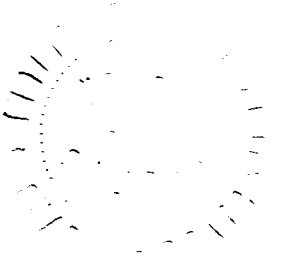
APR 24 1984



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819-211-003-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-093

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reba May Harr			2. Date Of Birth (month) (day) (year): May 11 1922
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: William Louis Harr			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Myrtie Olive Duncan			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reba Ranstrom		11. Present Address of Registrant: Box 35 Arimo, Id 83214
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1984	12. Signature of Notary: Linda Hickman		13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho 58-11019	Date Issued: child born Sept.13,1958	Date Orig. Entry: child born Sept.13,1958
	Date of Birth: Age: 36	Birth Place: Pocatello, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Birth Record by Doctor		By whom issued and signed: I. W. Lynn	Date Issued: May 11,1922	Date Orig. Entry: child born May 11, 1922
	Date of Birth: May 11,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Myrtle Olive Duncan	Name of Father: William Louis Harr	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Elmo Gray	Date Issued: Baptized Mar.25,1948	Date Orig. Entry: Baptized Mar.25, 1948
	Date of Birth: May 11,1922	Birth Place: Pocatello, Idaho	Full Name of Mother: Myrtie Duncan	Name of Father: William Lewis Harr	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	lh Teresa L. Cleverly	APR 30 1984

FORM BH 56067

APR 3 0 1984

255-208-029-544

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-101

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EILEEN ORABELLE BENJAMIN			2. Date of Birth (month) 5 (day) 8 (year) 1922	
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: LATAH	b. City or Town of Birth: KENDRICK IDAHO	
FATHER	6. Full Name of Father: JAMES DANIEL BENJAMIN			7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: VERLIENE VAUDNEY EMMETT			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eileen Heath		11. Present Address of Registrant: 3432 7th St Lewiston, Idaho 83501	
NOTARY (Seal)	Subscribed and sworn to before me on: 5 March 1984	12. Signature of Notary: Sharon Kaechmetter		13. Notary Commission expires: March 1 1986	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record	By whom issued and signed: mother Verliene Benjamin		Date Issued: Obviously old	Date Orig. Entry
	Date of Birth: May.8,1922	Birth Place: Kendrick, Idaho	Full Name of Mother: Verline V. Emmett	Name of Father: James D. Benjamin	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt age 86yrs	By whom issued and signed: Elsie Pym		Date Issued: Mar.1,1984	Date Orig. Entry: ----
	Date of Birth: May 8, 1922	Birth Place: Kendrick , Idaho	Full Name of Mother: Verliene Vaudney Emmett	Name of Father: James Daniel Benjamin	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Vital Statistics - Idaho		Date Issued: May 10,1983	Date Orig. Entry: child born Mar 7,1941
	Date of Birth: Age 18	Birth Place: Kendrick, ID	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that ~~no prior birth~~ certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	tc Florence Curtright	May 9, 1984

FORM BH 56067

400 PD Rec # 16384

2-16-84

Seattle

MAY 9 1984

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415-304-022-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-113

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Davenport			2. Date Of Birth (month) May (day) 4 (year) 1922	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker	
FATHER	6. Full Name of Father: Charles Sperry Davenport			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Flora Bell Barrett			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen D. Miller	11. Present Address of Registrant: 8831 South 1205 East Sandy, Utah 84070	
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1984		12. Signature of Notary: Barbara G. Holtby	13. Notary Commission expires: _____ 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Appl. for License to Marry	By whom issued and signed: State of Utah, Salt Lake Co.	Date Issued: Nov.8,1943	Date Orig. Entry: Nov. 8, 1943	
	Date of Birth: May 4,1922 / Birth Place: Parker,Idaho	Full Name of Mother: Flora Barnett	Name of Father: Charles Sperry Davenport		
SUPPORTING RECORD 2.	Type of Document: Church membership record	By whom issued and signed: LDS Church, Salt Lake City,UT	Date Issued: Feb.23,1984	Date Orig. Entry: Blessed June 4, 1922	
	Date of Birth: May 4,1922 / Birth Place: Parker, Idaho	Full Name of Mother: Flora Bell Barrett	Name of Father: Charles S. Davenport		
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend age:79yrs	By whom issued and signed: Stella M Orme	Date Issued: Apr.6,1984	Date Orig. Entry: ----	
	Date of Birth: May 4,1922 / Birth Place: Parker, Idaho	Full Name of Mother: Flora Bell Barrett	Name of Father: Charles Sperry Davenport		
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: MAY 14 1984

FORM BH 56067

MAY 2 9 1984

JUN 0 3 2010

719-226-003-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-119

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paulina Garcia		2. Date Of Birth (month) (day) (year): January 26 1922
	3. Color or Race: Mexican	4. Sex: Female	5. Place of Birth a. County: Pocatello, Idaho BANNOCK; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Joseph Garcia		7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Maria Martinez		9. State or Country of Mother's Birth: Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Paulina G Enriquez	11. Present Address of Registrant: 2009 Larsen Place, Santa Clara, Calif. 95051
NOTARY (Seal)	Subscribed and sworn to before me on: OCTOBER 27 1983	12. Signature of Notary: Carol McBride	13. Notary Commission expires: November 8 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal record	By whom issued and signed: Rector H. L. Hermann	Date Issued: Jan.13,1924	Date Orig. Entry: Jan.13,1924
	Date of Birth: Jan.26,1922 / Birth Place: Pocatello, Idaho	Full Name of Mother: Maria Martinez	Name of Father: Joseph Garcia	
SUPPORTING RECORD 2.	Type of Document: Hospital admission record	By whom issued and signed: El Camino Hospital, California	Date Issued: Sept.21,1966	Date Orig. Entry: Sept.21,1966
	Date of Birth: Jan.26,1922 age / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Statement by Grade school	By whom issued and signed: Hanford Elementary Sch. Dist. Hanford, CA 93232	Date Issued: May 2, 1984	Date Orig. Entry: Feb. 19, 1934
	Date of Birth: Jan.26,1922 / Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION	OFFICIAL SEAL CAROL McBRIDE NOTARY PUBLIC — CALIFORNIA SANTA CLARA My Commission Expires Nov. 8, 1985			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: MAY 18 1984	

FORM BH 56067

1 cpy pd 9-9-83

MAY 18 1984

249-204-021-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-122

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Asba Smith
2. Date Of Birth (month) 8 (day) 4 (year) 1922
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County at home Franklin; b. City or Town of Birth Clifton

FATHER

6. Full Name of Father: George Ezra Smith
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Fannie Arminta Lewis
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Asba Smith by Jud
11. Present Address of Registrant: 271 W. 650 N. Clearfield

NOTARY (Seal)

Subscribed and sworn to before me on May 11 19 84

12. Signature of Notary: [signature]
13. Notary Commission expires 6-1- 19 84

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
ertificate of Blessing	LDS Church, Samuel M. Lee (Bishop)	Sept.3,1922	Sept.3,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.4,1922	Clifton, Idaho	Arminta Lewis	Geo. Ezra Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Clearfield Ward, ID	Sept.7,1930	Baptized Sept.7,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.4,1922	Clifton, Idaho	Fannie Arminta Lewis	George Ezra Smith

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Utah	May9,1984	child born Nov.28,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19yrs.	Clifton, Idaho	----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAY 22 1984

FORM BH 56067 1 Copy Paid # 27474

4-27-84

TIDWELL

MAY 22 1984

555-228-017-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-141

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lola Leona Hensley
2. Date Of Birth (month) (day) (year): April 28 1922
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: at home Clark
b. City or Town of Birth: Idmon, Idaho

FATHER

6. Full Name of Father: William Hensley
7. State or Country of Father's Birth: Bedford Iowa

MOTHER

8. Full Maiden Name of Mother: Frances Hulda Mathews
9. State or Country of Mother's Birth: Bath, Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lola Haight
11. Present Address of Registrant: Brenda Rt Box 222 Salmon Co. 83348

NOTARY (Seal)

Subscribed and sworn to before me on 4-12 1984

12. Signature of Notary: Mary A Scott
13. Notary Commission expires: 10-8 1986

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church, Beaver Creek Ward Idaho	Dec.2,1957	Nov.22,1957
	Date of Birth / Birth Place: Apr.28,1922 Idaho	**Full Name of Mother:** Frances Hulda Mathews	**Name of Father:** William Hensley	
SUPPORTING RECORD 2.	Family record of birth	family member	obiv. old	Obiv. old
	Date of Birth / Birth Place: Apr.28,1922 Idmon, Idaho	**Full Name of Mother:** Frances Nathews	**Name of Father:** William Hensley	
SUPPORTING RECORD 3.	Affidavit by sister age 71	Gladys Tinsley	May22,1984	--------
	Date of Birth / Birth Place: Apr.28,1922 Idmon, Idaho	**Full Name of Mother:** Frances Hulda Mathews	**Name of Father:** William Hensley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Peggy Diggs, R.N.	tc Florence Curtright	June 12, 1984

FORM BH 56067 NM

1279-83

JUN 12 1984

515-207-001-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-151

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelynne Lotus Vance			2. Date Of Birth (month) April (day) 7 (year) 1922	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Luther Arlington Vance			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Lucille Ellen Conkle			9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Evelynne L. Vance McMahan		11. Present Address of Registrant: W. 2719 Midwick Ave. Spokane, Wa. 99205	
NOTARY (Seal)	Subscribed and sworn to before me on: May 30 1984	12. Signature of Notary: John R. [illegible]		13. Notary Commission expires: July 2 1984	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Appl. for social Security no.	By whom issued and signed: Social Sec. administration		Date Issued: Sept.7,1982	Date Orig. Entry: June 1944
	Date of Birth: Apr.7,1922	Birth Place: Boise, Idaho	Full Name of Mother: Lucille E. Conkle	Name of Father: Luther A. Vance	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certif.	By whom issued and signed: State of Idaho #53-10602		Date Issued: July 21,1982	Date Orig. Entry: child born ~~Aug.14,1953~~
	Date of Birth: age 31yrs	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: Metropolitan Life Ins.		Date Issued: Nov. 1967	Date Orig. Entry: Nov. 1967
	Date of Birth: Apr.7,1922	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

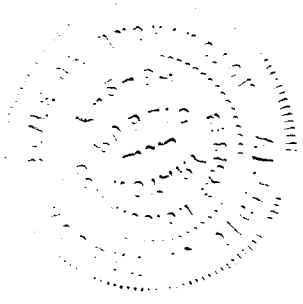
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: JUN 15 1984

FORM BH 56067

delayed file "V" 12-6-83

Daniel

JUN 29 1984



156-114-010-458

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Lawrence Jeffery		2. Date Of Birth (month) (day) (year): November 14 1922
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Harry Lawrence Jeffery		7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Althea Louise Meyer		9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry L Jeffery	11. Present Address of Registrant: 1106-2nd Ave N.W Great Falls, Mont 59404
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1984	12. Signature of Notary: M. June Lane	13. Notary Commission expires: Sept. 27 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Oct.15,1945	Date Orig. Entry: Enlisted Jan.21,1943	
	Date of Birth: Nov.14,1922	Birth Place: Idaho Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho #432462	Date Issued: -----	Date Orig. Entry: child born Feb. 17,1947	
	Date of Birth: age 24	Birth Place: Idaho Falls, ID	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Notorized statement-Aunt	By whom issued and signed: Mrs. A. C. Arnold	Date Issued: May30,1984	Date Orig. Entry:	
	Date of Birth: Nov.14,1922	Birth Place: Idaho Falls,ID	Full Name of Mother: Althea Meyer Jeffery	Name of Father: Harry Lawrence Jeffery	

QUALIFYING INFORMATION: Aunt, Mrs. A. C. Arnold took care of mother and baby, when they came home from Hospital at Idaho Falls, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	fc Florence Curtright	June 27,1984

FORM BH 56067

$8.00 pd - delyd corresp.

914-003-001-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-167

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Lucille Rambo
2. Date Of Birth (month) (day) (year): June 3, 1922
3. Color or Race: white
4. Sex:
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Edward LaFayette Rambo
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Grace Louise McIntire
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise L. Odell
11. Present Address of Registrant: 11990 Chinden Blvd. Boise, ID

NOTARY (Seal)

Subscribed and sworn to before me on July 12, 19 84

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: April 12, 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit Marriage License & Certificate	Ada County - State of Idaho	July 1984	Married Oct. 16, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 16	Idaho	Grace Rambo	Edward Rambo

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - Idaho - 58-12324	Nov. 1958	child born Oct. 22, 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 36	Boise, Idaho	-------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Grace Louise Rambo	Oct. 1938	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 3, 1922	Boise, Idaho	Grace McIntire Rambo	Edward Rambo

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	Florence Curtright	July 12, 1984

FORM BH 56067

5-25-84-R-

799-219-028-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-175

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jimmie Leone PritcHARd
2. Date Of Birth: (month) 7 (day) 19 (year) 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County KOOTENAI; b. City or Town of Birth: Couer d'Alene

FATHER

6. Full Name of Father: James Leo PritcHARd
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: Ida MAY YearOut
9. State or Country of Mother's Birth: KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jimmie Leone Pritchard Kohlen
11. Present Address of Registrant: Box 315 Stella Coom, Wash. 98388

NOTARY (Seal)

Subscribed and sworn to before me on: April 9 1984
12. Signature of Notary: D Wilson
13. Notary Commission expires: June 28 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother age 87yrs	Ida M. Pritchard	Apr. 9, 1984	------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 19, 1922 Couer d'Alene, ID	Ida May Pritchard	James Leo Pritchard	
SUPPORTING RECORD 2.	Own daughter's birth certif.	State of Washington	Mar.30,1984	child born June 26,1942
	age19yrs / Couer d'Alene, ID	----	----	
SUPPORTING RECORD 3.	Census record	U.S. Census Bureau	July 20,1984	Apr. 1, 1940
	age 17yrs. / Idaho	Ida M. Pritchard	James L. Prtichard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 1 1984

FORM BH 56067 1 copy #10389

11-14-83

McKesson

AUG 1 1984

368-228-035-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JUANITA Goldie LOHMAN			2. Date of Birth (month) Dec. (day) 28 (year) 1922
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County Home Nez PERCE	b. City or Town of Birth: LELAND
FATHER	6. Full Name of Father: HERMAN FREDRICK LOHMAN			7. State or Country of Father's Birth: TROY, OREGON
MOTHER	8. Full Maiden Name of Mother: VIOLA THORNTON			9. State or Country of Mother's Birth: LELAND, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: JUANITA GOLDIE LOHMAN TALBOTT		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 28 1971	12. Signature of Notary		13. Notary Commission expires: 4-19 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School record card	By whom issued and signed: Anatone, Washington		Date Issued: ---	Date Orig. Entry: Sem. ending Jan. 1939
	Date of Birth: Dec. 28, 1922	Birth Place: Kendrick, Idaho	Full Name of Mother: ----	Name of Father: Herman Lohman	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for marriage License #246	By whom issued and signed: Asotin County, Washington County Auditor's Office		Date Issued: Apr. 10, 1969	Date Orig. Entry: Aug. 4, 1943
	Date of Birth: Age: 20	Birth Place: Kendrick, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: age: 83yrs. Affidavit by person present at birth	By whom issued and signed: Muriel Thornton		Date Issued: Aug. 6, 1984	Date Orig. Entry: -----
	Date of Birth: Dec. 28, 1922	Birth Place: Leland, Idaho	Full Name of Mother: Viola Lohman	Name of Father: Herman Lohman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.,	gml Teresa L. Cleverly	AUG 13 1984

FORM BH 56067

AUG 13 1984

466-129-5022-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-188

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sherman Harlin Moore
2. Date Of Birth (month) 10 (day) 29 (year) 22
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Teton Ida

FATHER

6. Full Name of Father: Harlin T Moore
7. State or Country of Father's Birth: U.S.A.

MOTHER

8. Full Maiden Name of Mother: Ethel E Hughes
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sherman H Moore
11. Present Address of Registrant: St. Anthony, Ida

NOTARY (Seal)

Subscribed and sworn to before me on August 8 1984
12. Signature of Notary: Lester C. Vetzold
13. Notary Commission expires: Permanent 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination for Deacon	LDS Church, Teton Ward	Mar. 31, 1935	Mar. 31, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 29, 1922	Teton City, Idaho	Ethel Hughes	Harlin Moore

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Teton Fremont Stake Idaho	Baptized July 3, 1931	Baptized July 3, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 29, 1922	Teton, Idaho	Ethel Hughs	Harlin T. Moore

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	US Army	Oct. 25, 1945	Jan. 28, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 29, 1922	Teton, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

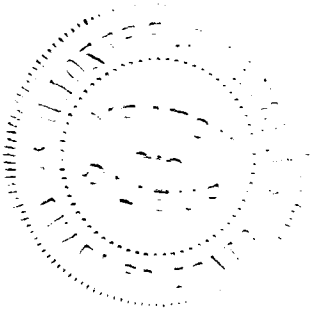
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 20 1984

FORM BH 56067

8-3-84

Moore)

AUG 2 0 1984



4-14-122-003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Andrew Thomas Waddoups			2. Date Of Birth (month) (day) (year): Oug. 22 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Swan Lake Idaho Bannock	b. City or Town of Birth: Swan Lake Idaho
FATHER	6. Full Name of Father: Wesley Leon Waddoups			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elna Rachel Anderson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Andrew T. Waddoups		11. Present Address of Registrant: Rt 1 box 177 American Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 7, 1984 19___	12. Signature of Notary: James E Glarborg		13. Notary Commission expires: Life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth age: 77yrs	By whom issued and signed: Mary W. Edwerds	Date Issued: Apr.30,1983	Date Orig. Entry: ----
	Date of Birth: Aug.22,1922 / Birth Place: Swan Lake, Idaho	Full Name of Mother: Elna Rachel Anderson	Name of Father: Wesley Leon Waddoups	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Army	Date Issued: Feb.21,1946	Date Orig. Entry: Dec.28,1944
	Date of Birth: ug.22,1922 / Birth Place: Swan Lake, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Church membership record	By whom issued and signed: LDS Church	Date Issued: May 10, 1983	Date Orig. Entry: Blessed Oct. 10, 1922
	Date of Birth: Aug.22,1922 / Birth Place: Swan Lake, Idaho	Full Name of Mother: Elma Rachel Anderson	Name of Father: Wesley leon Waddoups	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: AUG 30 1984

FORM BH 56067 4-21-83 legal size #-20655

AUG 3 0 1984

519-204-022-013

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-191

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Gloria Farnsworth
2. Date Of Birth (month) (day) (year): July 4 1922
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: St. Anthony, Fremont
b. City or Town of Birth: St. Anthony, Idaho

FATHER

6. Full Name of Father: Samuel Dennis Farnsworth
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Regena Watson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret D. McIntosh
11. Present Address of Registrant: 3960 Tech Fm. Rd. Pocatello Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: July 20 1984
12. Signature of Notary: Lucile P. Murphy
13. Notary Commission expires: July 26 1987

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by older brother age 75yrs.	Ross D. Farnsworth	July 14, 1984	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 4,1922	St. Anthony, Idaho	Elizabeth Farnsworth	Samuel Dennis Farnsworth

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certifcate	State of Idaho #53-12420	child born Oct.7,1953	child born Oct. 7, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 31yrs	St. Anthony, ID	----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church membership record	LDS Church	Aug. 3, 1982	Blessed Dec.3, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 4, 1922	St. Anthony, ID	Elizabeth Watson	Samuel Dennis Farnsworth

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	AUG 30 1984

FORM BH 56067

Dc/pd # 4984

7-12-84

cm Clintock

AUG 3 0 1984

DEC 0 3 1998

391-201-003-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-197

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pauline Emily Traughber
2. Date Of Birth (month) (day) (year): December 1 1922
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Bannock
   b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Percy Ashmore Traughber
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Minnie W. Schaefer
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pauline E. Fitzgerald
11. Present Address of Registrant: Route 10 Box 44, Caldwell, ID

NOTARY (Seal)

Subscribed and sworn to before me on: September 5 1984
12. Signature of Notary: Florence Curtright
13. Notary Commission expires: April 20 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement from doctor	J. H. Lynn, M.D.	Dec. 1, 1922	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 1, 1922	Pocatello, ID	Minnie W. Traughber	Percy Ashmore Traughber

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - Idaho - #435148	-----	child born Apr. 16, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Pocatello, ID	--------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Methodist Episcopal Church	Feb. 20, 1924	Feb. 20, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 1, 1922	Pocatello, ID	Mrs. P. A. Traughber	P. A. Traughber

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(seal)

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	fc Florence Curtright	Sept. 14, 1984

FORM BH 56067

293-105-042-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-200

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harold Oliver Bills
2. Date Of Birth (month) (day) (year): June 05 1922
3. Color or Race: Caucasion
4. Sex: M
5. Place of Birth a. County:
b. City or Town of Birth: Twin Falls, Idaho

FATHER

6. Full Name of Father: Oliver D. Bills
7. State or Country of Father's Birth: Near St. Joseph, MO

MOTHER

8. Full Maiden Name of Mother: Jessie Lenora Warfield
9. State or Country of Mother's Birth: Milton, OR

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold O Bills
11. Present Address of Registrant: 1200 SE 12th, College Place, WA 99324

NOTARY (Seal)

Subscribed and sworn to before me on: June 25 1984
12. Signature of Notary: Duane Johnson
13. Notary Commission expires: January 1 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Dedication	Hansen Community Church	Nov.27,1924	Dedicated August 17,1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 2 / Twin Falls, ID	Jessie Warfield	Oliver D. Bills	
SUPPORTING RECORD 2.	Type of Document: Notorized copy Cradle Roll Certificate	By whom issued and signed: Tom Blodgett, Hansen Comm. Ch	Date Issued: Jun 25,1984	Date Orig. Entry: June 26,1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jun 5,1922 / Twin Falls, Idaho	------	-------	
SUPPORTING RECORD 3.	Type of Document: Age 72 (at time of birth) Affidavit by friend of family	By whom issued and signed: Violet Viehweg Michel	Date Issued: Sept.10,1984	Date Orig. Entry: ----------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jun.5,1922 / Twin Falls, ID	Jessie Bills	Oliver Bills	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

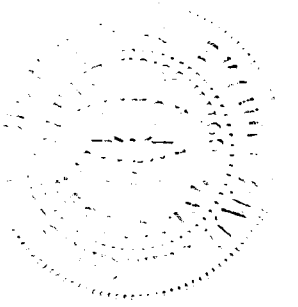
State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	fc Florence Curtright	Sept 18,1984

FORM BH 56067

4.00 PD 29624

6-5-84

Harold Bills



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~~251-228-262~~
251-228-025-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-210

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernita Lorraine Knapp	2. Date Of Birth (month) (day) (year): April 28 1922
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Kooskia Idaho	b. City or Town of Birth: Kooskia
FATHER	6. Full Name of Father: Stanley Whistance Knapp	7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Ethel Alice Robison	9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernita Lorraine Knapp-Frary; 11. Present Address of Registrant: 3222-8th St. Lewiston - Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 2nd day of June 1984	12. Signature of Notary: Timothy A Kruegen; 13. Notary Commission expires: April 4, 1988

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 83yrs	By whom issued and signed: Alice Knapp	Date issued: June 2,1984	Date Orig. Entry: ----
	Date of Birth: Apr.28,1922; Birth Place: Kooskia, Idaho	Full Name of Mother: Ethel Alice Robison	Name of Father: Stanley Whistance Knapp	
SUPPORTING RECORD 2.	Type of Document: Appl. for marriage record	By whom issued and signed: Idaho, Nez Perce Co.	Date issued: Apr.29,1940	Date Orig. Entry: Ap. 29. 1940
	Date of Birth: age 18,yrs.; Birth Place: Kooskia, Idaho	Full Name of Mother: ---	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: U.S. Census record	By whom issued and signed: U.S. Census Bureau	Date issued: Aug.31,1984	Date Orig. Entry: Apr. 1, 1940
	Date of Birth: age 18yrs; Birth Place: Idaho	Full Name of Mother: Alice Knapp	Name of Father: Stanley Knapp	
QUALIFYING INFORMATION				

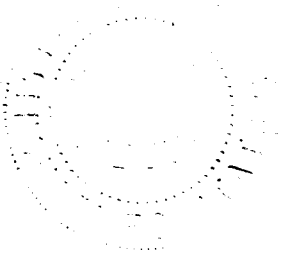
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	OCT 5 1984

FORM BH 56067

OCT 5 1984



693-216-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-220

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois Williams
2. Date Of Birth: (month) 6 (day) 16 (year) 1922
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County: IDAHO FREMONT; b. City or Town of Birth: ASHTON

FATHER

6. Full Name of Father: ~~X~~ John Robert Williams
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: Gertrude Eva Williams
9. State or Country of Mother's Birth: NEBRASKA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 570 Innes St San Francisco, CA 94124

NOTARY (Seal)

Subscribed and sworn to before me on June 19 19 84

12. Signature of Notary: [signature]
13. Notary Commission expires: May 10 19 86

OFFICIAL SEAL
D.V. BEGOVICH
NOTARY PUBLIC - CALIFORNIA
SAN MATEO COUNTY
My Comm. Expires May 10, 1986
10 Park Plaza Drive, Daly City, CA 94015

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	CENSUS RECORD	U.S. Census Bureau	June 12, 1984	Apr. 1, 1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	7yrs / Idaho	Gertrude E. Williams	John R. Williams	
SUPPORTING RECORD 2.	Application for insurance	New York Life Ins. Co.	May24,1949	May 16,1949
	June 16,1922 / Ashton, Idaho	Gertrude E. Williams	------	
SUPPORTING RECORD 3.	Own childs birth certificate	State of California	9-27-84	1-20-53
	Age 30 / Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature], R.N.	James J. Stewart	10-23-84

FORM BH 56067

Xpd #19988

3-1-84

Phillips

NOV 26 1984

259-228-025-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-229

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SEUBERT, AGNES BERNADETTE
2. Date Of Birth (month) 12 (day) 28 (year) 1922
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Cottonwood Idaho
b. City or Town of Birth: Cottonwood Idaho

FATHER

6. Full Name of Father: John - Seubert
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Anna Mary Duclos
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Seubert Agnes Bernadette
11. Present Address of Registrant: Cottonwood Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 5-2- 1984

12. Signature of Notary: Leo H Sorgmann
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal record	St. Mary's Church, Cottonwood, Idaho	May 14, 1984	Dec. 30, 922
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec.28, 1922 Cottonwood, ID	Anna Duclos	John Seubert	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #3156469	By whom issued and signed: Combined Ins.Co. Of America	Date Issued: Nov.24,1970	Date Orig. Entry: -------
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec.28,1922 Cottonwood, ID	------	--------	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: on file - Idaho - # 52-4560	Date Issued: ------	Date Orig. Entry: child born Apr.14,1952
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age 29 Idaho	------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	tc Florence Curtright	Oct.31,1984

FORM BH 56067 1 Copy PHO # 27497

4-27-84

Seubert

229

391-203-039-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-231

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Elenor Crawford		2. Date Of Birth (month) 3 (day) 3 (year) 22
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Power County, b. City or Town of Birth: American Falls Idaho
FATHER	6. Full Name of Father: Ralph Christopher Crawford		7. State or Country of Father's Birth: Deuel Co Nebr. U.S.A
MOTHER	8. Full Maiden Name of Mother: Dora Walker		9. State or Country of Mother's Birth: Idaho Neely County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Eleanor Crawford Gage	11. Present Address of Registrant: 19882 E.Calle Granada Walnut, Cal. 91789
NOTARY (Seal) Notary seal on back	Subscribed and sworn to before me on: April 18 19 84	12. Signature of Notary: Marie A Fegnary	13. Notary Commission expires: May 20 19 84

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother 80yrs old		By whom issued and signed: Doris Walker Craford Estep	Date issued: Mar.12,1984	Date Orig. Entry: ----
	Date of Birth: March 3,1922	Birth Place: American Falls,ID	Full Name of Mother: Doris Walker	Name of Father: Ralph Christopher Crawford	
SUPPORTING RECORD 2.	Type of Document: Own daughter's birth certif.		By whom issued and signed: East Los Angeles Hospital,CA	Date issued: Mar.5,1944	Date Orig. Entry: Mar. 5, 1944
	Date of Birth: Mar.3,1922	Birth Place: American Falls,ID	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: School record		By whom issued and signed: Montebello H. S., CA	Date issued: Oct.3,1984	Date Orig. Entry: Jan.2, 1940
	Date of Birth: Mar.3,1922	Birth Place: American Falls,ID	Full Name of Mother: Doris Crawford	Name of Father: Ralph Crawford	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	NOV 2 1984

FORM BH 56067

4-9-84

C-Bye

GENERAL ACKNOWLEDGMENT

NO. 201

State of California }
County of Los Angeles } SS.

On this the 18 day of April 19 84, before me,

Marie A. Pegorari,

the undersigned Notary Public, personally appeared

Frances Eleanor Crawford Gage,

☒ personally known to me
☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is subscribed to the within instrument, and acknowledged that she executed it.

WITNESS my hand and official seal.

Marie A Pegorari
Notary's Signature

OFFICIAL SEAL
MARIE A. PEGORARI
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires May 20, 1987

NATIONAL NOTARY ASSOCIATION • 23012 Ventura Blvd. • P.O. Box 4625 • Woodland Hills, CA 91364

NOV 2 1984

231-231-035 6/5

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-236

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Theda Evelyn Staats.
2. Date Of Birth (month) (day) (year): 7 31 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Nesperce; b. City or Town of Birth: Southwick, Idaho.

FATHER (Deceased)

6. Full Name of Father: William Conaver Staats.
7. State or Country of Father's Birth: Des Moines, Iowa.

MOTHER (Living)

8. Full Maiden Name of Mother: Maude Dorthey Winters.
9. State or Country of Mother's Birth: Idaho. (Southwick)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Theda E. Metcalf
11. Present Address of Registrant: Rt. Box 89 Juliaetta, Ida. 83535.

NOTARY (Seal)

Subscribed and sworn to before me on 10-2 1984

12. Signature of Notary: Dan E. Wagner
13. Notary Commission expires: Feb 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage License	State of Idaho	9-11-39	9-11-39
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 17 / Southwick ID	----	----	
SUPPORTING RECORD 2.	Affidavit by mother	Maud Dorothy Strohm	10-22-84	7-31-22
	7-31-22 / Southwick ID	Maud Dorothy Winters	William Conover Staats	
SUPPORTING RECORD 3.	School record	Kendrick High School	old	7-31-22
	7-31-22 / Southwick ID	Maud Dorothy Staats	William Conaver Staats	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

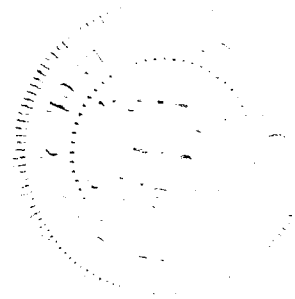
State Registrar	Evidence reviewed by	Date Filed
Peggy, R.N.	JS James J. Stewart	11-8-84

FORM BH 56067 PAID 4.00 # 11430

9-24-84

METCALF

NOV 8 1984



619-112-010-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-238

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM ABRAHAM WARR		2. Date Of Birth (month) MAY (day) 12 (year) 1922
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: IDAHO FALLS - BONNEVILLE; b. City or Town of Birth: IDAHO FALLS
FATHER	6. Full Name of Father: SAMUEL SHERBURN WARR		7. State or Country of Father's Birth: ENGLAND
MOTHER	8. Full Maiden Name of Mother: FRANCES CHARITY PACKER		9. State or Country of Mother's Birth: RIVERDALE, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William A. Warr	11. Present Address of Registrant: 380 Sunday Coos Bay 97420
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 19 84	12. Signature of Notary: Sherah Bargeist	13. Notary Commission expires: 12/6 19 84

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honerable Discharge		By whom issued and signed: United States Navy	Date Issued: 9-15-54	Date Orig. Entry: 11-24-46
	Date of Birth: 12 May 22	Birth Place: Idaho Falls ID	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate		By whom issued and signed: State of Oregon	Date Issued: 10-16-84	Date Orig. Entry: 10-9-56
	Date of Birth: May 12,22	Birth Place: Idaho Falls ID	Full Name of Mother: Frances	Name of Father: Sam	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date Issued: 10-5-84	Date Orig. Entry: 3-5-32
	Date of Birth: 12 May 22	Birth Place: Idaho Falls ID	Full Name of Mother: Frances Packer Smith	Name of Father: Sam S. Warr	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
See Biggs, R.N.	JS James J. Stewart	11-15-84

FORM BH 56067 PAID 4.00 #11628 7-26-84

WJRR

249-108-024-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-243

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gerald Leroy Smith
2. Date Of Birth (month) (day) (year): December 8, 1922
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Gooding
   b. City or Town of Birth: Gooding

FATHER

6. Full Name of Father: Ernest S. Smith (AKA Aaron Sullivan Smith)
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Virginia Helen Waddell
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gerald L. Smith
11. Present Address of Registrant: 1083 S.W. Reeves St. Redmond

NOTARY (Seal)

Subscribed and sworn to before me on: November 12 1984
12. Signature of Notary: Kathleen L. Elde
13. Notary Commission expires: 3-27-87

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census Report	Deputy clerk Gooding County-Judy Daubner	Oct. 16, 1984	census taken Sept. 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 8, 1922	Idaho	Virginia Smith	Ernest S. Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military Seperation	US Marine Corps	28 Nov 45	13 Oct 42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8 Dec 22	Gooding ID	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment Application	Convoy Company	9-19-55	9-19-55

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec 8, 22	Gooding ID	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Peggy, R. M.	fc James J. Stewart	11-20-84

FORM BH 56067 Paid #14195 6.00

Oct. 23, 1984

Smith

RECEIVED 113-101-010-612

JUL 16 1979

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-024

Bureau of Vital Statistics

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Frank Max Jacobson			2. Date Of Birth (month) Feb (day) 1 (year) 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Leslie LeRoy Jacobson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Malinda Maude Oakden			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Max Jacobson		11. Present Address of Registrant: Irwin, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 26th June 1979	12. Signature of Notary: Zora Mills		13. Notary Commission expires: 1 March 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #59-16402	Date Issued: on file	Date Orig. Entry: child born Dec.10,1959	
	Date of Birth: Age: 37	Birth Place: Idaho Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Apr.2,1922	Date Orig. Entry: blessed Apr.2,1922	
	Date of Birth: Feb.1,1922	Birth Place: Idaho Falls, ID	Full Name of Mother: Maud Oakden	Name of Father: Leslie Jacobson	
SUPPORTING RECORD 3.	Type of Document: age 80yrs. Affidavit by family friend	By whom issued and signed: Vella P. Kronhopman	Date Issued: Jan.21,9185	Date Orig. Entry: ---	
	Date of Birth: Feb.1, 1922	Birth Place: Idaho Falls, ID	Full Name of Mother: Maude Oakden	Name of Father: Leslie Jacobson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	cc Teresa L. Cleverly	JAN 23 1985

FORM BH 56067

11-15-77

JAN 2 3 1985

666 · 227 · 002 · 666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-052

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Rhoda Woods		2. Date Of Birth (month) Oct (day) 27 (year) 22
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Boking Creek adams b. City or Town of Birth: Bacon Creek
FATHER	6. Full Name of Father: John Ocar S Woods		7. State or Country of Father's Birth: Little Rock Arkansow
MOTHER	8. Full Maiden Name of Mother: Pearl Woodland		9. State or Country of Mother's Birth: unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Dillon	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: December 4, 19 84	12. Signature of Notary: Vicki Musin	13. Notary Commission expires: October 19, 19 88

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Family member	Date issued: Obviously old	Date Orig. Entry: -----
	Date of Birth: Oct.17,1922 / Birth Place: Bacon Creek, ID	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by older sister age 74 yrs.	By whom issued and signed: Mable Woods Anderson	Date issued: Nov. 8, 1984	Date Orig. Entry: -----
	Date of Birth: Oct.27, 1922 / Birth Place: Bacon Creek, ID	Full Name of Mother: Pearl Woodland	Name of Father: John Ocar S. Woods	
SUPPORTING RECORD 3.	Type of Document: Family Bible record	By whom issued and signed: Mother, Pearl Woods	Date issued: obviously old	Date Orig. Entry: ----
	Date of Birth: Oct.27,1922 / Birth Place: Bacon Creek, Idaho	Full Name of Mother: Pearl Woodland	Name of Father: John Woods	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.,	tc Teresa L. Cleverly	MAR 21 1985

FORM BH 56067 6pd A 12570 10-1-84

MAR 2 1 1985
OCT 3 0 2002

293-211-032-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED MERCEDES BILBAO			2. Date Of Birth (month) (day) (year): March 11, 1922
	3. Color or Race: White	4. Sex: feamle	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Dietrich
FATHER	6. Full Name of Father: Simon Bilbao			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Maria Gregoria Berriochoa			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Mercedes Urrutia		11. Present Address of Registrant: 404 E 3, Shoshone, Idaho 83352
NOTARY (Seal)	Subscribed and sworn to before me on: 16 January 1984	12. Signature of Notary: Howard E. Atkins		13. Notary Commission expires: Bond renewable Dec. 20 1987

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle age: 91yrs		By whom issued and signed: Carlos Berriochoa, sr.	Date Issued: Dec.13, 1984	Date Orig. Entry: -----
	Date of Birth: Mar.11,1922	Birth Place: Dietrich, Idaho	Full Name of Mother: Maria Gregoria Berriochoa	Name of Father: Simon Bilboa	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #408342	Date Issued: child born June 30, 1945	Date Orig. Entry: child born June 30, 1945
	Date of Birth: age 23yrs	Birth Place: Dietrich, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Application for Soc. Sec. No.		By whom issued and signed: Social Security Administration	Date Issued: Mar.4,9166	Date Orig. Entry: Mar. 4, 1966
	Date of Birth: Mar.11,1922	Birth Place: Dietrich, Idaho	Full Name of Mother: Georgia Berriochoa	Name of Father: Simon Bilbao	

QUALIFYING INFORMATION

Certificate of Baptism by C. M. Verboeveu, Rector gives name as Mercedes Bilbao born March 11,1922 . Baptized Nov.19, 1922. Father's name as Simon Bilao and mother's name as Gregoria Berniochoa. Does not list place of birth.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAR 29 1985

FORM BH 56067

del file 12-21-84

MAR 2 9 1985

884-111-004-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-090

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Victor Ray Hymas	2. Date Of Birth (month) Jan. (day) 11 (year) 1922
	3. Color or Race: White; 4. Sex: M; 5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Liberty
FATHER	6. Full Name of Father: Solomon T. Hymas	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Genevieve Thornock	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Victor R Hymas; 11. Present Address of Registrant: 1004 Monroe Montpelier, Idaho 83254
NOTARY (Seal)	Subscribed and sworn to before me on: 4 April 1985	12. Signature of Notary: Veloy M. Boehme; 13. Notary Commission expires: March 1988

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS ChurchLiberty Ward, ID	Date issued: Blessed Apr.2,1922	Date Orig. Entry: Blessed Apr. 2, 1922
	Date of Birth: Jan.11,1922; Birth Place: Liberty, Idaho	Full Name of Mother: Genevieve Thornock	Name of Father: Solomon Hymas	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Army	Date issued: Jan.3,1946	Date Orig. Entry: Jan.22,1943
	Date of Birth: Jan.11,1922; Birth Place: Liberty, Idaho	Full Name of Mother: -------	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own daughter's birth record	By whom issued and signed: State of Idaho #441197	Date issued: child born Aug.11, 1947	Date Orig. Entry: child born Aug. 11, 1947
	Date of Birth: age 25yrs; Birth Place: Liberty, Idaho	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAY 28 1985

FORM BH 56067 $4.00 #5497 8-6-84

Kunz

MAY 28 1985
JUL 16 1985

613 · 111 · 022 · 415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-092

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OMER THEO FALER		2. Date Of Birth (month) 12 (day) 11 (year) 1922
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Wilford, Fremont; b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: George Edward FALER		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: MYRTLE ELNORA DAVIS		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Omer Theo Faler	11. Present Address of Registrant: 145 East 2nd North St. Anthony Idaho 83445
NOTARY (Seal)	Subscribed and sworn to before me on: May 21 1985	12. Signature of Notary: Jeanette Burnside	13. Notary Commission expires: Life 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor Age:81		By whom issued and signed: Fred Singleton	Date issued: -----	Date Orig. Entry: May 21, 1985
	Date of Birth: Dec.11,1922	Birth Place: Wilford, Idaho	Full Name of Mother: Myrtle Faler	Name of Father: George Faler	
SUPPORTING RECORD 2.	Type of Document: Church Blessing Record		By whom issued and signed: LDS Church	Date issued: -----	Date Orig. Entry: Blessed Feb. 4, 1923
	Date of Birth: Dec.11,1922	Birth Place: Wilford, Idaho	Full Name of Mother: Myrtle Davis	Name of Father: George E. Faler	
SUPPORTING RECORD 3.	Type of Document: Birth Certificate of Child		By whom issued and signed: State of Idaho #50-1719	Date issued: -----	Date Orig. Entry: Child born Feb. 15,1950
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	

QUALIFYING INFORMATION

DECEASED

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Linda Hickman	MAY 30 1985

FORM BH 56067 $6.00 pd Rec # 26322 2.8.85

MAY 30 1985

243-111-006-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-113

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lawrence Lowraine Buckley
2. Date Of Birth (month) 6 (day) 11 (year) 1922
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Blackfoot - Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Christian Buckley
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Christina Hunter
9. State or Country of Mother's Birth: Bennington - Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lawrence Lowraine Buckley
11. Present Address of Registrant: 425 Sacramento Ave. Yuba City, Calif. 95991

NOTARY (Seal)

Subscribed and sworn to before me on July 22 1985

12. Signature of Notary: Teresa L. Cleverly
13. Notary Commission expires: April 3 1991

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church Groveland Ward, ID	Dec. 6, 1931	Baptized Oct. 31, 1931
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 11, 1922 Blackfoot, Idaho	Mary Hunter	Christian Buckley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by older sister (16 yrs older)	By whom issued and signed: Vivetta McBride	Date Issued: Mar. 31, 1983	Date Orig. Entry: -----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 11, 1922 Blackfoot, Idaho	Mary Buckley	Christian Buckley	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Navy	Date Issued: Feb. 25, 1946	Date Orig. Entry: Apr. 21, 1943
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 11, 1922 Blackfoot, ID	-----	----------	

QUALIFYING INFORMATION

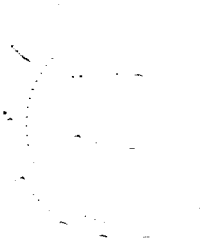
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 22 1985

FORM BH 56067

JUL 22 1985



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-1117

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT DUANE BEALL		2. Date Of Birth (month) 5 (day) 25 (year) 22
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: JEROME; b. City or Town of Birth: JEROME, IDAHO
FATHER	6. Full Name of Father: BRADLEY A. BEALL		7. State or Country of Father's Birth: GEORGIA
MOTHER	8. Full Maiden Name of Mother: ESSIE M. PAYTON		9. State or Country of Mother's Birth: GEORGIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert D. Beall	11. Present Address of Registrant: Rt 4, BOX 93A97 WOODLAND CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 19 85	12. Signature of Notary: Christy D. Lewey	13. Notary Commission expires: August 26, 19 86

← over

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorabel discharge papers	By whom issued and signed: U.S. Navy	Date issued: Sept.10,1945	Date Orig. Entry: June 25, 1941
	Date of Birth: May 25,1922	Birth Place: Jerome, Idaho	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Own daughter's birth certif.	By whom issued and signed: Will Co., Illinois	Date issued: Nov.13,1984	Date Orig. Entry: child born May 15, 1948
	Date of Birth: age 25 yrs.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: pplication for Soc. Sec. Number	By whom issued and signed: Social Security Admin.	Date issued: Aug.25,1937	Date Orig. Entry: Aug. 25, 1937
	Date of Birth: May 25, 1922	Birth Place: Jerome, Idaho	Full Name of Mother: Essie Payton	Name of Father: Bradley A. Beall
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.,	tc Teresa L. Cleverly	JUL 31 1985

FORM BH 56067 6-20-83 1 cpd Nr # 26965

JUL 31 1985

Exhibit

OFFICIAL SEAL
CHRISTY D. LEWEY
NOTARY PUBLIC-CALIFORNIA
Principal Office in YOLO County
My Commission Expires Aug. 28, 1986

859.120.035.869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-119

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne G. Heimgartner
2. Date Of Birth (month) (day) (year): May 20 22
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Juliaetta

FATHER

6. Full Name of Father: Robert Chris Heimgartner
7. State or Country of Father's Birth: Plymouth County, Iowa

MOTHER

8. Full Maiden Name of Mother: Bessie Hoisington
9. State or Country of Mother's Birth: Latah County, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne G. Heimgartner
11. Present Address of Registrant: Juliaetta, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 6 1984
12. Signature of Notary: Patricia Richter
13. Notary Commission expires: 12-12 1987

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older brother age 74 yrs	By whom issued and signed: Leslie Heimgartner	Date Issued: Apr.6, 1984	Date Orig. Entry: ---
	Date of Birth: May 20,1922 / Birth Place: Juliaetta, Idaho	Full Name of Mother: Bessie Hoisington	Name of Father: Robert Chris Heimgartner	
SUPPORTING RECORD 2.	Type of Document: Own son's birth certificate	By whom issued and signed: State of Idaho #49-2091	Date Issued: Feb.25,1976	Date Orig. Entry: child born Feb.6,1949
	Date of Birth: age 26 yrs. / Birth Place: Juliaetta, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Application for Soc. Sec. Number	By whom issued and signed: Social Security Admin.	Date Issued: July12, 1984	Date Orig. Entry: Jan.3,1956
	Date of Birth: May20,1922 / Birth Place: Juliaetta, Idaho	Full Name of Mother: Bessie Hoisington	Name of Father: Robert Chris Heimgartner	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly tc	JUL 31 1985

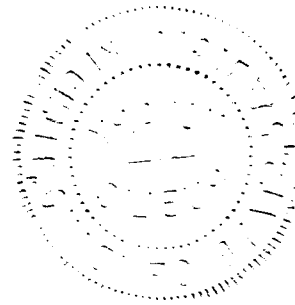
FORM BH 56067

2 cps Pd. Rec #7515

4-16-76

Heimgartner

JUL 31 1985



DECEASED

685-105-039-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-134

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONALD RAY WHEELER			2. Date Of Birth (month) JANUARY (day) 5 (year) 1922	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: IDAHO POWER	b. City or Town of Birth: AMERICAN FALLS	
FATHER	6. Full Name of Father: BURNS JOHN WHEELER			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: EDITH MAE WORKMAN			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leon R. Wheeler		11. Present Address of Registrant: RTE 4 BOX 299 BELTON, S.C. 29627	
NOTARY (Seal)	Subscribed and sworn to before me on: July 18 1985	12. Signature of Notary: Ella L. Stevens		13. Notary Commission expires: March 15 1987	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Paul Ward, Idaho	Date Issued: Feb.2,1930	Date Orig. Entry: Baptized ~~FEb. 2, 1930~~	
	Date of Birth: Jan.5,1922	Birth Place: American Falls,ID	Full Name of Mother: Edith Workman	Name of Father: Burns Wheeler	
SUPPORTING RECORD 2.	Type of Document: Discharge papers	By whom issued and signed: Civilian Conservation Corps	Date Issued: July 18,1985	Date Orig. Entry: Oct. 10,1939	
	Date of Birth: age 17yrs	Birth Place: American Falls,ID	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Army	Date Issued: Apr.26,1946	Date Orig. Entry: Aug.28,1942	
	Date of Birth: Jan.5,1922	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	SEP 24 1985

FORM BH 56067

SEP 2 4 1985

469. 109. 001 · 413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-136

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES EDWARD MORRISON			2. Date Of Birth (month) December (day) 9, (year) 1922
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: ADA	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: James A. Morrison			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Reta Mace			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Morrison		11. Present Address of Registrant: Tenasket, WA
NOTARY (Seal)	Subscribed and sworn to before me on February 27 1984	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: April 20 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho - #426801	Date Issued: -----	Date Orig. Entry: child born October 23,1946	
	Date of Birth: Age 23	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: - ------	
SUPPORTING RECORD 2.	Type of Document: Social Security Appl.	By whom issued and signed: Social Security Administration	Date Issued: Nov.7,1940	Date Orig. Entry: Nov. 7, 1940	
	Date of Birth: Dec.9,1922	Birth Place: Boise, Idaho	Full Name of Mother: Reta Mace	Name of Father: James A. Morrison	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father age 92yrs	By whom issued and signed: James A. Morrison	Date Issued: July 25, 1985	Date Orig. Entry: -----	
	Date of Birth: Dec.9,1922	Birth Place: Boise, Idaho	Full Name of Mother: Reta Mace	Name of Father: James Achan Morrison	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	SEP 26 1985

FORM BH 56067

2-7-84

Morrison

3-

SEP 2 6 1985

296-219-022-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-166

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothie Marie Brown
2. Date Of Birth: (month) January (day) 19 (year) 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Chester Dist. Fremont Co
b. City or Town of Birth: Chester

FATHER

6. Full Name of Father: Moroni Brown
7. State or Country of Father's Birth: Chester Idaho-Fremont Co

MOTHER

8. Full Maiden Name of Mother: Sarah Lavina Whitaker
9. State or Country of Mother's Birth: Rigby Idaho-Jefferson Co

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothie Marie Brown
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on June 20 1983

12. Signature of Notary: Robert J Barnes
13. Notary Commission expires: May 26 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage License Affidavit	Jefferson County, Idaho	June20,1983	Apr.7,1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age19yrs / Chester, Idaho	------	------	
SUPPORTING RECORD 2.	Application for Soc. Sec. No.	By whom issued and signed: Social Security Administration Washington, D.C.	Feb.16,1951	Feb. 16, 1951
	Jan.19, 1922 / Chester, Idaho	Sarah Lavina Whiteker	Moroni Brown	
SUPPORTING RECORD 3.	Affidavit by mother	Sarah W. Brown	Aug. 1983	-----
	Jan.19,1922 / Chester, Idaho	Sara W. Brown	Maroni Brown	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	NOV 13 1985

FORM BH 56067

NM

5-4-83

Schuster

NOV 13 1985

415-109-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-195

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLENN D. Davis
2. Date Of Birth (month) 2 (day) 9 (year) 22
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County Fremont; b. City or Town of Birth: Wilford

FATHER

6. Full Name of Father: George Ruben Davis
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Anna Hortence Smith
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glenn D Davis
11. Present Address of Registrant: St Anthony, Idaho R.F.D. #1 Box 66

NOTARY (Seal)

Subscribed and sworn to before me on 12-17 19 85

12. Signature of Notary: Sue Siddoway
13. Notary Commission expires: Life 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honerable Discharge	US Army	---	July 13, 46

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb 9, 22	Wilford ID	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	LDS Church St Anthony ID	---	Feb 9, 22

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb 9, 22	Wilford ID	Annie Hortense Smith	George Ruben Davis

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Certificate	State of Idaho	---	Oct 14, 47

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 25	Idaho	---	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

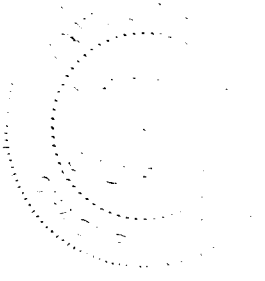
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	James J. Stewart	Dec 19, 85

FORM BH 56067 Photo # 55724

12-16-85

DEC 19 1985



165-104-010-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-038

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert Andrew Jones
2. Date Of Birth: (month) Oct. (day) 4 (year) 1922
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Joseph E. Jones
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Jane Pace
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert A. Jones
11. Present Address of Registrant: 9500 Ramsgate Dr. Boise, Idaho 83704

NOTARY (Seal)

Subscribed and sworn to before me on March 6, 19 86

12. Signature of Notary: Elayne L. Jenkins
13. Notary Commission expires: June 23, 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's hospital birth cert.	Pocatello General Hospital Poc., ID	---	Feb. 21, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 4,1922	Idaho Falls, ID	-----	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy #232705	Beneficial Life Ins. Co.	Nov.10,1942	Nov. 5, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 4,1922	Idaho Falls, ID	Sarah Jane Millard	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	Sylvia Harrison	Mar 21,1986	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct 4,1922	Idaho Falls ,ID	Joseph E Jones	Sarah Jane Pace

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

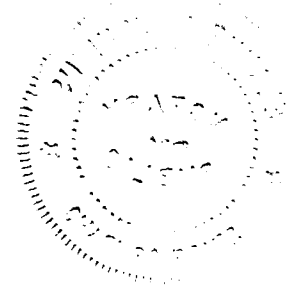
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	lh Davalee Leavitt	March 31,1986

FORM BH 56067 1/M

3-31-86

MAR 31 1986



815-217-003-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE86-043

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BETH H HANSEN
2. Date Of Birth (month) 10 (day) 17 (year) 1922
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: IDAHO — BANNOCK
b. City or Town of Birth: HATCH

FATHER

6. Full Name of Father: CARL GLEN HANSEN
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: RACHEL HIGGINSON
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beth H. Hardcastle
11. Present Address of Registrant: 21 N 4th E Soda Springs, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on February 3rd 1986

12. Signature of Notary: M.C. Dill
13. Notary Commission expires: April 30 1991

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	Dec.10, 1930	Dec.7, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.17,1922	Hatch, Idaho	Rachel Higginson	Charles G. Hansen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record	parents	June 1936	Oct 17, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.17, 1922	Hatch, Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt age 76yrs	Alta Higginson Moser	Feb. 3, 1986	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.17,1922	Hatch, Idaho	Rachel Higginson	Carl Glen Hansen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Bee Briggs, R.N.
Evidence reviewed by: Teresa L. Cleverly
Date Filed: APR 10 1986

FORM BH 56067

1106 # 417

1-30-86

APR 10 1986

363-119-035-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-044

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROBERT ZANE COLE
2. Date Of Birth (month) (day) (year): 5 19 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Leland, Idaho NezPerce
b. City or Town of Birth: Leland, Idaho

FATHER

6. Full Name of Father: ETHAN AVERY COLE
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: GRACE AGNES ROBERTS
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert Z. Cole
11. Present Address of Registrant: 310 E. Morton St. Moscow, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 21, 1986
12. Signature of Notary: Kay E. Wernecke
13. Notary Commission expires: 9-27 1991

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	Kootenai Co, Idaho	Feb.13, 1965	Feb. 13, 1965

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 42yrs.	Leland, Idaho	------	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own daughter's birth certif.	State of Washington	Jan.29, 1981	child born Mar. 20, 1965

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 42 yrs.	Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Appl. for social security no.	Social Security Administration	Mar.27,1986	Dec. 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age: 19yrs	Laland, Idaho	Grace A Cole	Ethan A Cole

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Rigby, R.R.	tc Teresa Cleverly	APR 11 1986

FORM BH 56067

3-11-86

APR 11 1986

485 - 116 - 030 - 495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANK-FLORIAN DRNJEVIC		2. Date Of Birth (month) (day) (year): Oct. 16 - 1922
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: SALMON, IdAHo- (LemHi U. 4) b. City or Town of Birth: SALMON-IdAHo- USA
FATHER	6. Full Name of Father: ANTON-DRNJEVIC		7. State or Country of Father's Birth: MRKOPOLJ - Yugoslavija
MOTHER	8. Full Maiden Name of Mother: CATHERINE DRNJEVIC		9. State or Country of Mother's Birth: Mrkopolj Yugoslavija
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Florian Drnjevic	11. Present Address of Registrant: Elliston, Mont
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible] 19[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 10 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Church of St. Charles Salmon, Idaho	Date issued: Apr.3,1948	Date Orig. Entry: Baptized Nov.5,1922
	Date of Birth: Oct.16 ,1922	Birth Place: Salmon, Idaho	Full Name of Mother: Catherine Drnjevic	Name of Father: Anton Drnjevic	
SUPPORTING RECORD 2.	Type of Document: Honorabel Discharge papers		By whom issued and signed: U.S. Navy	Date issued: May 1, 1946	Date Orig. Entry: Jan.13,1944
	Date of Birth: Oct.16,1922	Birth Place: Salmon,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend age 81yrs		By whom issued and signed: Lloyd E. Negus	Date issued: Apr.17,1986	Date Orig. Entry: ------
	Date of Birth: Oct.16,1922	Birth Place: Salmon, Idaho	Full Name of Mother: Catherine Drnjevic	Name of Father: Anton Drnjevic	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal): Bee

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Biggs, R.N.	Teresa L. Cleverly	MAY 20 1986

FORM BH 56067 $8 pd # 8977 8-29-84

Drnjenic

MAY 20 1986

693-218-603-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-090

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: COLLEEN FAY WILSON
2. Date of Birth: (month) AUGUST (day) 18 (year) 1922
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County BANNOCK; b. City or Town of Birth: POCATELLO

FATHER

6. Full Name of Father: RAYMOND HERBERT WILSON
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: ALTA GENEVA LIM
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Colleen Fay Wilson Webb
11. Present Address of Registrant: 2465 N.E. CLARK DR MADRAS, OR 97741

NOTARY (Seal)

Subscribed and sworn to before me on: May 15th 1986

12. Signature of Notary: JRogers
13. Notary Commission expires: 9/8 1989

JROGERS
NOTARY PUBLIC OREGON
My Commission Expires 9/8/89

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	CERTIFICATE OF BLESSING	LDS Church, Portland Ward	Blessed Jan. 7, 1923	Blessed Jan. 7, 1923
	Date of Birth ug. 18, 1922	**Birth Place** Pocatello, Idaho	**Full Name of Mother** Alda Genevie Lim	**Name of Father** R. H. Wilson
SUPPORTING RECORD 2.	Affidavit by father age 85yrs	By whom issued and signed: Raymond Herbert Wilson	Date Issued: May 15, 1986	Date Orig. Entry: ----
	Date of Birth Aug. 18, 1922	**Birth Place** Pocatello, ID	**Full Name of Mother** Geneva Alta Lim	**Name of Father** Raymond Herbert Wilson
SUPPORTING RECORD 3.	Marriage record	Multinomah Co, Oregon	Date Issued: May 13, 1986	Date Orig. Entry: July 12, 1940
	Date of Birth age 17yrs	**Birth Place** Pocatello, Idaho	**Full Name of Mother** ------	**Name of Father** --------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Bee Riggs, R.N.
Evidence reviewed by: Teresa L. Cleverly
Date Filed: JUL 9 1986

FORM BH 56067

5-7-86

JUL 9 1986

385-214-022-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE86-092

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Delma Dean Cherry
2. Date Of Birth: (month) March (day) 14 (year) 1922
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: Robert G. Cherry
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lucy Montague
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delma Dean Richards
11. Present Address of Registrant: P.O. Box 292 Wendell, Idaho 83355

NOTARY (Seal)

Subscribed and sworn to before me on [redacted] June 16 1984

12. Signature of Notary: Joyce E. Edwards
13. Notary Commission expires: Jan. 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by physician	E. S. Hargis	Mar.7,1942	Mar. 7, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.14,1922	Ashton, Idaho	Lucy Montague	Robert G. Cherry

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - Idaho - # 58-664	----	child born Jan 7,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 35	Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Appl for Social Security numbrt	Social Security Admin.	Jan.22,1942	Jan. 22, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.14,1922	Ashton, Idaho	Lucy May Montague	Robert Griffon Cherry

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Briggs, R.N.	fc Teresa L. Cleverly	JUL 21 1986

FORM BH 56067

JUL 21 1986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho 314-229-027-791

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-150

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Pratt Larsen		2. Date Of Birth (month) June (day) 29 (year) 1922	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Peter Adolph Larsen		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Klea Pratt		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma L Herbst	11. Present Address of Registrant: 27078 Sunnyridge Road Rolling Hills Est. CA 90274	
NOTARY (Seal) Attached to back	Subscribed and sworn to before me on July 22 19 86	12. Signature of Notary: Ruth L Wise	13. Notary Commission expires Nov. 12th 19 88	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Daughter's hosp. birth certif.	By whom issued and signed: Inglewood Women's Hospital Inglewood, California	Date Issued: child born Sept.5,1945	Date Orig. Entry: child born Sept.5, 1945	
	Date of Birth: June 29,1922	Birth Place: Jerome, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Baptismal record	By whom issued and signed: LDS Church, Inglewood Ward Inglewood, California	Date Issued: Apr.3,1932	Date Orig. Entry: Baptized April 2, 1932	
	Date of Birth: June29,1922	Birth Place: Jerome, Idaho	Full Name of Mother: Klea Pratt	Name of Father: Peter A. Larsen	
SUPPORTING RECORD 3.	Type of Document: Age: 74yrs Affidavit by older sister	By whom issued and signed: Rula Larsen Jones	Date Issued: July1,1986	Date Orig. Entry: ----	
	Date of Birth: June29,1922	Birth Place: Jerome, Idaho	Full Name of Mother: Klea Pratt	Name of Father: Peter Larson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

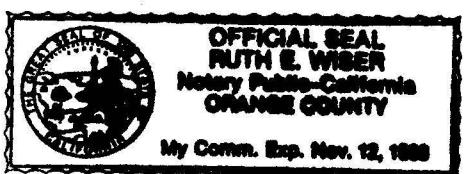
State Registrar	Evidence reviewed by	Date Filed
Bee Briggs, R.N.	tc Teresa L. Cleverly	DEC 2 1986

DEC 2 1986

GENERAL ACKNOWLEDGMENT

NO. 201

State of California
County of Orange } ss.



On this the 22 day of July 1986, before me,

Ruth E. Wiser,

the undersigned Notary Public, personally appeared

Norma L. Herbert,

☒ personally known to me
☐ proved to me on the basis of satisfactory evidence
to be the person(s) whose name(s) is subscribed to the within instrument, and acknowledged that she executed it.
WITNESS my hand and official seal.

Ruth E. Wiser
Notary's Signature

NATIONAL NOTARY ASSOCIATION • 23012 Ventura Blvd. • P.O. Box 4625 • Woodland Hills, CA 91364

OFFICIAL SEAL
RUTH E. WISER
Notary Public-California
ORANGE COUNTY

My Comm. Exp. Nov. 12, 1999

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-038

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert Goodrow
2. Date Of Birth (month) 5 (day) 16 (year) 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Glens Ferry, Elmore
b. City or Town of Birth: Glens Ferry Born IDAHO

FATHER

6. Full Name of Father: Lawrence T Goodrow Lyman Robinet
7. State or Country of Father's Birth: Dome un Known

MOTHER

8. Full Maiden Name of Mother: Marthe Mahe'
9. State or Country of Mother's Birth: Brest in Finistez FRANCE

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert Goodrow
11. Present Address of Registrant: 1411 WRightave Sumner WASH. 98390

NOTARY (Seal)

Subscribed and sworn to before me on Nov. 4 1986

12. Signature of Notary: Kathryn B Jones
13. Notary Commission expires 3-14 1987

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Appl. for Social Security No.	Social Security Administration	Apr. 9, 1941	Apr. 9, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 16, 1922	Glenns Ferry, ID	Marthe Mahe	Lawrence Goodrow

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Appl. for Marriage license	Pierce Co, Washington	Feb. 10, 1987	May 27, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 27yrs	Glenns Ferry, Ida.	----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Washington State	Feb. 10, 1987	Feb. 16, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age: 28yrs	Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Bee Driggs, R.N.

Evidence reviewed by: tc Teresa L. Cleverly

Date Filed: APR 15 1987

FORM BH 56067

APR 15 1987

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-074

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clair Howell Lundberg
2. Date Of Birth: (month) June (day) 26 (year) 1922
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Oneida
b. City or Town of Birth: Woodruff (Idaho)

FATHER

6. Full Name of Father: Benjamin Lundberg
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ruby Howell
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clair H Lundberg
11. Present Address of Registrant: 55 East Main Hyrum, Utah 84319

NOTARY (Seal)

Subscribed and sworn to before me on June 15 19 87

12. Signature of Notary: John L Brenchley
13. Notary Commission expires: Oct. 23 19 88

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Deacon Ordination	LDS Church, Oneida County, ID	July 8,1934	July 8, 1934
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June26,1922 Woodruff, Idaho	Ruby Howell	Benjamin Lundberg	
SUPPORTING RECORD 2.	Discharge papers	U.S. Army	May28,1946	June 30,1944
	June26,1922 Woodruff, Idaho	-----	----	
SUPPORTING RECORD 3.	Teacher Certificate of Oridnation	LDS Church,Oneida Co., Idaho	July 4, 1937	Baptized June 26,1930
	June26,1922 Woodruff, Idaho	Ruby Howell	Benjamin Lundberg	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

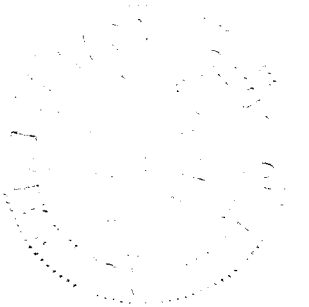
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Riggs, R.N.
Evidence reviewed by: Teresa L. Cleverly
Date Filed: JUL 9 1987

FORM BH 56067 $10 pd Rec#53352

Lundberg

JUL 9 1987



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-075

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emil William Brincken			2. Date Of Birth (month) Sept. (day) 14 (year) 1922	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Benewah	b. City or Town of Birth: St. Maries	
FATHER	6. Full Name of Father: William Frederick Brincken			7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Cynthia Clare Fothergill			9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emil W. Brincken		11. Present Address of Registrant: 11506 DeWaard Dr. Boise, Id. 83709	
NOTARY (Seal)	Subscribed and sworn to before me on: June 6 - 1980	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Lifetime 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Cynthia C. Brincken		Date Issued: -	Date Orig. Entry: 6/5/80
	Date of Birth: 9/14/22	Birth Place: St. Maries	Full Name of Mother: Cynthia Clare Fothergill	Name of Father: Wm. Frederick Brincken	
SUPPORTING RECORD 2.	Type of Document: Application for Marriage License	By whom issued and signed: State of Idaho		Date Issued: 3/11/50	Date Orig. Entry: 5/11/50
	Date of Birth: 28	Birth Place: St. Maries	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Appl. for Social Security No.	By whom issued and signed: Social Secuirty Administration		Date Issued: Sept.1980	Date Orig. Entry: Aug. 1941
	Date of Birth: Sept.14,1922	Birth Place: Idaho	Full Name of Mother: Cynthia C Fothergill	Name of Father: William F Brincken	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
Bee	State Registrar: Diggs, R.N.	Evidence reviewed by: md Teresa L. Cleverly	Date Filed: JUL 17 1987

FORM BH 56067

JUL 17 1987

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-088

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NYLA PEARL SMITH			2. Date Of Birth (month) APRIL (day) 27 (year) 1922	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: EGIN ID. FREMONT	b. City or Town of Birth: EGIN IDAHO	
FATHER	6. Full Name of Father: LOT J. SMITH			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: MAE VELATE HJORT			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nyla Pearl Byrnes		11. Present Address of Registrant: RT Box 150 C Colbert Wa 99005	
NOTARY (Seal)	Subscribed and sworn to before me on: June 16 1987	12. Signature of Notary: Jeanette K. Hubbard		13. Notary Commission expires: 6-15 1987	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older sister age: 73yrs	By whom issued and signed: Adele Mae Smith Howell		Date Issued: Aug.15,1984	Date Orig. Entry: ----
	Date of Birth: Apr.27,1922 / Birth Place: Egin, Idaho	Full Name of Mother: Mae Velate Hjort Smith		Name of Father: Lot Smith	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Egin Ward, Yellowstone Stake LDS Church, Idaho		Date Issued: Blessed Oct.1,1922	Date Orig. Entry: Blessed Oct. 1, 1922
	Date of Birth: Apr.27,1922 / Birth Place: Egin, Idaho	Full Name of Mother: May Hjort		Name of Father: Lot Smith	
SUPPORTING RECORD 3.	Type of Document: Marriage record	By whom issued and signed: Kootenai Co., Idaho		Date Issued: Dec.23,1960	Date Orig. Entry: Dec.22, 1960
	Date of Birth: age:38yrs / Birth Place: Egin, Idaho	Full Name of Mother: ----		Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Briggs, R.N.	Teresa L. Cleverly	AUG 20 1987

FORM BH 56067 8/pd #21732

3-2284

Byrnes

OCT 0 6 1987

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE87-096

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Shirley Elizabeth Rupp		2. Date Of Birth (month) 12 (day) 12 (year) 22	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Jack Monroe Rupp		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Thelma Warrey		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Shirley Rupp Harwood	11. Present Address of Registrant: 1570 Harwood Way Reno NV 89502	
NOTARY (Seal)	Subscribed and sworn to before me on April 23 19 87	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 6 19 89	

Notary Public, State of Nevada
MY APPOINTMENT EXPIRES JUNE 6, 1989

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certif. of Blessing	By whom issued and signed: Pocatello 4th Ward, LDS Church, Idaho	Date Issued: Blessed Mar. 4, 1923	Date Orig. Entry: Blessed Mar. 4, 1923
	Date of Birth: Dec. 12, 1922 / Birth Place: Pocatello, Idaho	Full Name of Mother: Thelma Warren	Name of Father: Jackman Rupp	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: Baptized Sept. 2, 1933	Date Orig. Entry: Baptized Sept. 2, 1933
	Date of Birth: Dec. 12, 1922 / Birth Place: Pocatello, Idaho	Full Name of Mother: Thelma Warren	Name of Father: Jack Monroe Rupp	
SUPPORTING RECORD 3.	Type of Document: Census record	By whom issued and signed: U.S. Census Bureau Washington, D.C.	Date Issued: Mar. 30, 1987	Date Orig. Entry: April 1, 1940
	Date of Birth: Age: 17yrs / Birth Place: Idaho	Full Name of Mother: Thelma Rupp	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Driggs, R.N.	Teresa L. Cleverly	SEP 15 1987

FORM BH 56067 63 45478

3-25-87

SEP 15 1987

Harwood

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-139

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Fern Harris
2. Date Of Birth (month) Sept (day) 22 (year) 1922
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: BANNOCK
b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Leland A. Harris
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Iris Tanner
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda F. Jensen
11. Present Address of Registrant: 707 Cypress Pocatello Ida

NOTARY (Seal)

Subscribed and sworn to before me on November 2 19 87

12. Signature of Notary: Stephanie Lenon
13. Notary Commission expires: 5-20 19 92

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing record	Grace 2nd Ward LDS Church	Blessed Dec.3,1922	Blessed Dec. 3, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.22,1922	Grace, Idaho	Iris Tanner	Leland A. Harris

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Idaho Falls Ward, LDS Church Idaho Falls, Idaho	Mar27,1932	Feb. 21,1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.22,1922	Grace, Idaho	Iris Tanner	Lee A. Harris

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School transcript of grades	Independent School Dist. #1 Pocatello, Idaho	Graduated May 27, 1941	Graduated May 27, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.22,1922	Grace, Idaho	----	Lee A. Harris

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Briggs, R.N.	tc Teresa L. Cleverly	DEC 7 1987

FORM BH 56067 $6 #7682

4-21-87

DEC 7 1987

Jensen

AUG 11 1988

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE88-029

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marion Joyce KosKey
2. Date of Birth (month) (day) (year): June 8 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Rockford Bay Kootenai
b. City or Town of: Rockford Bay Coeur d'Alene Idaho

FATHER

6. Full Name of Father: Axel Hendrick KosKey
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Fannie Ellen Marshall
9. State or Country of Mother's Birth: Idaho U.S.A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sharon Kapp
11. Present Address of Registrant: 303 E Legion Ave Whitehall Mt. 59759

NOTARY (Seal)

Subscribed and sworn to before me on: January 4 1988
12. Signature of Notary: [illegible]
13. Notary Commission expires: 4/28 1990

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother age:87yrs	Fannie Ellen Stover	Jan 4, 1988	------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June8,1922 Coeur d'Alene, ID	Fannie Ellen Marshal Koskey Stover	Axel Hendrick Koskey	
SUPPORTING RECORD 2.	Marriage record	Missoula Co., Montana	Nov.18,1987	June 17, 1940
	age:18yrs Rockford Bay, ID	Fannie Ellen Marshall	Axel H. Koskey	
SUPPORTING RECORD 3.	Certificate of Baptism	Trinity Methodist Church Whitehall, Montana	Mar 29, 1959	Mar 29, 1959
	June8, 1922 Coeur d'Alene, ID	----	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Bee Briggs, R.N.
Evidence reviewed by: tlc Teresa L. Cleverly
Date Filed: APR 20 1988

FORM BH 56067 $6 5-7108

7-16-87

Koskey

APR 20 1988

558-106-021-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE88-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lynn B Nelson			2. Date Of Birth (month) Feb. (day) 6 (year) 1922	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Mink Creek	
FATHER	6. Full Name of Father: Lars Willard Nelson			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Iva May Bell			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lynn B Nelson	11. Present Address of Registrant: 320 South 600 East Smithfield Ut. 84335	
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 1988		12. Signature of Notary: Judy Barton	13. Notary Commission expires: Aug. 26 1991	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Mink Creek, ID	Date Issued: Apr. 2, 1922	Date Orig. Entry: Blessed April 2, 1922
	Date of Birth: Feb.6,1922	Birth Place: Mink Creek, Idaho	Full Name of Mother: Iva Bell	Name of Father: L. Willard Nelsen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Mink Creek, Idaho	Date Issued: Baptized Feb.8,1930	Date Orig. Entry: Baptized Feb. 8, 1930
	Date of Birth: Feb.6,1922	Birth Place: Mink Creek, Idaho	Full Name of Mother: Iva Bell	Name of Father: L. Willard Nelson	
SUPPORTING RECORD 3.	Type of Document: Honorabel Discharge papers		By whom issued and signed: US Army	Date Issued: Aug.12,1946	Date Orig. Entry: Oct.28,1944
	Date of Birth: Feb.6,1922	Birth Place: Mink Creek, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal) Bee

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Briggs, R.N.	tlc Teresa L. Cleverly	AUG 22 1988

FORM BH 56067

$12.00 pd #37013

5-7-85

Yukon

AUG 22 1988

SEP 19 1988

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE93-021

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Balls
2. Date Of Birth (month) (day) (year): Dec. 8 1922
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Soda Springs Caribou
b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: Kenneth Grant Balls
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Zina Edna Horsley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret B. Sargent
11. Present Address of Registrant: Coalville, Utah

NOTARY (Seal)

NOTARY PUBLIC
BONNIE S. SNYDER
180 South Main
Salt Lake City, Utah 84111

Subscribed and sworn to before me on _____ 1993

12. Signature of Notary: Bonnie S. Snyder
13. Notary Commission expires: 2-29 1996

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Certificate of Blessing	LDS Church, Soda Springs Ward Idaho Stake, Idaho	Blessed Feb.4,1923	Blessed Feb. 4, 1923
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.8, 1922 / Soda Springs, ID	Zina Horsley	Kenneth G Balls	
SUPPORTING RECORD 2.	Type of Document: Application For Insurance	By whom issued and signed: Beneficial Life Insurance Company	Date Issued: Nov.6,1947	Date Orig. Entry: ---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.8,1922 / Soda Springs, ID	Zina Balls	Kenneth Balls	
SUPPORTING RECORD 3.	Type of Document: Own Son's Birth Certificate	By whom issued and signed: State of Utah	Date Issued: June21,1985	Date Orig. Entry: child born Jan. 19, 1966
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age: 43yrs / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L Cleverly	APR 13 1993

FORM HW 0610

$8 pd # 102408

3-11-93

Sargent

APR 1 3 1993

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De94-032

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norma Barker
2. Date of Birth (month) (day) (year): April 29, 1922
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Teton
b. City or Town of Birth: Victor

FATHER

6. Full Name of Father: Thomas Henry Barker
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ruth Viletta Johnson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant:
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: April 14 1994

12. Signature of Notary: Katherine A. Smith

13. Notary Commission expires: March 16 2000

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by wittness to birth age: 79yrs	Edith B. Murdock	apr.29,1987	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.29,1922	Victor, Idaho	Ruth Valetta Johnson	Thomas H Barker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Membership Record	LDS Church, Lava Hot Springs Ward, McCammon Stake, Idaho	Blessed June 4,1922	Blessed June 4, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.29,1922	Victor, Idaho	Ruth V Johnson	Thomas H Barker

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's Birth Record	State of Idaho #424809	July 9,1984	child born Sept.10,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age: 24yrs	Victor, Idaho	---	----

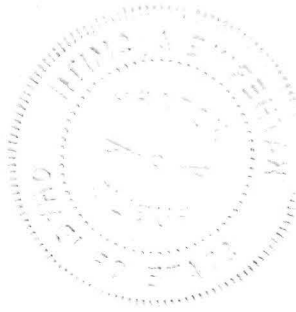
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	tlc Teresa L Cleverly	APR 19 1994

APR 1 9 1994



Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE96-019

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ZELTA LILLIAN CROFTS
2. Date Of Birth: (month) Jan. (day) 4 (year) 1922
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Marysville, Idaho Fremont
b. City or Town of Birth: Marysville Idaho

FATHER

6. Full Name of Father: Henry Ray CroFTS
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Sarah Edith Sprague
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zelta L. Murdoch
11. Present Address of Registrant: 1966 West Minster Ave SLC UT 84108

NOTARY SEAL

NOTARY PUBLIC STATE OF UTAH My Commission Expires KELLIE FINN 1771 East 2100 South Salt Lake City, Utah 84106

Subscribed and sworn to before me on [illegible] 19 96

12. Signature of Notary: For Zelta Murdoch-Married name
13. Notary Commission expires: 11-2 19 98

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Certificate of Birth	LDS Church, Yellowstone Stake, Marysville Ward	Oct.10,1979	Entered on Record Jan. 29, 1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.4,1922 / Marysville, ID	Edith Sprague	Ray Crofts	
SUPPORTING RECORD 2.	Own child's birth certificate	State of Idaho	child born June8,1946	child born June 8, 1946
	Age: 24yrs / Marysville, Idaho	----	----	
SUPPORTING RECORD 3.	Medical Record	Earl A. Wight, M.D Salt Lake City, Utah	Jan.23,1976	Jan.23,1976
	Jan.4,1922 / Idaho	----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

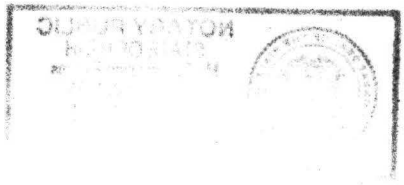
State Registrar	Evidence reviewed by	Date Filed
Joyce S. Smith	tlc Teresa L. Cleverly	MAR 20 1996

FORM HW 0610

$8 pd # 248799

2-29-96

MAR 2 0 1996



Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE97-0030

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY EVELYN HULL			2. Date of Birth (month) SEPTEMBER (day) 10, (year) 1922	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: GEM	b. City or Town of Birth: LETHA	
FATHER	6. Full Name of Father: MIRL HULL			7. State or Country of Father's Birth: OKLAHOMA	
MOTHER	8. Full Maiden Name of Mother: BEULAH BELL STORY			9. State or Country of Mother's Birth: COLORADO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy E Doyle	11. Present Address of Registrant: 2506 Miller Rd Emmett Id. 83617	
NOTARY (Seal)	Subscribed and sworn to before me on: April 24 1997		12. Signature of Notary: Teresa L. Cleverly	13. Notary Commission expires: April 3 2003	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record		By whom issued and signed: Valley County, Idaho	Date Issued: Sept. 28, 1982	Date Orig. Entry: Married April 2, 1949
	Date of Birth: Age: 26yrs	Birth Place: Letha, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own daughter's birth record		By whom issued and signed: State of Idaho #44-397601	Date Issued: child born Oct.9,1944	Date Orig. Entry: child born Oct. 9, 1944
	Date of Birth: Age: 22yrs	Birth Place: Letha, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Transcript of school grades		By whom issued and signed: School District #221 Emmett, Idaho	Date Issued: Jan.18,1937	Date Orig. Entry: Sept.16,1922
	Date of Birth: Sept.22, 1922	Birth Place: Idaho	Full Name of Mother: Mrs. Mirl Hull	Name of Father: -----	

QUALIFYING INFORMATION

Church Certificate of Baptism from St. John's Cathedral, Boise, Idaho gives name as Dorothy Doyle child of Merl Hull and Beulah Hull. Born Sept. 10, 1922 and was Baptized on July 26, 1952.

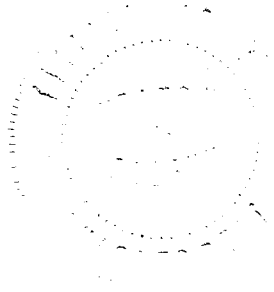
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly	APR 24 1997

FORM HW 0610

APR 2 4 1997



Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE98-0029

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: AURELIA GARCIA

2. Date Of Birth (month) (day) (year): 04 - 24 - 22

3. Sex: F

4. Place of Birth: AT HOME a. County: BANNOCK; b. City or Town of Birth: Pocatello, ID

FATHER

5. Full Name of Father: PRESILIANO GARCIA

6. State or Country of Father's Birth: Nochistlan, Mexico

MOTHER

7. Full Maiden Name of Mother: Felisitas PERES

8. State or Country of Mother's Birth: Rincon de Romos, Mexico

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Aurelia B. Garcia

10. Present Address of Registrant: 469 Randolph, Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on: May (mo.) 24 (day) 1998 (yr.)

11. Signature of Notary: Vicki A Rivera

12. Notary Commission expires: May (mo.) 23 (day) 2003 (yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism

By whom issued and signed: St. Anthony's Church, Pocatello, Idaho

Date Issued: July 25,1977

Date Orig. Entry: Baptized May 6, 1922

Date of Birth: Apr.24,1922

Birth Place: Pocatello, Idaho

Full Name of Mother: Felisitas Peres

Name of Father: Presiliano Garcia

SUPPORTING RECORD 2.

Type of Document: Insurance Policy

By whom issued and signed: The Travelers Insurance Co. Hartford, Connecticut

Date Issued: Feb.17,1972

Date Orig. Entry: Feb.17, 1972

Date of Birth: Apr.24,1922

Birth Place: Pocatello, Idaho

Full Name of Mother: -----

Name of Father: -------

SUPPORTING RECORD 3.

Type of Document: Own daughter's birth record

By whom issued and signed: State of Idaho #53-9451

Date Issued: child born Aug.30,1953

Date Orig. Entry: child born Aug.30,1953

Date of Birth: Age: 31yrs.

Birth Place: Idaho

Full Name of Mother: -----

Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Joyce A. Smith

Evidence reviewed by: Teresa L. Cleverly

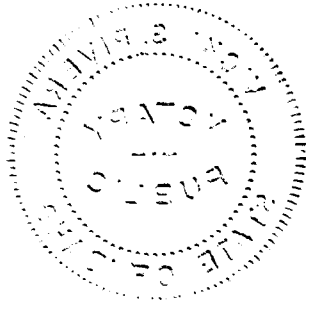
Date Filed: MAY 23 1998

FORM HW 0610

$10 pd # 34405

5-22-98

JUN 23 1998



DECEASED

PLACED ON FILE PURSUANT TO COURT ORDER DATED SEPTEMBER 18, 1956

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE98-0037

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSE MAE BUNDY		2. Date Of Birth: (month) NOVEMBER (day) 16 (year) 1922	
	3. Sex: FEMALE	4. Place of Birth — a. County: CANYON	b. City or Town of Birth: WILDER	
FATHER	5. Full Name of Father: CARL ALVIE BUNDY		6. State or Country of Father's Birth: WISCONSIN	
MOTHER	7. Full Maiden Name of Mother: HATTIE ELIZABETH BENECKE		8. State or Country of Mother's Birth: GERMANY	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	9. Signature of Registrant: Rose M Willis	10. Present Address of Registrant: 9902 JAMACHA Blvd. #69 Spring Valley, Ca 91977	
NOTARY (Seal) Notary Seal (over) reverse side	Subscribed and sworn to before me on: July (mo) 21 (day) 1998 (yr)	11. Signature of Notary: Rhulus M Meyer	12. Notary Commission expires: July (mo.) 8 (day) 2002 (yr.)	

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

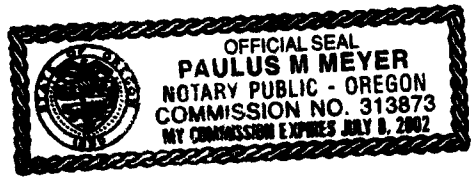
Placed on file pursuant to Court Order dated September 18, 1956 giving child's name as Rose Mae Bundy , born Nov.16,1922 in Wilder, Idaho to Carl Alvie Bundy and Hattie Elizabeth Benecke.

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	tlc TERESA L. CLEVERLY	JUL 27 1998

FORM HW 0610


OFFICIAL SEAL
PAULUS M MEYER
NOTARY PUBLIC - OREGON
COMMISSION NO. 313873
MY COMMISSION EXPIRES JULY 8, 2002

IN THE CIRCUIT COURT OF THE STATE OF OREGON

For the County of DOUGLAS

IN THE MATTER OF THE REGISTRATION OF THE BIRTH of ROSE MAE WALTERS Petitioner

No. 2648

DECREE FOR REGISTRATION OF BIRTH

The petitioner, Rose Mae Walters, whose race or color is white, being a resident of the State of Oregon, living at 12520 S.E.Holgate Street, City of Portland, and having filed a petition for the registration of her birth, and having served a copy thereof upon the district attorney of this county, and more than five days having elapsed since the service and filing of said petition;

And the court having held a hearing upon said petition and being satisfied that the facts stated therein are supported by substantial evidence, hereby finds that petitioner was born at Wilder, in the County of ..., State of Idaho, on the 16th day of November, in the year 1922;

That petitioner's original name was Rose (First) Mae (Middle) Bundy (Last name); that on the 4th day of November (Month), 1946 (Year), said name was changed to Rose Mae Walters, by marriage (Marriage, adoption, own action, court order);

That petitioner's father was Carl Alvie Bundy, of the City of Wilder, State of Idaho, who was born at Wisconsin, on the 16th day of October, 1882, and that petitioner's mother was Hattie Elizabeth Bundy, of the City of Wilder, State of Idaho, whose maiden name was Hattie Elizabeth Benecke, and who was born at Germany, on the 28th day of May, 1888.

And the court further finds that petitioner is entitled to a decree of this court requiring the registration of the birth of said petitioner by the State Registrar of Vital Statistics.

IT IS, THEREFORE, hereby ordered and decreed that the birth of said petitioner be registered by the State Registrar of Vital Statistics.

Done in open court in duplicate this 18th day of September, 1956.

Carl E. Sumberg
Circuit Judge

[SEAL]

Registered in the Records of the Oregon State Board of Health, 2648, 19...., File No. ....

State Registrar of Vital Statistics

[SEAL]

COYLE SHAVER JR., DOUGLAS COUNTY CLERK
STATE OF OREGON

JUL 27 19[illegible]

I hereby certify this copy to be a true, full and correct copy of the original now on record in my office.
Doyle Shaver Jr.
DOUGLAS COUNTY CLERK
By [signature] Deputy
Date June 3, 1998

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **DE99-001**

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BETTY LEE TOMPKINS

2. Date Of Birth: (month) APRIL (day) 15 (year) 1922

3. Sex: F

4. Place of Birth: BOISE, IDAHO a. County: ADA b. City or Town of Birth: BOISE

FATHER

5. Full Name of Father: CARL PHILIP TOMPKINS

6. State or Country of Father's Birth: MARYLAND

MOTHER

7. Full Maiden Name of Mother: LAURA D. DOHERTY

8. State or Country of Mother's Birth: NEBRASKA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: x Betty L. Monagle

10. Present Address of Registrant: 507 PUEBLO BOISE 83702

NOTARY (Seal)

Subscribed and sworn to before me on: January (mo.) 13 (day) 1999 (yr.)

11. Signature of Notary: Teresa L. Clendy

12. Notary Commission expires: April (mo.) 3 (day), 2003 (yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. John's Cathedral Boise, Idaho	Jan.8,1999	Baptized Feb.1,1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.15,1922	Boise, Idaho	Laura Doherty	Carl Thompkins

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
PRINTOUT FROM THE SOCIAL SECURITY ADMIN.	MARY JUNE DICKSON	JAN. 13, 1999	8/XX/1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
APR.15,1922	BOISE, IDAHO	LAURA DOHERTY	CARL TOMPKINS

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SCHOOL RECORD	BRENT W. NYE	JAN.14,1999	1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
APR.15,1922	BOISE, IDAHO	LAURA D.	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	tlc MARY SCHNEIDER	JANUARY 14, 1999

FORM HW 0610

$10.00 pd 4789

1-12-99

Monagle

JAN 14 1999

DEC 29 200

DEC 29 2008